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Evaluation of Group-Home Treatment for Troubled Adolescents

Roger A. Larson

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Larson, Roger A., Psy.D.

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U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106

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by

Roger A. Larson

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Evaluation of Group-Home Treatment

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Roger A. Larson

Signatures:

Committee Chairman

Vice President for Academic Affairs

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Members

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Abstract

A literature review in child residential treatment and juvenile corrections shows group homes have increased as less restrictive methods for treating delinquents are sought. Controversy exists over whether the increased use of community-based group-home treatment has actually resulted in less restrictive treatment. Some data indicates that children themselves do not view out-of-home residential treatment environments as supportive places in which to live. Rapid staff turnover has been identified as a problem in group-home care. Treatment evaluation studies can be viewed as falling into four types: descriptive studies,

outcome studies, process evaluations, and systems analysis. The outcome studies conducted to date have yielded generally discouraging results regarding long-term treatment effects among juvenile delinquents.

The Teaching-Family model has generated significant research supporting a behaviorally-based approach to altering specified behaviors. Much of the research associated with this model has sprung from Achievement Place, a pilot project which was used to develop the Teaching-Family model. Research findings suggest Teaching-Family youths compare favorably on process measures with youths treated in other group homes, but show little or no difference on long-term outcome measures.

Lack of agreement among researchers in choice of evaluation measures hinders meaningful outcome comparisons among group-home treatment approaches. Other problems facing researchers include the lack of consensus in defining treatment "success" and in choosing appropriate process and outcome measurements.

In order to promote broader participation in group-home research and allow meaningful comparisons of treatment effects among varying treatment approaches,

specific measures are proposed which include a variety of descriptive variables, measures of academic and vocational adaptation, and measures of delinquency. Three objective evaluation instruments are also proposed: The Jesness Inventory, the Woodcock-Johnson Psycho-Educational Battery, Part Two, and the Consumer Evaluation.

Christian approaches to group-home treatment offer a unique perspective based on biblical principles and a tradition of education and supportive family structures. Research is encouraged to allow comparisons of Christian approaches to group-home treatment with secular approaches.

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Chapter 1

OVERVIEW OF GROUP-HOME TREATMENT EVALUATION

Introduction

The past two decades have seen the rapid development of group-home care as a method of choice in the treatment of emotionally disturbed adolescents, many of whom are also in trouble with the law. Unfortunately, the emergence of a body of research literature evaluating the effectiveness of group-home treatment has been slower to develop, thus leading to many unanswered questions about the value of group-home care as a method of treatment for troubled adolescents.

This chapter will review the studies which are preliminary to and provide a background for the treatment evaluation studies which will be reviewed in Chapter Two. Group-home care will be defined, the history of the phenomenon will be surveyed, and problems which have surfaced will be identified. Studies looking at pre-placement variables in children will be reviewed as they relate to choice of treatment and probable outcome of treatment. Studies focusing

specifically on child-care personnel variables will be reviewed from the perspective of how they may influence the treatment delivered to children in the residential setting.

Definition. Title XXII of the California Administrative Code defines Group homes as settings in which children are cared for on a 24-hour basis by hired staff members who reside elsewhere. The regulations do not mandate a specific type of treatment in the group home, but state that the goal of treatment is to provide experience in a structured setting that will facilitate the child's return home or release to a more normal living situation. In addition, the placement worker is required to assess the individual's needs, including a description of the child's problems or unmet needs (Title XXII: Residential Facilities for Children and Adults, 1980).

Writers in the field tend to view group homes as a mixture of some of the qualities of children's institutions and familes or foster homes (Cohen, 1986; Gurry, 1985). They provide some of the structure and direct treatment found in institutions while allowing for some of the individualized care and family atmosphere found in foster homes. They are also

community based, in keeping with the deinstitutionalization concept.

Terpstra (1979) goes further, making a distinction between foster-family group homes and administered group homes. He describes foster-family group homes as larger versions of private foster-family homes. Foster-family group homes have home parents which are not agency staff and are not on salary for caring for the children. Usually they operate from their own home and they exercise control over who may live with them. Agency administered group homes, in contrast, are staffed by agency employees who are administratively controlled by the agency. The home is either rented or owned by the agency and children may be placed and kept in the home with or without the consent of the group-home staff. The literature reviewed in this study deals with the agency administered variety only.

Historical perspective. Warner (1978) traces the origin of group homes in the United States and Europe to the 1940's and the effects of World War II. In Europe, many children were separated from their parents by the war and needed to be cared for. Large foster-care homes led to the development of group homes in Europe, while in America the need for efficiency

also led to larger foster-care homes and the development of group homes. During the 1950's and 1960's community-based group homes began to be used for juvenile delinquents, applying the concept of keeping community resources available to residents (Warner, 1978).

During the 1970's the use of group homes as a means of caring for troubled and troublesome children and adolescents increased dramatically. In fact, in his extensive survey published in 1978, Warner found that there were by that time at least one thousand group homes for delinquents in 39 states, the District of Columbia and Puerto Rico. At least some of the impetus for this growth came from federal and state mandates to provide the least restrictive form of care for disturbed adolescents (Gurry, 1985) and as an alternative to sentencing juvenile delinquents and status offenders to prison (Warner, 1978). Public policy had begun the shift away from centralized institutional care, including secure facilites and state training schools, to community-based programs which included diversion and deinstitutionalization projects, alternate schools, runaway shelters, and small open group homes. The philosophy behind this

move was the view that community-based care, group homes being a prime example, is a less costly, more humane, and more effective way of caring for troubled youth, many of whom are juvenile offenders (Simone, 1985). The impetus for this philosophy is in part a reaction against institutions, whose image has been shaped in large measure by graphic accounts of child-care institutions where brutality and cruel treatment of children appeared to be the norm (Cole, 1972). Emphasis had been gradually shifting to smaller sized living units and greater involvement in community living. Group homes seemed to provide the best of both (Terpstra, 1979).

Changes in institutional care for children anticipated the group-home phenomenon as care became more community and group oriented as opposed to mass oriented; that is, cottage living rather than dormitory living (Kadushin, 1967). Kadushin observed further that another change taking place concurrently was the type of child presented for residential treatment. Children being presented for treatment were more likely to be severely emotionally or behaviorally disturbed than dependent or neglected. Consequently, pressure

built for more treatment-oriented care as opposed to simply custodial care.

Though there are some signs that the pendulum is now swinging back the other way for serious juvenile delinquents, that is towards more restrictive care, group homes continue to be a popular mode of care for troubled adolescents. This current social policy will probably continue as long as humane treatment remains a high priority, and until effective less restrictive alternatives are discovered and developed.

Problems in group-home care. Not everyone would agree that deinstitutionalization and implicitly, group-home care have led to less restrictive treatment. Indeed, some writers have suggested that deinstitutionalization as applied to the juvenile justice system may have simply replaced old forms of institutions with new ones and brought more youth into the purview of the criminal justice system than ever before (Lemert, 1981; Lerman, 1980). While that issue is being debated, attention also needs to be focused on what problems are associated with group-home treatment for troubled youth. While research efforts are just beginning, some problems have already been identified, including: high turnover rates among group-home staff,

premature turnover of group-home residents, recidivism, and questions about client satisfaction. Each of these will be discussed in turn.

In a sample of 33 out of 207 licensed group homes located in Los Angeles County, Cohen (1986) found that 54% of group-home operators rated quality of care for adolescents in group homes as only fair or poor. In his study he also found staff turnover to be a significant element of the problem, with fully 80% of both caretaking and treatment staff, excluding administrators, having been on the job less than one year. This compared to the average length of stay per youth in the sample of 14.1 months. If consistent and stable care can be viewed as an indicator of quality in serving emotionally disturbed children and adolescents, these turnover figures must be viewed as alarming.

In addition to staff turnover, another type of turnover exists which may be reflective of deeper problems in the care system. This occurs when a child or youth leaves the treatment setting without having received the help determined to be needed. While such terminations occur for a variety of reasons, the reason referred to here is the situation in which the group-home administration decides that it cannot cope

with the youth's behavior. The question may be legitimately asked, "Is it not better for a child to leave an inadequate treatment situation than to stay in the same place and receive inadequate treatment?" We will address this question by first looking at what may happen when a placement is disrupted.

Reasons for placing a child in group or foster care vary, but typically involve family problems, emotional/behavioral problems in the child, or a combination of both. Rightly or wrongly, however, once a child moves into the care of a child care agency, whether in foster care or group care, the agency responsible usually assumes a duty to "treat" the child until the child is assumed emotionally and behaviorally able to adjust to a permanent family setting or is ready to live independently.

The child-care research literature gives evidence that placements are often unstable, that is, either the child, the caretakers, or both are unable to adjust to the placement. Consequently the placement is ended prematurely, before the child's needs or situation have been helped to the point where the child is either able to return to a permanent family placement or is ready for emancipation.

Of the limited research in this country dealing with the phenomenon of placement disruption and its possible effects on children, most has been generated from the field of foster care. Proch and Taber (1985) define placement disruption as "repeated moves among foster care placements which reflect a pattern of reciprocal alienation and rejection between a child and successive caregivers" (p. 309). Workers in the field have long agreed that the effects of foster-placement disruptions are harmful to children (Ambinder, 1965). Proch and Taber's review of the literature in this area included studies of adults who were formerly foster children. While the results of these studies were mixed as to the effects of placement disruption on measures of adult adjustment, the former foster children themselves reported experiencing placement disruption as negative.

Only one study known to this author has dealt with the effects of placement disruption in group-home care. This study looked at the effects in terms of what type of placement occurred after the placement disruption. In her study assessing the cost of group-home failures in the juvenile justice system, Simone (1985) found that in three group homes studied from 1979 to 1982,

approximately one third of the youths placed in the group homes failed in the placement. She offered the following definition of "failure": "A 'failure' is a youth who is terminated from the program prior to a satisfactory completion of the rehabilitation plan used in the home; failures generally occur for running away or for chronically disruptive behavior, or both" (Simone, 1985, p. 359). Of particular interest is her finding that the most frequently used disposition by the judges following failure was a more restrictive placement, that is, placement in the very facilities that group homes were set up to replace.

Recidivism has also been identified as a problem in community-based treatment of juvenile offenders, and this of course, includes group homes. In an extensive survey of the literature dealing with community-based corrections, Hylton (1982) found no evidence of decreased crime rates nor of a replacement of institutions as the main choice for incarcerating juvenile offenders. Romig's (1978) follow-up survey of community residential programs for juveniles concludes that in each of the eight studies meeting his criterion for validity, the residential programs were either worse or no better than the controls. Wolf,

Braukmann, and Ramp (1987) found that delinquent youths treated in group homes showed lessened levels of delinquency after treatment but remained above national norms in their level of offending.

Thus, while broad-based outcome figures are difficult to obtain, it appears that the juvenile justice system has not been unclogged by the increased use of group homes in treating juvenile offenders. Indeed, it appears that if group homes are to continue serving the purpose of replacing the arguably less humane correctional institutions, more research needs to proceed which will pave the way to better treatment outcomes.

A few studies have looked to children themselves to gain insight on their perceptions of their placements in residential treatment. Bush (1980) reports on a study which featured data gathered through detailed survey questions and open-ended interviews. The data was drawn from a sample of 370 dependent and neglected children aged 10-18 years randomly selected from the population of similar children in a large metropolitan area. Of the 370 children interviewed, 269 had either lived in institutions or did so at the time of the interview. The children were given survey

questions in which they rated various aspects of their current placement, many having lived in several placements. The six types of placement in which the children were living at the time of interview included: foster parents, relatives, group homes, institutions, natural parents (after a period in surrogate care), and an independent living arrangement (such as an apartment with an adult or college student living there to loosely supervise two or three children).

Results showed that institutions were viewed poorly when compared against each of the other placements. Group homes, however, were not viewed favorably either, except when compared with institutions and with natural parents' homes to which children had been returned. However, close to 70% of children currently living in group homes indicated that they wanted to stay in their current placement, compared with 30% of those living in institutions. What was most disturbing, however, from the standpoint of evaluating group-home care, was Bush's finding that most of the differences between children's opinions of institutional and group-home care were very small and that these differences did not place group homes into

the category of supportive placements in the eyes of the children.

In another study which looked directly to children for answers, perceptions of children living in foster-family homes were compared with those of children living in group homes (Gil & Bogart, 1982). Children completed the Coopersmith Self-Esteem Test, The Parks Career Role Inventory, a Behavior Checklist and four open-ended questions. Group-home children appeared to have lower self-esteem and to be less satisfied with their placement. The authors note that it was not evident whether this difference reflected a priori differences in the children or differential treatment effects.

Conclusion. The last two decades have seen the rise of group-home care for troubled youth as an alternative to the more traditional institutional forms of care. This change was sparked by reports of inhumane treatment of children in institutions, social policy changes that mandated treatment of juveniles with the least restrictive alternative, and a belief that care in the group-home setting was less costly than institutional care.

Preliminary findings point to some problems associated with this change in policy. There have been reports of rapid turnover among group-home staff, premature terminations of youth entrusted to group-home settings for treatment, and indications that the use of group homes has not resulted in the replacement of the more restrictive correctional institutions as a means of treating juvenile offenders. In addition, there is little evidence at this point to suggest that group-home treatment is as effective in reducing recidivism as it was hoped.

Data gathered from children suggests that while group homes may be viewed by children less negatively than institutions, they still are not generally viewed as supportive places in which to live.

In light of preliminary findings and of current social policy, it seems prudent as well as morally imperative that research be conducted to measure the effectiveness of group-home care and to point to factors which either enhance or diminish its effectiveness. Psychologists have a major role in this task, since they are among the group of mental health professionals who help administer as well as provide services to group homes and their clientele. As will

be shown later, one of the major challenges will be to construct valid operational definitions of treatment "success". In this writer's view, any such definition must include a place for feedback from the youths who are treated in the group-home setting.

Pre-Placement Studies

A good understanding of the youths in residential treatment is a necessary part of determining whether the treatment setting selected is appropriate and is an important part of evaluating what treatment has or has not accomplished. Some studies have focused on pre-existing client characteristics in an effort to better understand choice of treatment or to better predict treatment outcome. Thus, the term "pre-placement study" is used to identify those studies which focus on variables which existed in the client before entering the current treatment setting.

The few studies falling into this category usually attempt to link client characteristics with treatment choice or with expected outcome. A range of client variables may be sampled depending on the setting, available data and the individual choices of the researcher. Demographic variables may be gathered by examining case records, administering questionnaires to

the client or someone familiar with the client, or through direct interviews. Less frequently, attempts are made to measure variables such as personality characteristics, social functioning or academic achievement using psychological tests, behavior rating scales and academic records. Some researchers choose a variety of measures in combination.

The studies described below are, for the sake of clarity, divided into the following sub-categories: comparative, foster placement, psychiatric inpatient/group home, and corrections. Sample studies will be discussed for each area in turn.

Comparative. A study which featured a variety of measures compared samples of adolescents from six different treatment settings (Westendorp & Brink, 1982). Youths who had been in treatment for two weeks took psychological tests designed to measure personality, current adjustment, and academic achievement. The settings included: a state hospital, a long-term private hospital, a short-term private hospital, a group home, a day-treatment facility, and a community mental-health outpatient unit. Short questionnaires were used to gather individual and family demographic data.

Groups were compared on the basis of the data gathered. While some significant differences among groups emerged, common characteristics outweighed the differences. Group-home clients had significantly more court involvement than the other groups in the study. The authors call for additional research to evaluate the assessment instruments used and to determine if additional measures are necessary. Overall, however, this study illustrates the point that similar clients may be referred to very diverse treatment settings. Thus, one has cause to wonder whether level of treatment is matched to client needs and whether that is important in influencing outcome.

Foster placement. In a secondary analysis of data gathered in another study, Pardeck (1983) used foster children's natural family characteristics in an attempt to predict the likelihood of unstable foster care. "Unstable care" was defined as three or more foster-home placements per child. While he concluded that children whose parents are divorced or widowed are more likely to experience unstable foster care, this was found only at the .06 level of confidence, a level usually considered insignificant by statisticians.

Pardeck (1985) reviewed the literature to develop a profile of the child likely to experience multiple foster-care placement. He developed a profile using five categories including: child's demographic characteristics, psychological characteristics, variables associated with the biological family, the child's caseworker and the child's foster parents. He cautions that this is not a predictive profile and that more research is required to further define the profile.

Stone and Stone (1983) examined case records of foster children in an effort to determine the factors which would lead to successful or unsuccessful foster placement. Data indicated that almost half of the children were withdrawn from the foster homes in which they were placed before completion of the agency plan. The reason for withdrawal in each case was "actual or reported disruptive behavior of the foster child" (Stone & Stone, 1983, p 13). Factors most closely associated with "successful" placements included efforts by the caseworker to build rapport with the foster child and maintain contact and rapport with the foster parents.

The utility of these studies is limited due to their retrospective nature and their varying definitions of successful vs. unsuccessful placement. Thus, while relationships between variables may be present, they cannot be taken to imply causation. These studies are useful for group-home treatment evaluation studies in that they point to some possible pre-placement variables to consider when evaluating treatment outcome.

Psychiatric inpatient/group home. There are relatively few pre-placement studies known to this author on either psychiatric inpatients or group-home clients. Thus, the studies from these two groups are combined in one section. The studies that have been done, however, suggest some possible variables to look at when conducting research on group-home treatment.

In a study of the former variety, Smith, Burleigh, Sewell and Krisak (1984) administered the Minnesota Multiphasic Personality Inventory to adolescent psychiatric inpatients and their mothers. They found similarities between personality profiles generated by mother-daughter pairs which led them to identify modeling as a possible factor in developing and maintaining pathology. Further testing showed the

mother-daughter profiles becoming more dissimilar as treatment progressed.

Other researchers have investigated reasons for referral and demographic variables to provide a profile of adolescents referred for group-home care by welfare and juvenile agencies (Kingsley & Gill, 1975). Results showed that the main reasons for referral were those associated with drug and liquor laws and that most of the youths referred lived in their own home with both parents. Their sample was drawn from a largely rural (90.7%) county which included an Amish population, so generalization to urban settings appears unwarranted. The study could have been strengthened, however, by comparing characteristics of youths who were referred for group-home treatment with those who were not referred.

Corrections. Kowalski and Rickicki (1982) analyzed data collected at a Diagnostic and Evaluation Center associated with a statewide youth services program. The sample used for the study was drawn randomly from the total population of 300 male juveniles assigned to the center over a six-month period. After a three-week evaluation period, the 133 male juveniles in the sample were sent either to a

relatively unstructured group-home setting or to a highly structured institutional setting. Regression analysis suggested that juveniles who were younger, lower in IQ, had committed a more serious offense and higher numbers of offenses, and were rated by staff members as "behavior problems" were more likely to be assigned to an institutional setting.

This study could have been strengthened by an effort to control for the influence of the "availability" factor, that is, whether or not beds were available in a facility being considered for referral. This is, in fact, one of the variables the Kowalski and Rickicki suggest be included in future studies.

Summary. Preplacement studies, then, focus on pre-existing client variables in an effort to understand placement decisions and shed light on client variables as related to treatment effects. The data is unclear at this time as to whether differences between adolescents referred for various levels of treatment are associated with treatment-relavent variables. A few initial attempts have been made to identify pre-placement variables which are associated with stable versus unstable foster placement. Results may

give some clues as to possible variables to include in group-home studies. Limited evidence is cited to suggest that parental modeling may be an influencing factor in developing pathology among female adolescent inpatients and that violation of drug and liquor laws is a prime factor in juveniles referred for group-home treatment. Future studies investigating pre-placement variables among juveniles need to control for the "availability of beds" variable, that is, the fact that some placement decisions are based on whether or not a bed in a particular facility is available at the time it is needed.

Studies Focusing on Child-Care Personnel

Any complete evaluation of group-home care cannot afford to ignore the contribution of the child-care worker. If sheer time spent with youth were the only contributing factor to outcome, the child-care worker would be a very major factor in determining treatment outcome. When one adds to the time the fact that the child-care worker operates in the context of a therapeutic milieu and with varying degrees of clinical training and/or supervision, the potential significance of the child-care worker in group-home treatment outcome becomes obvious. A review of the research

literature in this area reveals that studies have investigated a variety of issues including: staffing patterns in group homes for adolescents (Shostack, 1978), child-care staff turnover (Ross, 1983; Fleischer, 1985), selection of child-care workers (Ross & Hoeltke, 1985), and correlation of staff variables with job performance (Johnson & Bonta, 1985; Maloney et al., 1983; Mancuso & Handin, 1980). Each will be reviewed in turn below.

Child-Care staff turnover. In a survey of child-care staff in two states, Ross (1983) found that 47% of of the sample of 318 had been in their agency for 12 months or less. Results revealed that of the characteristics studied, the most influential factor associated with an employee leaving residential child care was a lack of four years of any full-time work experience. Other associated factors included being male, formal education beyond high school, and/or being single. He offers some helpful suggestions designed to minimize turnover and keep a more experienced staff, including: improving supervision given to direct-care staff, upgrading inservice training, providing opportunities for furthering education, and providing avenues for emotional support of new employees. He

also takes encouragement from the finding that the percentage of child-care staff who stay longer than three years has more than tripled since a 1964 study. No information is given, however, regarding the comparability of the two samples.

Freudenberger (1977), by contrast, sees burn-out among child-care workers as "critical" and suggests that unless there has been a promotional change (a move upward in position), two years is the maximum amount of time a person should spend in the position of child-care worker. He offers a number of suggestions to both agencies and individual child-care workers to protect against burnout. Training, increased self-awareness and mutual peer support are high on his list of steps which may prevent or minimize burnout. He concludes that burnout is a threat which "incapacitates the helper" and "robs the child" (p. 98). No data are offered to support his views.

Selection of child-care workers. Ross and Hoeltke (1985; 1987) have reported on the development of a structured interview designed to help select child-care staff and predict work performance over time. Validation was based on self-ratings, supervisor's ratings, resident children's ratings and

results from the Moos Correctional Institutions Environment Scale (Form R), a register of cottage climate. These were considered to be dependent variables and were administered at intervals of 3,6,9 and 18 months. The initial structured interview, called the "Child Care Perceiver Interview" was administered to currently employed child-care workers by their supervisors. The initial study sample consisted of 95 child-care workers in 10 agencies across Iowa. The sample was broken into two groups, A and B.

Results for group A showed predictive validity at three months for the first three variables while for Group B, none of the variables showed statistical significance. It is interesting to note that the Moos Correctional Institutions Environment Scale did not correlate significantly with interview scores at any of the repeat time intervals. The instrument used for the ratings by self, supervisors and residents was based on the themes in the interview. We are given no information as to its validity or reliabilty.

The authors are enthusiastic in their endorsement of the interview tool and conclude that the results of their study "provide strong evidence of the predictive

validity of this interview" (Ross & Hoeltke, 1987, pp 182-183). Their conclusion appears open to question due to methodological problems and mixed statistical results.

Correlation of staff variables with job performance. Relatively few studies have focused on staff characteristics as they relate to job performance and/or treatment outcome. Those that have been done look at such variables as staff attitudes, personality variables, demographic variables, and interview performance.

Pierce and Pierce (1982) cite indirect evidence to suggest that the use of warmth, empathy and genuineness by child-care workers may be beneficial. They note, however, that little research has been done to support the use of warm empathic child-care staff. In an attitude study of child-care workers, Fine (1982) found that child-care workers who experience themselves as powerful (able to help youths), offer positive perceptions of these youths and tend not to attribute their problems to enduring causes. The inverse was also found to be true.

Mancuso and Handin (1980) report on a study correlating child-care workers' evaluations of three

different types of reprimands with peer ratings of the workers' effectiveness. The workers watched three filmed scenarios showing a transgression followed by one of three types of reprimand (retributive, restitutive, explanatory) and then completed a questionnaire comparing the three reprimand conditions on a variety of dimensions. Measures of worker effectiveness were obtained through use of a ten-item peer rating scale and a parallel self-rating scale. Each question was answered on a seven-point scale. Results showed that highly-rated workers were more willing to endorse explanatory reprimand.

In a study of Canadian halfway houses for criminal offenders, Johnson and Bonta (1985) found correlations between staff characteristics (demographic and personality variables) and staff and resident ratings of the various programs in operation in the halfway houses. They call for future studies to confirm or negate this and also note that before using this information to select staff, further understanding is needed of the relationship between staff attributes and the recidivism of their clients.

In an ambitious and unusual study, Maloney et al. (1983) investigated relationships between

sociodemographic characteristics, employment interview performance (which included responses to behavioral vignettes typical of events occurring in group home situations), and subsequent on-the-job performance of residential child-care staff (group-home houseparents using the Teaching-Family model). On-the-job performance data was collected after the couples had operated their homes for three to five months. The performance data was obtained through use of Consumer Evaluations, consisting of questionnaires filled out by consumer groups on a seven-point rating scale identical to the satisfaction scale used for the interview measures. Consumer groups were made up of resident youths, their parents, teachers, juvenile court and social service personnel, community board members and program directors. This typically included 50-75 consumers per home.

Results showed that couples with higher overall consumer ratings had received significantly higher college GPA's, eventually stayed longer on their jobs, and had higher Behavioral Vignette ratings in their interviews. On the face of it, this finding may be viewed as somewhat contradictory to data presented from a study reported on earlier in which individuals with

higher than high school education were more likely to leave their jobs (Ross, 1980). However, it should be noted that being single and male were also associated with turnover in the Ross study, whereas in Maloney's study all the participants were husband-wife teams who lived in the home and were responsible for running their homes after receiving one full year of training and close supervision. Thus, in the Maloney study, we may simply be seeing that being married and having a good college academic record are associated with good job performance and staying longer on the job, while in the Ross study, it may be that being single and well educated combine to make job mobility more likely.

Conclusion

Group-home care for troubled adolescents has been viewed as a mixture of the family-like atmosphere found in foster homes and the direct treatment and structure available in traditional child-care institutions. Group homes grew as views of what was humane shifted away from centralized institutional care to smaller living units which were community-based. Controversy exists regarding whether the use of group homes has resulted in less or more restrictive treatment of juvenile delinquents. The ever-growing number of

adolescents entering the legal system is used by critcs to buttress their argument that restrictive treatment has increased, while advocates of group-home treatment point to lessening reliance on traditional correctional institutions for youth as support for their view that treatment of juveniles has become less restrictive.

Studies of pre-placement variables in children being considered for a variety of placements, including psychiatric inpatient wards, foster homes, correctional institutions and group homes have provided some information useful in planning group-home treatment evaluation. Some findings have suggested that child variables appear to have little to do with choice of treatment. Perhaps the most important findings have been those which suggest that children themselves generally do not view out-of-home residential treatment environments as supportive places to live. This suggests that getting feedback from the youth in treatment is essential in guaging the effectiveness and humaneness of group-home treatment.

Studies focusing on child-care personnel working in residential settings have identified rapid staff turnover as a significant problem affecting children. Research efforts so far have begun to examine possible

staff variables that may affect rate of staff turnover and job performance of direct-care staff, but generally have not investigated extra-staff variables. Such variables could include such factors as level of supervisory support, recognition and compensation for superior performance, and administrative responsiveness to client needs and input from direct-care staff.

Some limited attempts have been made to link staff characteristics with job performance and treatment outcome. The relationships suggested so far need to be confirmed or disconfirmed with further studies. Future research should also attempt to investigate whether or not there are relationships between child-care staff variables and treatment outcome in group-home settings. Such efforts may give more direction to administrators faced with the task of choosing the most effective personnel and of setting supervisory/administrative policies.

Chapter 2

OVERVIEW OF TREATMENT EVALUATION STUDIES

This chapter will review studies which have evaluated child residential treatment. The field of group-home research has seen relatively few substantive studies designed to evaluate treatment. An exception to this is the wealth of research generated by the Teaching-Family model, an approach which features the application of behavior modification principles and teaching carried out by professionally trained, live-in houseparents commonly referred to as "teaching-parents". This approach and its associated research will be covered more extensively later in this chapter and will be looked at exclusively in Chapter Three.

In the broader field of child welfare, which includes institutional/residential treatment and foster care as well as group homes, considerably more effort has been undertaken to evaluate treatment. Results, however, have been far from definitive. Since workers in the broad field of child welfare face common

problems in attempting to assess effects in the 24-hour supervision and treatment of children, it seems prudent to include a look at the research generated by workers in the field of foster care and residential treatment of children as part of an overview of the treatment evaluation literature relevant to group-home research.

The work that has been done can be conceptualized in terms of several categories described by Piper and Warner (1981) in their excellent review which borrowed from earlier works by Durkin and Durkin (1975) and Whittaker (1979). While not all studies fit neatly into one group, that is, some may have features of more than one category, dividing the studies into types provides a conceptual aid for analyzing the various strategies used for evaluation of child residential treatment programs. The four categories are briefly described below.

(a) Descriptive studies do not measure treatment outcomes in a systematic fashion. Rather, a theoretical framework is provided for understanding the treatment program with success being described in anecdotal or clinical impressionistic terms. (b) Outcome studies attempt to investigate longer-term impact of treatment by looking at post-discharge

measures of functioning. (c) Process evaluations assess changes occurring during the course of treatment. (d) Systems analysis widens the scope of inquiry to include not only client behavior (before, during, and after treatment), but such variables as: internal organizational structure and climate, placement practices, linkages to the family, community, and other agencies, and various client and staff variables. Some systems analyses may look at overall organizational effectiveness rather than attempt to directly measure impact on clients. The studies reviewed below are categorized according to the scheme outlined above.

Descriptive Studies

This category includes those studies which make no attempt to quantify treatment effects as a means of evaluation, but rather seek to describe some aspect(s) of the group-home operation. A variety of methods may be used. Some studies simply describe the process followed in starting and maintaining a group home and may or may not include brief individual case histories as examples of individuals who have been helped by their treatment (Gordon, 1978; Jewitt, 1973; Warner, 1976).

Gordon (1978) evaluated the experience of four adolescents diagnosed as "psychotic" or "borderline psychotic" who were placed in a group foster home. Their progress in treatment is described as occurring in stages. Anecdotal descriptions of behavior patterns provided the substance of the study which includes brief accounts of the status of each adolescent two or more years after leaving the house. Jewitt (1973) described the formation and operation of a group home for children in Portland, Oregon. The reasons for forming the group home were explored and two case histories of children treated at the home were presented in a subjective clinical impressionistic style. Warner (1976) presented an anecdotal account of three individuals' establishment of a group home for youths in trouble with the law. He concludes that group homes seem better able to provide the semi-independence needed by teenagers.

A classic example of descriptive analysis is seen in Bettelheim's (1950) "Love Is Not Enough". This book presents a detailed case-by-case study of the treatment of emotionally disturbed children at a residential school in Chicago. Bettelheim looks not just at what words and actions are used in treating children, but

also provides a rich analysis of the feelings and emotions behind the actions and words of both children and staff. This style of evaluation rides on Bettelheim's unique ability to combine complex detail and personal insight into sensitive portrayals of the treatment of disturbed children and, as such, is limited in its utility as a method to be used by others.

Conclusion. Such studies can be of practical benefit to the agencies being studied and can prove useful to those wishing to gain an understanding of how a treatment program might operate. Descriptive evaluations are limited, however, in that they do not objectively and systematically address the issues of outcome and actual changes in client behavior occurring during treatment. Thus, while we understand better how a particular program operates, we are left with little or no useful information as to the actual changes experienced by clients in treatment, whether these changes are treatment related, and what these changes may mean to the client and those around them. Finally, we usually do not know whether the client has made changes which will generalize outside the residential setting and persist after leaving treatment.

Outcome Studies

This method of evaluation features attempts to measure treatment effects after treatment has ended. Measurement of treatment effects may begin at the end of treatment and continue years after treatment has ended. It is more difficult to implement than other forms of evaluation due to the challenge of locating and gathering information on clients who have left the residential setting. Consequently, only a few such studies have been done. Samples from the fields of traditional child residential treatment, foster care, and group-home treatment are reviewed below.

A classic outcome study by Allerhand, Weber, and Haug (1966) looked at data gathered on boys who had been released from residential treatment. Their post-residential milieus were evaluated by global measures designed to reveal whether or not the environment was stressful, partially supportive, or supportive to the individual boy. Outcome data was in the form of rating scales filled out by staff and parents of the boys at follow-up. The authors concluded that the adaptation of boys who had been released from residential treatment was significantly associated with their post-residental treatment milieu.

A study of previously hospitalized adolescents attempted to find links between treatment variables and post-treatment adjustment. Former patients were interviewed face to face, by telephone, by questionnaires or by secondary sources. The interviews were rated with the use of specially designed scales to measure a wide spectrum of current functioning. Length of discharge varied from 12 to 120 months. Eight variables from the hospital stay were correlated with measures of current functioning. Of these, the two best predictors of outcome were: patients who received medication while in the hospital had poorer outcomes while hospital patients who had greater involvement and interest from staff had better outcomes.

Taylor and Alpert (1973) reported on a follow-up study of children treated at Children's Village. Researchers assessed how children discharged from the residential treatment program adapted to their post-discharge environments. The instrument used was Roen-Burns' Community Adaptation Schedule, a self-report instrument which gathers responses related to roles and coping ability within the family, work or work potential, social activities, the larger community, and the professional community. Results of

the study suggested that for the children studied, family involvement and support, before, during, and after treatment is associated with successful outcomes.

From the field of foster care, structured interviews have been used as a valuable assessment tool. In a recent study, Barth (1986) reviewed outcome studies gathered by structured interviews with former foster children. He found that continued contact with foster parents and birth parents improves outcomes for foster youths and that educational and employment deficits appeared to be the most troublesome problems facing former foster children as adults. He was led to conclude that outcomes for both foster children and group-home residents may improve with increased development of services assisting with emancipation and adjustment to independent living.

A recent group-home outcome study featured a quasi-experimental design with a non-equivalent control group (Cross-Drew, 1984). The focus of the investigation was on Project Jericho, a one-year program designed to improve parole success rates of male California Youth Authority wards living in group homes. The experimental group of 53 group-home residents was given the services of resource developers

(one per each of three group homes) whose function was to assist group-home residents in finding jobs, enrolling in school or training, and establishing links to the community. The comparison group was made up of 53 Youth Authority wards matched to Jericho parolees on the basis of age, ethnicity, committing offense, and parole to the same area at approximately the same time.

Results indicated that the experimental group had significantly higher rates of employment and college attendance. However, this group also had higher or equivalent levels of criminal activities and more undesirable official dispositions than comparison cases. Conclusions regarding the effectiveness of resource developers as conceived in this study can only be tentative at best, due to the differing nature of the two groups, that is, group-home residents versus non group-home residents.

Braukmann, Bedlington et al. (1985) conducted an ambitious study which combined elements of process and outcome type studies. The approach was to compare the effects of Teaching-Family group homes with that of other group homes on during-treatment and post-treatment drug and alcohol use and abuse, and selected prosocial behaviors of male juvenile

offenders. The post-treatment follow-up period was one year in duration. Both groups of homes were located in the same geographical areas and served similar populations. Data was gathered on pre-treatment, during-treatment, and post-treatment behaviors of the youths through means of self-report questionnaires. Results suggested that on most measures, Teaching-Family youths rated better than their non-Teaching-Family counterparts on during-treatment effects. However, there were no differences between the groups on post-treatment measures.

Strengths of this study include its use of a comparison group and its longitudnal gathering of data, including post-treatment data. The authors of the study conclude from their review of the literature that there is no evidence of long-term success in treating delinquent clients. They suggest more research on specific drug and alcohol treatment interventions as well as a possible need for further treatment and support after youths have been released from group homes.

Limitations to the implications and generalizability of this study include: differences between the two groups in age and average length of

treatment, non-random assignment of subjects to treatment groups, self-selection of subjects who participated in the study and reliability problems on self-report questions concerning alcohol abuse and other drug abuse.

The outcome studies reported here have featured self-report questionnaires and rating scales filled out by people who know the subjects. Other studies have included measures of official recidivism, such as reinstitutionalization data and re-arrest rates. Results so far seem to suggest few relationships between measures of during-treatment effects and post-treatment outcome. This agrees with conclusions already reached by others (Durkin & Durkin, 1975; Piper & Warner, 1981; Whittaker, 1979).

Conclusion. One would hope that the therapeutic efforts put forth by treatment staff would be reflected in behavior not only during a client's residence in the group home but also in his behavior once discharged from the care of the group home. Longer term follow-up studies run the risk of being contaminated by post-discharge environmental influences. Some of this can be dealt with by providing adequate control groups. It may be, however, that post-discharge influences will

become a specific target for study as treatment experts search for ways to make treatment benefits longer lasting. While outcome data has the potential for assessing long-term effects of treatment and is valuable in pointing to the need for treatment follow-up, it cannot substitute for the ongoing observation and research necessary to gauge the effects of treatment as it is taking place.

Process Evaluations

The way the term "process" is used in this section refers to measures which are taken concurrently with treatment. This is different from the traditional definition of "process" which refers more to the ongoing therapist-client interaction during treatment (Paul, 1969). Efforts to measure behavioral effects of group-home treatment concurrently with residence in the group home are relatively common, but vary widely in quality and type, from subjective impressions of youths' behavior noted by staff to more objective measures such as in statistics related to law offenses. The one statement that can be made consistently about attempts at evaluating behavioral effects of group-home treatment is that there is no consistent methodology or instrumentation seen in use from program to program.

While most programs at least attempt some type of behavioral assessment, there appears with few exceptions to have been little or no effort so far to validate measuring instruments specifically for use in group-home settings on a formal scale or to reach a consensus regarding method so as to permit valid comparisons among group homes or treatment methods. This lack may be due in part to the relatively recent development of widespread use of community-based group homes as a form of treatment for troubled youth and ever-present funding problems. It also appears, however, to be due in part to a lack of awareness among researchers in the field of what has been done by other investigators. This is reflected in the fact that many research articles written in the group home and child residential care field tend not to interact with other viewpoints than their own. The studies described below are samples of the varying levels of sophistication in process evaluation.

Hoffman, Lehman and Zev (1975) described the establishment and perceived advantages of community-based group homes in cooperation with hospitals who treat adolescents with the help of a government agency providing services to children.

While their evaluation of treatment effectiveness appears to be based on behavioral indicators in the areas of social, educational and vocational adjustment, not enough information is provided to judge the validity of the measures used or significance of the results obtained.

Jackson, Olsen, Schafer, and Holmes (1986) developed a rating scale designed to help in the evaluation and planning of treatment for emotionally disturbed adolescents. Their instrument, called the Massachusetts Adolescent Level of Functioning Scale, consists of four subscales having two or more indicators each with eight possible ratings for each indicator. The four subscales are: Task Orientation, Social Functioning, Emotional Functioning and Disruptive Behavior. A pilot study was conducted using the scale in seven Massachusetts residential mental health programs for severely disturbed adolescents over a five-month period. While the authors use this study to claim reliability and validity for the scale and enthusiastically endorse its use in adolescent treatment programs, the small sample (24 clients total) and questionable validation techniques preclude any wide-spread adoption of the instrument until more

research is conducted. In assessing the scale for validity, the authors state "It was important to see whether the program staff thought that the scale items were meaningfully measuring client functioning and movement within the scale" (p. 184). That is a good starting point, but cannot be considered sufficient in itself to establish whether the scale is indeed successful in accurately measuring what it claims to measure.

Some studies have focused on the implementation and effects of specific treatment procedures or approaches applied in the group-home setting. Thelen, Fry, Dollinger and Paul (1976) reported on the use of videotaped models and role playing to improve the "interpersonal adjustment" of delinquents living in a group home. Behavior ratings were made by staff and teachers of the subjects. The authors report there were "significant" improvements in behavior ratings during one phase of the study. Sample size, however, was small (eight male subjects) and no information is provided as to the rating scale used or actual data generated.

A more recent study reports on the implementation and effects of a treatment approach based on

Eliminating Self-Defeating Behavior Theory in a group home for male juveniles with chemical dependency histories (Berry, Demgen, Hardy & Wicklund, 1982). This is a cognitive approach to behavior change, developed by Milton F. Cudney. Results were assessed by counting the numbers of drug incidents and crimes committed by residents after implementation of the program. Statistical data compiled prior to the initiation of this approach was insufficient to provide a meaningful comparison with data compiled after initiation of the new approach.

One promising approach which has generated intense research interest and has utilized a variety of behavioral indicators, a few of which will be looked at here, is the Achievement Place or Teaching-Family Model. This is an approach which utilizes a team of husband-wife houseparents to teach group-home residents "social survival" skills (Maloney, 1980). This approach has been adopted by the Boys Town network of group homes. Maloney cites evidence from other studies to show that since the program was implemented, Boys Town experienced an 80% reduction in one important behavioral indicator of in-treatment effectiveness, that of residents running away.

Solnick, Braukmann, Bedlington, Kirigin and Wolf (1981) report on a study in which observers were present in 10 group homes using the Teaching-Family model to watch interactions of youth and group-home parents for a two-hour session. The observations recorded were compared to questionnaire measures of the youths' self-reported delinquency while in the group home and their evaluation of the group home program. The delinquency questionnaire was adapted from one used by other researchers, while the youths' evaluation of the group home was a consumer evaluation questionnaire commonly used by Teaching-Family group-home programs as part of the consumer evaluation of their treatment program.

Results showed a strong inverse correlation between mean self-reported delinquency and the average amount of time youths spent talking to and in proximity to their group-home parents. The researchers call for experimental research to determine whether group-home variables are causally related to delinquency.

Another study investigating the effects of implementing the Teaching-Family model was that reported on by Schneider, Kinlow, Galloway and Ferro (1982). Two community-based group homes were assessed

to determine the effects of switching from a multi-staff model to the Teaching-Family approach in group-home care. This well-planned study featured pre and post measures in order to compare baseline data with that collected after implementation of the new treatment approach. Professional evaluators visited both group homes to evaluate the social skills of two staff-selected youths using a behaviorally-based checklist. Overall program quality was assessed in much the same manner except that the behavior of all staff and youths present was included in the evaluator ratings. Self-report measures rounded out the study.

Results revealed that with a few minor exceptions, the Teaching-Family Model was associated with an increase in positive behaviors in the areas assessed. A strong feature of this study was its gathering of baseline data which occurred before most of the residents knew about the planned program change. A limitation is the problem of subjectivity associated with making behavioral ratings. The evaluators making the ratings are described as "professional" but we are not told of their relationship, if any, to the programs or treatment model being studied.

Studies using self-report measures have included a variety of assessment tools, including: structured interviews, various rating scales and the Youth Consumer Answer Sheet, an instrument commonly used by programs employing the Teaching-Family Model (Brendtro & Ness, 1982; Richey & Miller, 1987; Schneider, Kinlow, Galloway & Ferro, 1982). In the study by Richey and Miller, subjects were 65 male students age 12-16, in a private residential program for delinquent and predelinquent boys. An adaption of the Mykelbust rating scale measuring academically-related behaviors was filled out by each of the boys and by the teachers for each boy. The students generally rated themselves alike in all areas and higher than teachers' ratings for each area.

Self-report measures have the potential of helping evaluate the effectiveness of group-home treatment programs when the instruments used are appropriate to the setting and can be administered in a relatively efficient and objective manner. For some treatment issues at least, the client may be the one individual able to give the most useful and valid information. Where formal validity and reliability questions are a concern, this may be at least partially addressed by

using standardized psychological tests with age-appropriate norms and established reliability and validity.

Another study, involving personnel being trained in the Teaching-Family Model, employed behavioral ratings from a different angle (Braukmann, Ramp, Braukmann, Willner & Wolf, 1983). In this study, subjects were seven married child-care couples who were preparing to operate group homes for delinquent adolescents. Ratings were obtained to determine whether girls living in a community-based group home would perceive a difference between interactions in which trainees delivered a rationale and those in which they did not. Results revealed that the girls did perceive the differences, indeed preferred teaching-parents who delivered rationales, and considered themselves more likely to accept advice derived from teaching interactions which contained rationales.

Conclusion. Logic and early results suggest that behavioral ratings have a vital role to play in assessing treatment effects of group-home programs. If treatment of emotionally disturbed youth is effective or deleterious it is likely to be at least partially

reflected in the behavior of the youth during treatment. Periodic behavioral assessments of treatment effects may provide invaluable information to group-home staff and program administrators in determining on a more immediate basis the effects their program is having on its consumers. These benefits, however, cannot be realized unless the behavioral measures are reliable and measure behaviors which are in fact attributable to treatment and have the potential to generalize outside of treatment environments. More research is needed to test and validate behavioral assessment tools and to include concrete indicators such as school and vocational performance. More coordination is needed among researchers to allow valid comparisons among treatment programs which should then reveal whether the various approaches actually produce different results for similar clients.

Systems Analysis

This type of evaluation takes a broader scope than the other methods reviewed above. It includes studies which attempt to evaluate the entire system which surrounds and interacts with the treatment process. It looks at what goes into the system and what is produced

by it to give a more global evaluation of a treatment program.

R. N. Blakeney (1976) introduces a series of four papers (Bell, 1976; P. E. Blakeney, 1976; Frede & Holland, 1976; Holland & Bushman, 1976) presented at a symposium designed to examine various aspects of the evaluation process and use of evaluation results as they apply to a state criminal justice council-funded halfway house for adolescents. The papers describe varying aspects of an actual evaluation that was conducted on behalf of a halfway house for adolescents. Some aspects of the studies described in these papers could fall into the category of descriptive studies. However, these studies describe the evaluation process of the entire operation of a halfway house, rather than concentrating on a single case.

Frede and Holland's paper reports on a professional assessment of the quality of services provided by the agency under study. A variety of techniques were used, including: examination of all records and forms, in-depth interviews with all agency personnel, review of written goals and policies, on-site inspection of the house facility, comparative inspection of a similar agency, and reference to

relevant professional literature. After obtaining a complete description of the halfway house's activities, comparison was made against the written goals and objectives of the facility to determine whether the house was in fact, providing the services called for by its written goals and objectives. Bell's paper discusses the role of financial analysis in the evaluation process, while P. E. Blakeney's paper is written from the agency's point of view describing its efforts to make maximum use of the evaluation process to which it was subject.

Holland and Bushman (1976) reported on their attempt to measure directly the impact an adolescent halfway house had on its clients. In accordance with their view that the impact of services would be most easily seen within a few days of leaving the agency, client disposition data was carefully gathered and analyzed. Referral records were classified according to the following method:

> If a client was referred to an agency or to his home and the client's short-term behavior was such that he could cope with the new location and the new location could cope with him, the case was labeled as an appropriately made referral

> demonstrating a positive or successful action by the halfway house. If the client's condition was unstable immediately after relocation, the referral was labeled as inappropriate. (p. 224)

Results showed that in 57% of the cases randomly selected, the Adolescent Halfway House was believed to have had a positive effect as these cases showed short-term stability. In only 3% of the cases was the referral deemed inappropriate while in 8% of the cases service was interrupted as the client ran away or left due to disciplinary problems. In the other cases referral was not needed or the client was unable to be traced.

If the assumption adopted by the evaluators in Holland and Bushman's study is accepted, that any effect of a group home on a client should be evidenced within days after departure from the program, then disposition data must be viewed as an important source of data in evaluating a group-home program's effectiveness.

Moos (1975) assessed seven group homes in California which operated under the Community Treatment Program designed to provide community-based treatment alternatives for juvenile offenders. The assessment

instrument used was his Correctional Insititutions Environment Scale (CIES). Nine subscales make up the test and are grouped into three categories: Relationship dimensions, Treatment Program dimensions, and System Maintenance dimensions. He found that successful homes scored higher in the Relationship and Treatment Program dimensions, while the unsuccessful group homes scored higher in two out of three of the System Maintenance subscales. It should be noted, however, that the homes served different types of youths. Moos states that differences among house parents may have been even more important.

Wilgus and Epstein (1978) conducted an informal study analyzing the structure and organizational dynamics of two group homes for adolescents started at about the same time in the same city in order to determine reasons why one failed and the other did not. Results showed that while both homes were successful in treating young people, the home that failed did not cultivate close community ties as did the home that survived.

One study, which is described below, featured at least one aspect of the systems approach in that it included behavioral indicators from before, during, and

after treatment. Maloney, Timbers and Maloney (1977) report on the Bringing It All Back Home project at the Western Carolina Center, a group which also uses the Teaching-Family Model for its group homes. While behavioral indicators were used to measure treatment effect, details as to the mechanics and results of the data analysis are not provided in this study. Areas of interest to the evaluators included: school grades, school attendance, law offenses, attitudes and recidivism. Attitudes and recidivism are not defined operationally in the article. However, the data in the above areas were gathered in pretreatment, treatment and posttreatment periods, allowing a longitudinal look at possible treatment effects.

Conclusion. Systems analysis has the strength of broadening the list of variables which are investigated in the evaluation of residential treatment. Emphasis is on the "big picture" as efforts are made to determine how the system as a whole operates and in some cases, how it relates to the larger system (i.e., surrounding community) affecting the child. However, when so many variables are included for study, it is easy to get lost and lose focus on what is of

significance. Perhaps that is one reason this method of evaluation has been used so infrequently.

Summary

Treatment evaluation studies have been divided into four categories: descriptive studies, outcome studies, process evaluations, and systems analysis. Descriptive studies have served to give a flavor of what happens in actual treatment settings on a subjective level, and have provided some practical information to those working in the field. Outcome studies have been relatively few in number and have yielded relatively discouraging results regarding long-term treatment effects in juvenile delinquents. Some studies have suggested that post-discharge environments may have a deciding influence on long-term outcome. Process evaluations have been greater in number and have focused attention on during-treatment indicators of behavioral change. Relatively few of these studies have included comparison groups, thus leaving unanswered questions of whether the treatment under study is more effective than no treatment or other forms of treatment. Systems analysis has done the service of broadening the scope of investigation, but threatens to become unwieldy in the process.

Lack of agreement among researchers in choice of evaluation measures has hampered any effort to develop meaningful comparisons among various treatment approaches. Future research efforts need to attempt to work from a common definition of "success" in treatment in order to permit the identification and use of meaningful measures of the "success".

Chapter 3

ACHIEVEMENT PLACE AND THE TEACHING-FAMILY MODEL

Any contemporary review of the group-home research literature would be remiss in failing to devote a significant portion of its review to the Teaching-Family model and its flagship, Achievement Place. It is safe to say that the Teaching-Family model is the most influential model in the field of group-home treatment of troubled youth today. Several reasons seem apparent.

First, recent trends in juvenile corrections have created a need for community-based alternatives to institutional treatment for juvenile delinquents. The Teaching-Family model was created as an answer to help meet that need.

Second, proponents of the model have worked hard to insure that it will be widely and systematically replicated. Replication of the model has been aided through the creation of and adherence to the Teaching-Family Handbook (Phillips, Phillips, Fixsen, & Wolf, 1974) which spells out in detail the elements of

the model. In addition, all personnel (teaching-parents) associated with the model are certified after an intensive training and evaluation process.

Third, the key proponents of the Teaching-Family are a highly dedicated cadre of researchers based at the University of Kansas. They have been successful in attracting National Institute of Mental Health grants to support their research. Over the past two decades, research associated with Achievement Place and the Teaching-Family model has produced literally hundreds of journal articles, book chapters and other publications, some of which will be reviewed in this chapter.

Fourth, in an age of public accountability, the Teaching-Family model has built in a system of self-evaluation of its treatment efforts which includes feedback from consumers. Much of the published research reflects this emphasis on evaluation and provides data related to the effects of specific treatment techniques implemented in the group-home setting.

Finally, no other approach to group-home treatment has emerged in organized fashion to systematically

replicate itself and publish its findings. The published research literature in the field of group-home treatment evaluation at this point has no identifiable competitors to the Teaching-Family model.

A word of caution is in order when reviewing the research literature about the Teaching-Family model. The vast majority of what has been written in its evaluation has come from the same researchers who have long been associated with its development and implementation. Consequently, one must approach the findings generated by these efforts keeping in mind that some bias favorable to the model is present and may influence the "results" to an unknown degree. Nevertheless, to thus dimiss the findings reported on the Teaching-Family model would unneccessarily eliminate a valuable base of information in the field of group-home treatment evaluation.

This chapter will provide a brief overview of the historical background of the Teaching-Family model followed by an explanation of distinctives and key concepts associated with this approach. A look at some of the key research literature which has been generated from its development will also be included. The conclusion will look at the strengths and weaknesses of

the group-home evaluation efforts which have been carried out by those associated with the Teaching-Family model.

Brief Historical Background

In 1967, a community-based group home for predelinquent and delinquent boys began operations in Lawrence, Kansas. The home was known as "Achievement Place". Over time, the home developed a unique treatment approach which became known as the "Teaching-Family" model (Maloney, 1980). The main emphasis is on skills training which is designed to provide the adaptive skills youths need to be successful in the community. Its developers launched widespread research efforts which have been financed by the National Institute of Mental Health and other government and private agencies (Coughlin et al., 1984).

This model was gradually adopted by other community-based group homes mostly in Kansas; in 1975 it was adopted by Father Flanagan's Boys' Home, popularly known as "Boys Town". Boys Town has enjoyed national attention since its founding in 1917 for its work with hundreds of dependent, neglected and delinquent boys in a large residential setting made up

of clusters of homes known as "communities" (Coughlin et al., 1984). By 1980, Boys Town included 46 homes on its campus and was providing technical support for 44 community-based homes around the country (Maloney, 1980).

Maloney (1980) reported that as of 1979, the Teaching-Family model was being used by over 150 homes in the United States. Replication of the model was carried out by the training program for teaching-parents. By late 1987, there were over 215 group homes associated with the National Teaching-Family Association (Wolf et al., 1987) and the groups served have broadened to include girls, emotionally disturbed, learning disabled, mentally retarded and autistic children as well as delinquent and predelinquent youths (Maloney, 1980; McClannahan, Krantz, McGee & MacDuff, 1984).

Distinctives And Key Concepts

The typical Teaching-Family home consists of six to eight predelinquent or delinquent youths living in a house in their own community. The youths live with a highly trained couple called "teaching-parents" who provide a family milieu while teaching the youths socially acceptable behavior, self-help, academic, and

prevocational skills in order to provide alternatives to the behaviors which got them into trouble (Center for Studies of Crime and Delinquency, National Institute of Mental Health, 1973; Coughlin et al., 1984).

The four main elements of the program are: a motivation system taking the form of a token economy, a comprehensive skills training curriculum, the development of a mutually reinforcing relationship between the youths and their teaching-parents, and a self-government system. Each Teaching-Family program is served by a board of directors responsible for the financial, personnel and policy aspects of the program. The board members are drawn from the local community. Program evaluation is built-in and draws participation from social service agencies within the community, juvenile court, public schools, the youths' parents, the youths themselves, and the group home board of directors. On-site evaluations are carried out by staff responsible for training teaching-parents (Wolf et al., 1976). Some of the key elements of the Teaching-Family model will be explained in more detail below.

Teaching-parents. The couple known as "teaching-parents" who live in home with the youths in their care are considered the key to the success of the program (Center for Studies of Crime and Delinquency, National Institute of Mental Health, 1973).

Kirigin et al. (1975) and Wolf et al. (1976) provide a good description of the training of teaching-parents. Prior to their formal training, most of these couples have earned a BA degree in one of the behavioral sciences. The formal training program lasts approximately one year. It includes intensive instruction at the University of Kansas as well as extensive supervised field experience followed by thorough on-site evaluations by training staff and ratings by each of the consumer groups of the program. Only those couples who complete the training and are highly evaluated become certified as teaching-parents.

Their role as teaching-parents includes two facets: the development of positive relationships with the youths which allows them to teach the youths the skills essential for successful living in their community and advocacy for the youths in the community. This latter role is important in providing parents and social service personnel with an alternative to the

formal juvenile justice system when the youths exhibit behavior problems within the community (Wolf et al., 1976).

Motivation system. When the youths enter the home, they are placed on a point system, also known as a "token economy" designed to help motivate them to learn socially appropriate behaviors and skills which will enable them to succeed in the community. "Appropriate" behaviors earn points, while "inappropriate" behaviors are followed by a loss of points. Points are exchanged first on a daily basis, later on a weekly basis for privileges which are a normal part of home living. School teachers fill out a daily report card on the youth's behavior in class which is used by the teaching-parents to award or withdraw points depending on the youth's behavior. Advancement through the system leads to the merit system in which privileges are free and points are not used. Loss of merit status may occur if the newly acquired behaviors are not continually practiced. The last phase of the program involves more and more time spent in the youth's own home (Wolf et al., 1976).

Self-government system. Daily meetings which are part of the self-government system are held with the

participation of the youths and teaching-parents. During these meetings the youths discuss events of the day and establish or change rules, deciding on consequences for breaking rules. The teaching-parents use these meetings to teach and model self-government behaviors such as compromise, constructive criticism and group decision making (Wolf et al., 1976).

In an interesting experiment featuring a self-government condition, Phillips (1968) assigned certain boys as "managers" responsible for assigning other youths to clean the bathroom. The boy managers were given the authority to award or take away points depending on performance. Results indicate that this arrangement proved more effective in keeping the bathroom clean than when the teaching-parents were in control of the points.

Consumer evaluations. A perusal of the research literature associated with the Teaching-Family model reveals numerous references to the use of consumer rating scales designed to evaluate the performance of the teaching-parents and the effectiveness of various aspects of their program (Kirigin, Braukmann, Atwater & Wolf, 1982; Maloney et al., 1983; Braukmann, Ramp,

Braukmann, Willner & Wolf, 1983; McClannahan, et al. 1984).

These rating scales are constructed on a scale of one to seven with "seven" being equivalent to "completely satisfied" and "one" being equivalent to "completely dissatisfied". Questions on the scales relate to how well the teaching-parents are doing in such areas as communication, cooperation and correcting youths' problems (Maloney et al., 1983). The consumer groups who fill out the questionnaires include resident youths, their parents, juvenile court and social service personnel, community board members, teachers and program directors (Warfel, Maloney & Blase, 1981). The feedback obtained by the questionnaires provides information useful in making the programs more responsive to consumer needs.

Research Literature Overview

One of the strengths of the Teaching-Family model is the widespread research efforts which it has generated, particularly in evaluating the effects of its treatment program. Wolf et al. (1976) divide the evaluation studies into two areas: component evaluations and program evaluations. Component evaluations are described as studies which look at the

effects of individual treatment components and youths' preferences regarding specific treatment opponents. This appears to be essentially equivalent with what is denoted by the term "process evaluation" as explained in Chapter 2. For purposes of consistency, studies of individual treatment components will be reviewed below under the heading of "process evaluations".

Likewise, we will use the heading "outcome evaluations" as explained in Chapter 2 to label what Wolf et al. (1976) refer to as "program evaluations". He uses this term to describe those studies which attempt to evaluate the effect of the total treatment program on the youths served by it. In the studies reviewed below, data regarding what happens to youths after they leave the group-home setting is also included. Those relevant studies already covered in Chapter 2 of this study will be mentioned only briefly here, if at all. A third section will review studies on the Teaching-Family model which have been written by researchers other than the developers of the model.

Process evaluations. Studies in this category have sought to evaluate specific components of the Teaching-Family program such as: use of the token economy (Phillips, 1968), modification of classroom

behavior (Bailey, Wolf & Phillips, 1970), the training of youth-preferred social behaviors of child care personnel (Willner et al., 1977), parent-youth interaction (Solnick et al., 1981), and child-care worker rationales (Braukmann et al., 1983). Generally, the researchers found positive process effects for the individual treatment components they chose to study. Examples will be reviewed below.

Phillips (1968) studied the effects of a token reinforcement system in modifying behaviors of three "predelinquent" boys, ages 12, 13 and 14, who had histories of minor offenses, school truancy and academic failure. The teaching-parents, Phillips and his wife, in whose home the boys resided, implemented a token reinforcement system using innovative reversal designs to modify a series of behaviors. The tokens were given in the form of points, with points added for appropriate behavior and points taken away for inappropriate behavior. Results indicated that use of a token reinforcement system could successfully modify aggressive verbal behavior, punctuality, homework preparation, poor grammar, and bathroom tidiness. In his analysis of the results, Phillips does not deal with the potential problem of observer bias inherent in

a study in which the staff of a treatment facility are evaluating the effects of the treatment which they provide.

Bailey, Wolf and Phillips (1970) used a reversal design featuring home-based reinforcement to modify the classroom behavior of predelinquent boys. The boys' classroom behavior was recorded by trained observers and graded on a checklist by teachers. In the experimental condition the boys had to have all "yeses" on their daily report cards in order to earn points which could be exchanged for backup reinforcers at the teaching-family home. One "no" would mean a loss of privileges and would require extra chores in order to win them back. The researchers concluded that it is possible to increase classroom study behavior and decrease disruptive classroom behavior with the use of reinforcers based at home and that fading of reinforcers can take place without losing all the benefits of the reinforcers.

In another study utilizing a token economy point system to modify behavior, researchers reported on the results of four experiments conducted at Achievement Place (Phillips, Phillips, Fixsen, & Wolf, 1971). Subjects in the study were six boys who had been placed

in the home after it had been determined that all of them were in danger of becoming habitual lawbreakers if corrective intervention was not implemented. The experiments featured baseline conditions, conditions involving point consequences, reversal phases, and reinstatement of the point consequences. In some cases, fading procedures were also used. Results indicated that use of a token economy was successful in producing prompt attendance at the evening meal, increasing tidiness in care of personal rooms, increasing the rate of saving money, and increasing the rate of news watching and percentage of correct answers in news quizzes for boys who watched the news.

Later, nine experiments were conducted to determine the relative effectiveness of several administrative systems in producing room cleaning behavior in boys living at Achievement Place (Phillips, Phillips, Wolf, & Fixsen, 1973). Efforts also focused on determining which system was preferred by the boys. Objective criteria were set for determining adequacy of the boys'cleaning of bathrooms. Results suggested that of the systems studied, the system which came closest to meeting criteria of effectiveness and preference by the boys featured a democratically elected peer manager

who had the power to dispense and take away points for his peers' performances. This study is a good example of systematic testing of independent variables in that measures obtained under baseline conditions were compared with measures obtained under a variety of administrative conditions.

Fixsen, Phillips, and Wolf (1973) reported on a series of experiments designed to assess the role of various procedures in gaining the boys' participation in the self-government system at Achievement Place. Rules and consequences were set up to govern behavior in school, at home, and in the community, as well as at Achievement Place. The system of self-government included having the boys participate in trials determining the guilt or innocence of their peers accused of rule violations and in deciding the consequences for the rule violations. Results showed that boys were more likely to participate in discussion of consequences for rule violations when they had complete responsibility for setting the consequences for each violation during the trials than when the teaching-parents set the consequences before the trial. When boys were responsible for calling for trials for violations they reported on their peers, fewer trials

were called than when the teaching-parents were responsible for calling trials.

Willner et al. (1977) investigated the effects of training given to teaching-parent trainees on social interaction behaviors between the teaching-parents and youths. Results showed that the training was successful in increasing behaviors preferred by the youth. These behavioral increases were correlated with increases in the youths' ratings of the quality of the trainees' interactions.

The researchers whose studies were reviewed above have shown that it is possible to identify specific treatment procedures and assess their impact on carefully defined behaviors occurring during group-home treatment. Confidence in the meaning of their findings was added by using variations of the ABAB reversal design in which baseline conditions are sequentially alternated with treatment conditions while the behaviors of interest are measured and recorded. The results cannot be generalized, however, without replication in other settings and with other samples.

Outcome evaluations. The studies reviewed in this section feature both outcome measures, that is,

posttreatment effects and process measures (during-treatment effects). The researchers in the studies reported here have sought to compare the effects of Teaching-Family group homes with other group-home programs. Results so far have suggested that Teaching-Family group homes compare positively with non Teaching-Family group homes on process measures, but no significant differences have appeared when measures of outcome are compared.

Kirigin et al. (1982) conducted an outcome study of group homes for juvenile offenders, comparing treatment effectiveness by type of program as well as comparing individual programs using the same model. Group homes chosen for evaluation included the original Achievement Place program, 12 other Teaching-Family model homes, and 9 conventional community-based residential programs in Kansas.

Youths' police and court records served as primary sources of the outcome data. Any illegal behaviors recorded in youths' police or court files regardless of whether formal action was taken were recorded as "reported alleged offenses". To be recorded as alleged offenses, the date of alleged occurrence had to appear in the police or court record. Each youth's offense

rate for pre and posttreatment intervals were calculated on the basis of a youth's time at risk in the community. "At risk" time was any time during which there was no record of institutionalization or departure from the community.

Other outcome measures were subjective consumer evaluation measures obtained for each Teaching-Family program, and for five of the nine comparison programs. The consumer evaluation questionnaires were given to the youths, members of the board of directors, juvenile court and social welfare personnel, and the youths' parents and teachers.

Results showed superior effects for Teaching-Family programs on measures of percentage of youths involved in alleged offenses, rates of alleged criminal offenses, and youth and teacher ratings of the quality of treatment during treatment. This analysis held up even when conducted without data from the original Achievement Place group home. Data also showed that Teaching-Family youths had higher rates of offenses in the pretreatment year and a higher percentage of youths involved in those offenses. During treatment, both measures were significantly lower than the comparison group. In contrast, during

the postreatment year, none of the differences between groups was significant on any of the outcome measures.

Limitations of this study included small sample size, no random selection of programs or youths, and inherent weaknesses in the choice of outcome measures, that is, "official delinquency". The authors concluded that "the Teaching-Family programs provided a set of conditions that reduced delinquent behavior during treatment to a greater degree than the comparison programs, and did so in a manner that produced more positive ratings by the youth participants" (Kirigin et al., 1982, p. 11).

These results were essentially replicated in another study whose final results have yet to be published (Braukmann, Ramp, & Wolf, 1985). A sample of 436 youths agreed to participate in this study which compares youths treated in Teaching-Family homes with youths treated in non Teaching-Family group homes. Measures of behavior were gathered before, during, and after group-home treatment. The interview instrument used was adapted from one used by Delbert Elliott and his colleagues at the National Youth Survey. The questions were drawn from twelve areas of functioning

and include questions in drug use and abuse, arrests, and court appearances. Other measures included the Jesness Behavior Checklist, reasons for youth leaving the program, and staff ratings of the degree of success the youth experienced in reaching his/her treatment goals. Again, the results suggest that Teaching-Family youths were rated better than comparison youths on process measures but were essentially similar on outcome measures.

In a well designed quasi-experimental study, Braukmann et al. (1985) investigated the effects of group-home treatment on drug and alcohol use and abuse, and on selected prosocial behaviors. Eight group homes using the Teaching-Family model were compared with nine group homes using other approaches. In addition, samples from both treatment groups were compared with matched no-treatment samples of their friends. The outcome measures for the study were derived from self-report questionnaires administered to the youths in telephone interviews. A pretreatment questionnaire asked the youths about drug use and abuse and prosocial behavior for the year preceding entrance into group home treatment. Monthly questionnaires with measures of these same behaviors were administered thereafter

until up to one year posttreatment. The outcome measures included: days of alcohol use, days of marijuana use, days of use of other illicit drugs, indicators of abuse for each of the previous three categories, and occasions of selected prosocial behaviors.

Results showed that Teaching-Family programs compared positively to alternative-treatment and no-treatment groups on indicators of alcohol use, selected prosocial behaviors,and marijuana use during treatment. Neither Teaching-Family nor comparison group homes showed any positive posttreatment effect. Limitations to the implications and generalizability of this study include: differences between the two treatment groups in age and average length of stay, nonrandom assignment of subjects to treatment groups, self-selection of subjects who participated in the study and the unreliability of the outcome measures on questions concerning alcohol abuse and other drug abuse. In light of the poor posttreatment results, the authors concluded that supportive post group-home environments may need to be developed to help youths through the high risk adolescent years.

Researchers from the same camp expanded on this view in their suggestion that juvenile delinquency may be viewed as a handicapping condition resulting from an interaction of constitutional and environmental factors, much like other disabilities such as retardation, autism, and blindness (Wolf, Braukmann, & Ramp, 1987). They further argue the need for "long-term supportive environments" such as specially trained families in order to maintain prosocial behavior in high-risk youths.

Studies by outside researchers. Relatively few studies have been done by researchers other than the developers of the Teaching-Family model. What has been done, however, has been generally supportive of the findings of the model's developers.

Liberman, Ferris, Salgado, and Salgado (1975) reported on a series of experiments at a group home specifically designed according to the Teaching-Family model. The researchers evaluated the effects of token reinforcement procedures on several target behaviors of concern in the boys living in Welcome Home, a group home located in Southern California. Procedures used were in some instances replications of those used by Phillips (1968) at Achievement Place. The two groups

at Achievement Place and Welcome Home were similar in age, socio-economic status, and delinquent history, but different in ethnicity. The Teaching-Parents also differed in ethnicity and educational backgrounds.

One of the more interesting findings of the study was that point rewards were not successful in substantially increasing savings by the boys at Welcome Home, contrary to results obtained at Achievment Place. The rate of savings during the treatment condition was as low as that obtained during the baseline condition at Achievement Place. The researchers hypothesize that this may have been due to cultural differences modeled by the teaching-parents and learned by the boys. Other findings were supportive of those obtained at Achievement Place. This study illustrates the importance of replication of treatment results in a wide variety of social and geographical settings and with diverse populations in order to determine the extent to which the results can be generalized.

Levitt, Young, and Pappenfort (1981) reviewed the early literature generated by the Teaching-Family model. They found that the research generated so far was superior to any other done so far in the field of juvenile rehabilitation and had established an

impressive record of success for the treatment model. The Teaching-Family researchers were also commended for producing studies which were replicable. They concluded by listing a number of yet unanswered questions raised by the research done so far. Among them were questions of whether Achievement Place had produced any "unexpected" or "unfavorable" results and how differing social contexts may affect the outcomes reported for treatment procedures developed at Achievement Place.

Conclusion

Researchers associated with the Teaching-Family model are to be commended for their energetic efforts to improve and promote their model through careful evaluation of effects of specific treatment procedures of the Teaching-Family model. Their research designs are in most respects carefully constructed and represent a vast improvement over most if not all previous research in the field of child residential treatment. The target behaviors are clearly defined and the treatment procedures are precisely described, making it possible for others to repeat the studies with other group-home residents.

Another strength of their evaluative efforts has been their use of multiple outcome measures. This has allowed for a more meaningful interpretation of outcome results than that afforded by studies using only one or two outcome measures. The use of rating scales administered to consumer groups is a significant improvement over research efforts which have not sought consumer feedback on the effects of the program being evaluated.

The evaluation measures selected and used by Teaching-Family researchers frequently are those specifically constructed for use in their model, thus leading to questions about their utility or objectivity in comparing the Teaching-Family model with other approaches. Caution must also be exercised to guard against the inevitable bias which creeps in when the leading researchers of a program are the same individuals closely associated with the program's development and implementation. This problem could be partially addressed by having the hands-on research done by "blind" researchers working under the direction of the lead researchers.

A further limitation, at least in the studies known to this reviewer, is the lack of studies done

testing specific treatment procedures in settings other than the origninal pilot site, Achievement Place. Questions arise as to whether treatment procedures developed and tested in a relatively rural Midwestern community can be expected to be just as effective in other areas of the country and among different population groups. Perhaps a few homes in different areas of the country could be selected for closer study. This could also provide the opportunity to systematically assess the degree to which other group homes using the Teaching-Family model are, in fact, accurate replications of Achievement Place.

Another area not addressed in the evaluation literature is that which would come under the descriptive category as explained by Piper and Warner (1981). While we are given a description of the elements present in the treatment program, little is described which would give an impression of what the atmosphere of the home is like and how it might affect a delinquent's daily emotional life. Some illustrative case histories would be instructive in that regard.

Though many questions remain unanswered, great strides have been made in studying the results of specific treatment procedures and in assessing outcomes

in group-home treatment for adolescents. The researchers associated with the Teaching-Family model have shown that it is possible to make treatment evaluation an integral part of the operation of a group home and thereby increase the light which guides treatment.

Chapter 4

METHODOLOGICAL/CONCEPTUAL ISSUES

Introduction

Designing effective approaches to evaluation of treatment outcome requires an awareness of the methodological and conceptual issues involved in scientific inquiry. This awareness becomes even more crucial when faced with the ethical and humanitarian considerations that must be a part of any effort to deal with psychological/behavioral concerns of troubled youth.

In a review of the history of behavior modification research, Paul (1969) finds that prior to 1920, the case study method was the only method of behavior modification research. This appears to be roughly equivalent to the descriptive form of evaluation outlined earlier in Chapter Two, except that the case study focuses more specifically on the client. Paul traces the next step as the "demonstration era", during which detailed case reports and group studies reported "successes" based on the judgements of the

participants of the studies. This would also appear to fall into the descriptive category of evaluation.

He traces the next stage in the history of behavior modification research as the "scientific era". This occurred in the 1950s through the early 1960s. This era featured focused research efforts "on the ongoing interaction between client and therapist in the 'natural' process of treatment (Paul, 1969, p. 33). He cited Greenhouse in observing that the importance of this type of study was in its relationship of process variables to outcome.

Paul forecast the next step would be the "experimental era". In describing this era he stated "The essence of scientific research is, then, experimental method in which the effects of variables (phenomena) upon other variables (phenomena) are observed through manipulation and selection" (Paul, 1969, p. 35). He went on to categorize the domains of variables which need to be manipulated and controlled in behavior modification research. The three main domains include: client variables, therapist variables, and time variables. For our purposes,

therapist variables would include all treatment staff as well as the treatment techniques they use.

It would appear that at this time, the field of group-home treatment evaluation is somewhere between the "scientific" and "experimental" eras as described by Paul. The bulk of the recent literature in group-home evaluation has been devoted to the study of process variables, thats is, specific treatment techniques and their relationship to behavior changes occurring during treatment. Fewer studies have compared outcomes among groups of variously treated clients. Almost none of the studies have featured untreated control groups.

When research literature outside that generated by the Teaching-Family model is reviewed, it appears that there is little agreement on how to systematically evaluate effects of child residential treatment or, more specifically, group-home treatment. There seems to be little agreement on what variables should be measured, what variables should be controlled for, and what measures to use in assessing process and outcome.

While few writers have dealt with the conceptual/methodological issues specifically from the standpoint of group-home treament (Piper & Warner,

1981; Wolf, 1978), several have addressed the issues as related to the broader task of designing evaluation methods for the field of child residential treatment (Johnson, Nutter, Callan & Ramsey, 1976; Matsushima, 1979; Mordock, 1979; Whittaker, 1974).

In his brief review of the literature, Whittaker criticizes what he sees in the existing outcome literature: "poorly defined outcome variables; absence of adequate controls; and problems in sample selection" (Whittaker, 1974, p. 195). Maluccio and Marlow found that "a review of the proliferating literature on residential treatment of emotionally disturbed children suggests that the field is characterized by insufficient conceptual clarity, fragmentation of practice theory, and limited substantive research" (Maluccio & Marlow, 1972, pp. 242-243). It should be noted, however, that Maluccio and Marlow's review preceded most of the bulk of substantive research generated by the Teaching-Family model.

In the remainder of this chapter, we will first explore what client variables should be considered in evaluating group-home treatment. Next, we will look at the broader category of variables to be considered when assessing process. A later section will examine the

problems associated with assessing treatment outcome. We will also take a brief look at the challenges posed by posttreatment variables to which clients are exposed.

Client Variables

Client variables need to be considered in any evaluation of treatment effects whether outpatient, inpatient or residential. The strengths and weaknesses a client brings into treatment are sure to have a significant if not a deciding influence on treatment outcome. Deciding which client variables to include in an evaluation program is difficult due to the lack of knowledge as to which factors are important in determining outcome. Added to this problem is the practical issue of obtaining reliable pretreatment client data at admission. Many agencies find themselves too taxed to make a systematic effort in this regard, especially in the "crisis" atmosphere frequently seen in admissions to residential care.

Some preliminary evaluation is clearly called for, however, if only to develop meaningful treatment objectives. Client demographic and symptomatic variables should be considered part of a baseline record which can be used to mark progress in treatment

and serve as a benchmark in evaluating eventual outcome. Thus, while symptomatology may not be the most significant variable to consider (Mordock, 1979), it must be accounted for. In the interest of valid comparisons of treatment effect, measures need to be applied which feature clear operational definitions of what is being measured.

Other variables of relevance include but are not limited to: adaptive behaviors, family and demographic variables, intellectual/educational potential versus achievement, medical/health factors, and psychological/personality factors. More research is needed to determine which instruments best measure these variables in a fashion most relevant to the group-home setting and allow for monitoring of process and outcome.

Process Variables

At this time, relatively little is known about what factors contribute to effective group-home treatment. Precise operational definition and description of treatment conditions and careful monitoring of client behavioral changes are necessary to shed light on what treatment variables, if any, effect change in the client.

Ideally, the first phase of treatment will involve a gathering of baseline data on the relevant areas of client functioning. This is necessary to permit the development of a treatment plan tailored to the individual client's needs. This is best facilitated by having a cross-disciplinary team meeting, including the client, to set goals and objectives tailored to the client's needs. In addition to the client, possible team members include a cross-section of caregivers, administrative/supervisory personnel, parents/guardians, and teachers. Johnson et al. (1976) stress the importance of defining concrete measureable program goals, that is, specific behaviors clients are expected to exhibit when treatment is complete. This needs to be followed up by systematic monitoring to see if the objectives are being met (Shyne, 1976).

Measuring Outcome

Measuring treatment outcomes in the areas of emotional/behavioral disorders is a complex problem at best. The problem of defining treatment "success" or "effectivenss" seems particularly thorny. "Success" in treatment is defined differently by different people (Matsushima, 1965). In his chapter on behavior

modification research, Paul (1969) finds that the purpose of treatment, rather than theoretical considerations must be the guiding criteria of effectiveness. He cites numerous writers in finding that "the real question of effectiveness is whether or not the distressing behaviors which brought the clients to treatment have changed in the desired direction without producing new problems" (Paul, 1969, p. 41).

At least part of the problem in assessing outcome in residential treatment appears to be a lack of planning. In a survey of Alberta's residential treatment centers, researchers found that most centers have no written criteria for success and failure and no systematic method of determining treatment outcome (Johnson et al., 1976). As Mordock states, "To evaluate effectiveness of any treatment modality, clear specifications of desired outcomes is essential" (Mordock, 1979, p. 293). He then proceeds to identify some of the difficulties in doing this.

Noting that maladaptive behaviors often diminish in treatment only to recur later and that new maladaptive behaviors often emerge during treatment, he challenges the notion that symptomatic behavior in the child should always be the criterion used for measuring

treatment outcome. Alternatively, he suggests that focus on changes in values, attitudes and social role behavior towards conformance with the values and social/cultural realities of the outside world may be more relevant. Matsushima (1979) also calls for attention towards behaviors reflective of normal growth and development, rather than attention only to so called "negative" behaviors. Other investigators, in studying childhood behavior as it relates to mental health in adulthood, concluded that "developmental-adaptive traits were better long-range predictors than symptomatic traits" (Kohlberg, LaCrosse & Ricks, 1972).

While most programs treating juvenile offenders use some form of recidivism data in measuring treatment outcomes, at least two investigators have stated "Recidivism should not be used as the sole criterion for measuring program success" (Piper & Warner, 1981, p. 4). They cite Palmer in pointing to the varying definitions and lengths of time used in recording recidivism data and the common failure to distinguish varying degrees of seriousness of the offense.

There are other problems to consider as well, in using recidivism as an outcome indicator. In an

earlier study, Williams and Gold (1972) drew a distinction between delinquent behavior and official delinquency (delinquent behavior which is apprehended and recorded by authorities). They rightly pointed out that official delinquency is not an accurate reflection of the degree of actual delinquent behaviors. They found such variables as race, sex, and social class to be factors influencing the rate of official delinquency, due to the differential action taken by law enforcement and court officials. Self-reported delinquency has been used by some researchers as an alternative to official delinquency. Yet, this too has been shown to be somewhat unreliable at least in assessing drug and alcohol abuse (Braukmann, Bedlington et al., 1985).

Other criteria to consider in assessing outcome could include such factors as the form of termination from treatment, for example, did it occur due to a problem such as running away or because the treatment goals had been met, academic/vocational performance, indicators of emotional stability and quality of interpersonal relationships. Some of these variables could also be measured at the beginning of treatment and at various stages throughout. Ideally, behavioral

advances accomplished in treatment would be maintained or further advanced in the posttreatment environment.

Posttreatment variables. Numerous investigators have noted the importance of posttreatment factors in determining posttreatment adjustment and functioning (Allerhand, Weber, & Haug, 1966; Braukmann & Wolf, 1987; Maluccio & Marlow, 1972; Mordock, 1978; 1979; Whittaker, 1985). Maluccio and Marlow (1972) have pointed out the need to identify specific factors in the post-discharge environment which lead to successful adaption. Mordock (1979) emphasizes the importance of the family and/or community systems to which the child will return in influencing outcome. In defining goals for the child, Mordock suggests that the child's adaptive behavior and the support system to which the child returns may be more significant than his symptomatology.

It would appear, then, that group-home administrators and treatment personnel need to devote a significant amount of attention to what happens after their clients are discharged. Part of this attention should be devoted to tracking the effects of their treatment program, while major attention should be paid

to developing supportive posttreatment environments for their clients (Wolf et al., 1987).

Conclusion

At this time, the major work being done in the field of group-home treatment evaluation has been dominated by the research generated from the Teaching-Family model. This chapter has focused primarily on the problems encountered by researchers not identified with the Teaching-Family model. Those problems include such difficulties as deciding what variables to measure, designing and choosing appropriate measuring instruments, and defining treatment "success". It appears that "success" for treatment purposes needs to be defined according to the goals and problems of the individual client.

Another problem identified has to do with recidivism. While this is not an issue for every adolescent in group-home treatment, it is a concern for most. Controversy exists as to what best describes delinquency and how it is most effectively measured and interpreted. It is likely to continue to be an issue of debate for some time.

Development of consensus regarding measures of treatment effects appear to be necessary to speed the process of effectively evaluating group-home treatment. This process could be furthered if cooperation were to develop between researchers from the Teaching-Family model and researchers from other orientations. Such cooperation should include dialogue regarding such issues as research design, process and outcome measures, including recidivism. To encourage meaningful comparison of outcomes among treatment models, researchers will need to agree to use some common measurement instruments. An attempt to further that process will be undertaken in Chapter five.

Chapter 5

WHERE TO GO FROM HERE

Introduction

The literature review completed in Chapters Two and Three has revealed a virtual monopoly on group-home treatment evaluation by one treatment model. A review of the literature has also revealed a general absence of the use of standardized tests in measuring treatment process and outcome. This chapter is intended to address both needs by proposing specific methods for measuring treatment process and outcome which include the use of objective tests. It is hoped that these suggestions will be used to promote research in the field of group-home treatment by researchers from a wide variety of treatment orientations.

In the first section of this chapter, we will look at the role of church related organizations in treating troubled youth, exploring a Christian perspective on treatment of youth, and making recommendations for research. The next sections will offer specific

recommendations of measures for more generalized use in group-home treatment evaluation. They will be categorized into descriptive measures and process and outcome measures.

The Church And Group-Home Treatment Evaluation

The church has a vital interest and role to play as it increasingly is called on to support and administer help to troubled youth who for whatever reasons have not found the help they need in their homes or in the community at large. Though there are a number of Christian organizations involved in providing residential care for troubled youth, there are no published statistics or research data known to this author relating to a specifically Christian approach to group-home care.

In the section below, we will look at three examples of what Christian-identified organizations are doing in the area of residential treatment for adolescents. The next section will briefly explore what a Christian perspective can contribute to caring for troubled youth. The final section will conclude with some suggestions to guide future research efforts by Christian organizations engaged in group-home treatment of adolescents.

Examples of Christian residential care. In his book, "What Makes Boys Town So Special", Fr. Val J. Peter devotes a chapter to explaining the role of religion in family life at Boys Town (Peter, 1986). Each resident of Boys Town is required to attend religious services of their faith on a weekly basis and receive classroom instruction on the basics of their faith. For those who have no religious identification, one semester each is devoted to prayer and instruction in the Protestant and Catholic faiths. After that time, the child is expected to choose one faith and go on to further instruction and admission to the faith. Residents are also encouraged to make prayer a regular part of their lives, learn to appreciate his/her relationship with God, serve as role models of faith in his/her own home, and develop positive relationships with the Protestant and Catholic chaplains on the campus of Boys Town. This author knows of no studies which have attempted to systematically assess the role of the spiritual/religious emphasis in affecting treatment outcome at Boys Town.

Dale House, a residential facility located in Colorado Springs, opened in 1972 under the auspices of Young Life, a parachurch organization. It provides

counseling and shelter for troubled, neglected, and abused teenagers. Staff give practical teaching on the Christian faith designed to encourage self-examination of life direction and attitudes. Plans are being made to conduct an outcome study to determing how former residents served by the facility are doing now and to obtain their views on how they feel their stay at Dale House affected them (L. Starr, personal communication, August 24, 1988).

Remi Vista, a Christian foster-care and group-home organization, provides services to court-referred adolescents and children. The staff model prayer as a way of seeking help for daily life and offer to pray with and for the youth. The youth are also encouraged and helped in attending church services and church-related activities in the community. The administration and staff attribute the dedication to excellence in the care they provide to their strong Christian committment. While no formal research has been done at this time, steps are being taken to train staff in operationalizing concrete goals and treatment plans for each youth. In addition, information on each youth is entered into a computerized database which

will provide important data for future research efforts (D. Boan, personal communication, February 19, 1989).

A Christian perspective of group-home care. Historically, the Christian church has involved itself at various levels in the care of the less fortunate of society. The biblical basis for this can be found in both the Old and New Testaments which both exhort believers to care for the poor, the widows, and orphans. Clear instructions are also given to provide instruction and training for the young. This is not to be simply classroom education, but a part of daily life, as is seen in Deuteronomy 6:6-7 which exhorts the Israelites to teach God's words to their children at home, while traveling, in the morning, and at night. In the New Testament, Ephesians 6:1-4 gives specific instructions for the relationships between children and their parents. Children are to give their parents respect, while fathers are not to provoke their children, but give them discipline and instruction.

Unfortunately, in today's society, many youth are, for various reasons, unable to live with their natural families and are turned over to state or social service agencies for management and care. The reasons may include neglect and/or abuse by the parents, severe

emotional disturbance in either child or parents, drug abuse by the child, or delinquency by the child. For Christian organizations involved in residential/group-home care of youth, there is the opportunity to provide a surrogate parenting role which is missing or inadequate. The church, then, has an opportunity to provide the "family", the caring, and the teaching which it is biblically mandated to give to the young.

Treatment approaches such as that promoted by the behaviorally based Teaching-Family model are not inconsistent with the biblical concepts of caring and teaching. Rodger Bufford, a leading Christian psychologist and educator has written a book, "The Human Reflex", in which he argues that behavioral principles from psychology are complementary to biblical teaching rather than in opposition to it (Bufford, 1981). He suggests that while biblical teachings do include moral prohibitions, the greater emphasis is on the development of positive social behaviors, that is, love for God, love for neighbor, as taught by Jesus in Matthew 12:28-31. Bufford further suggests that behavioral principles can be used to further the development of positive moral behaviors.

Such teachings could include the Biblical concept of restitution for wrongful action taken against another and having sympathy for those who have been wronged.

Christian organizations involved in group-home care have a unique opportunity to assist youth in dealing with spiritual issues which they face. This often involves healing for the victims of past abuse. Fr. Val J. Peter, of Boys Town, finds that youths may change outward behaviors without being changed inside. Peter (1986) further states:

> It is only when the boy or girl at Boys Town experiences a miracle of healing in his or her heart, that the child then releases in his or her life the beauty, the goodness, the faith, hope, and love that are God's gracious gifts. Then we really begin to make progress" (p. 94).

Christian teaching with its emphasis on forgiving and being forgiven may play an important role in helping troubled youth reach emotional and psychological maturity. Psychologists have found that being able to "let go" of resentments for past hurts is important in reaching a state of emotional health. Having a sense of being forgiven may also contribute to

healthy self-esteem, the lack of which is often reflected in maladaptive interpersonal relationships.

Another way a Christian perspective may contribute a vital service would be for local churches to cultivate an active involvement in the lives of youths who have been discharged from group-home or other residential treatment for delinquency and/or emotional disorders. A significant body of research indicates that post-discharge adaptation is highly related to the post-discharge environment (Allerhand, Weber, & Haug, 1966; Maluccio & Marlow, 1972; Mordock, 1978; Wolf, Braukmann, & Ramp, 1987). This points to an opportunity for concerned local churches to target youth who may be at risk for recidivism and provide counsel, spiritual help, a caring community of both adults and "nondelinquent" peers, and positive socialization experiences to increase the chances of continuing the growth begun in treatment. Support could also be offered to the youths' families where needed, in the hope of improving relationships at home.

Such an effort would require careful planning and commitment by the church and would probably require appointment of a trained staff person, experienced in working with troubled adolescents to lead and

coordinate the outreach. A church would probably begin such an outreach by targeting its own family members needing that type of help. From there, depending on the available resources and level of commitment, the outreach could grow to include extended family and friends of church members and youths in the surrounding local community.

A Christian perspective, then, may be seen as providing unique opportunities for providing a surrogate family/parenting function in the lives of troubled youth. Not only does it give added motivation for caring and teaching, it also provides tools for dealing with the spiritual dimension of life.

Suggestions for research. Christian organizations involved in caring for troubled youth have an obligation to assess the effectiveness of their treatment. Just as in other human service organizations, written goals and objectives for each individual client are essential in giving direction for treatment and in serving as a tool in determining whether progress is being made.

A first step in treatment evaluation might be a descriptive approach which studies some representative cases in detail. Second, process studies could be

conducted to assess the effectiveness of specific treatment procedures.

Third, it may be of special interest to Christian group-home agencies to measure process and outcome variables in comparison with non-Christian approaches. In order to assess whether the spiritual dimension of treatment made a difference in process and outcome, it would be necessary to make comparisons with homes and youths which were closely matched on other treatment and demographic variables.

Fourth, it would also be interesting to assess whether youths who experienced a religious conversion and/or deepened spiritual commitment while in treatment experience better outcomes than youths with no apparent spiritual commitment. This could be done by comparing outcomes of youths treated with the same approach and with similar problems to begin with. Other variables would also need to be controlled for, such as conversion occurring after a youth had left treatment.

Proposed Measures For Generalized Use

This writer believes that the field of group-home treatment could be improved by a broader-based research, that is, research coming from a number of orientations in addition to the Teaching-Family model

which has been reviewed in Chapters Two and Three. It is to promote that research that the following recommendations are made regarding measures to be used in group-home evaluation. The proposals which follow are not intended to be exhaustive; indeed, many good measures have been left out and many have yet to be developed. It would be impractical to list all the possibilties and even more impractical to attempt to use them all. The measures which are suggested below are offered as basic to facilitating the gathering of practical process data and to permitting the meaningful comparison of outcomes among varying subjects and treatment approaches.

Descriptive measures. Such measures provide a picture of the clients in treatment, the nature of the treatment program, and the length of treatment for individual clients. These measures are necessary to give a context by which other measures can be interpreted (Jones, 1976). The categories used below are adapted from Paul (1969).

Client variables, normally recorded at or before admission, should include such information, as age, sex, race, nature of presenting problem (including DSM-III-R diagnosis), IQ, level of education, religious

background, family history, history of court involvement, medical history, and history of drug and/or alcohol use/abuse.

Treatment program variables recorded as part of the assessment process should include any special recommendations for an individual client, based on identified needs, goals, and objectives. Other treatment variables which are generally stable over time, such as administrative structure, staffing pattern, staff turnover rate, underlying psychological orientation, physical plant properties, and location, can be reported at the time of a process or outcome study.

Time variables as conceived of by Paul (1969) are given in terms of the various stages of contact between treatment personnel and the client. We will use five of the seven variables Paul lists. They include: pretreatment, treatment, termination, posttreatment, and follow-up. These represent the various points in time at which research may focus.

Process and outcome measures. The measures to be recommended here can be used for both process and outcome assessment. They are suggested in part, for their utility in providing feedback to treatment

personnel which may be used during the treatment process. They are also relatively practical in terms of time and cost of administration.

The **Woodcock-Johnson Psycho-Educational Battery**, Part Two, is an objective achievement test which provides measures of performance in reading, mathematics, and written language, and knowledge of science, social science, and humanities. Woodcock (1978) reports median reliabilities for subtest and cluster scores ranging from .83 to .95. The manual estimates about 30 minutes administration time, but notes that some subjects may require up to 45 minutes (Woodcock & Johnson, 1977). In their review, Goldman, L'Engle Stein, and Gurry (1983) find the Woodcock-Johnson Battery superior to most currently available instruments.

This writer suggests that the Woodcock-Johnson be given as close to admission time as possible to allow feedback which can be used to plan educational intervention as part of treatment planning. The results would also serve as a baseline from which to compare academic achievement in relation to age and grade level. It should be given again at discharge to assess academic progress through treatment. As such,

it provides, a useful measure of adaptive behavior, at least in the field of academic achievement. If the adolescent is still in school six months or more after discharge, it could be readministered as a follow-up measure.

The **Jesness Inventory** is another objective test with the added strength of having been specifically designed for use with delinquents, disturbed children, and adolescents (Jesness, 1983). It has been shown to distinguish between delinquents and nondelinquents. The manual describes the norming procedures in detail, which included groups of delinquents and nondelinquents (Jesness, 1983). The test consists of 155 items which can be understood by children as young as eight years of age. The items are true-false in format and measure reactions of youth to a wide range of content. Scores on the test are divided into 11 scales representing personality characteristics. The scales include the following: Social Maladjustment Scale, Value Orientation Scale, Immaturity Scale, Autism Scale, Alienation Scale, Manifest Aggression Scale, Widthdrawal-Depression Scale, Social Anxiety Scale, Repression Scale, Denial Scale, and the Asocial Index Scale.

Test/retest reliability coefficients for the subscales ranged from .40 to .79 with a median reliability of .66 (Jesness, 1983). Validation of the test has come from a wide range of studies which suggest above average validity (Brodsky & Smitherman, 1983).

It is suggested that the Jesness Inventory be given at admission, at discharge, and three to six months after discharge. It should aid in making treatment decisions when used at admission and to indicate progress in reducing attitudes associated with delinquency after treatment has been completed.

In order to obtain feedback from the consumers of group-home services, it is suggested that the **Consumer Evaluation** questionnaires developed by researchers from the Teaching-Family model be used. The questionnaires ask consumers of the group-home services to rate various aspects of the program on a scale of one to seven, with one being equivalent to "completely dissatisfied" and seven being equivalent to "completely satisfied" (Phillips, Phillips, Fixsen, & Wolf, 1974; Warfel, Maloney, & Blase, 1981).

The Consumer Evaluation questionnaires should be given to the youths in treatment, parents/guardians of

the youths, and social service personnel and/or legal personnel who are involved with the youth. They should be given periodically throughout treatment and at the end of treatment to help program administrators assess how well they are meeting consumer needs.

Minimum measures of adaptive functioning should include records of academic progress in school, including attendance and grades. Another indicator where applicable would be whether the individual is currently employed and number of job changes since discharge. Both measures are relatively objective. This writer suggests that these measures be recorded throughout the treatment process and at least six months after discharge.

Despite the controversy it envokes, no evaluation of residential treatment involving high numbers of delinquents would be complete without some measure of recidivism. Typically, society's reaction to the delinquent's behavior is what brings the individual into residential treatment. Thus, it seems prudent to use a measure of official recidivism as a guage of treatment effectiveness. For our purposes we will define recidivism as any court or police record indicating violation of the law, and/or any move by the

individual to a more restrictive setting while in treatment or out of treatment.

Finally, records concerning the nature of termination must be kept in some detail. The reason a client is terminated from treatment can reflect on how successful or unsuccessful treatment has been. Possible reasons for termination include but are not limited to: running away, parents or guardian moving away, parents or guardian dissatisfied with services, youth's behavior is unmanageable, serious illness of the youth or a family member, youth has reached emancipation age, and youth has met treatment goals and is deemed ready for discharge.

Summary

This chapter has looked at the church's role in treatment of troubled youth and has suggested some possibilties as to a unique perspective on treatment offered by Christianity. Some of the possibilities for which a biblical base can be found include: (a) A Christian approach is well suited to featuring a surrogate family role for the staff involved in providing direct care to youth, (b) A Christian approach to treatment provides the tools to address the spiritual dimension of life and can incorporate

teaching on forgiveness and other biblical concepts which can promote emotional/spiritual healing and maturity, (c) Christian teaching provides a unique motivational base for caring for and teaching troubled youth, (d) Local churches may play an important role in preventing recidivism by targeting specialized outreach to youths who have been discharged from group-home or other residential treatment. Recommendations were also given for future research efforts.

In the interest of promoting broader participation in group-home research, specific recommendations were made regarding measurements to be used. They included: (a) a variety of descriptive variables such as client age, sex, race, nature of presenting problem and DSM-III-R diagnosis, IQ, level of education, religious background, family history, history of court involvement, medical history, and history of drug and/or alcohol use/abuse, and such treatment program variables as individual treatment recommendations, administrative structure, staffing pattern, staff turnover rate, guiding psychological treatment orientation, physical plant characteristics, and geographic location; (b) adaptive measures including whether the individual is currently employed and number

of job changes since discharge, school attendance and grade records; (c) measures of recidivism as indicated by official delinquency as defined by any court or police record indicating violation of the law, an/or any move by the individual to a more restrictive setting while in or out of treatment; (d) the Jesness Inventory; (e) the Woodcock-Johnson Psychoeducational Battery, Part Two; and (f) the Consumer Evaluation questionnaires.

It is hoped that future research efforts will come from a variety of treatment perspectives. This is needed to provide a more accurate and fair picture of the relative effectiveness or ineffectiveness of the many group-home treatment programs in operation today. Use of common measuring instruments will make it easier to accomplish meaningful comparisons of treatment outcomes among varying treatment models. It is expected that the measures recommended above will be useful to a wide variety of treatment orientations.

REFERENCES

Allerhand, M. E., Weber, R. E., & Haug, M. (1966). Adaptation and adaptability: The Bellefaire follow-up study. New York: Child Welfare League of America.

Ambinder, W. J. (1965). The extent of successive placements among boys in foster family homes. Child Welfare, 44(7), 397-398.

Bailey, J. S., Wolf, M. M., & Phillips, E. L. (1970). Home-based reinforcement and the modification of pre-delinquents' classroom behavior. Journal of Applied Behavior Analysis, 3(3), 223-233.

Barth, R. P. (1986). Emancipation services for adolescents in foster care. Social Work, 31(3), 165-171.

Bell, E. C. (1976). Evaluation: The role of financial analysis. Adolescence, 11(42), 233-237.

Berry, J., Demgen, M., Hardy, R. E., & Wicklund, C., (1982). Implementing the Eliminating Self-Defeating Behavior theory in group home treatment. Personnel and Guidance Journal, 60(9), 571-573.

Bettelheim, B. (1950). Love is not enough. New York: The Free Press.

Blakeney, P. E. (1976). The evaluated agency's view of the evaluation. Adolescence, 11(42), 237-241.

Blakeney, R. N. (1976). The evaluation of the operation of an adolescent halfway house: An organizational effectiveness view. Adolescence, 11(42), 217-220.

Braukmann, C. J., Bedlington, M. M., Belden, B. D., Braukmann, P. D., Husted, J. J., Ramp, K. K., & Wolf, M. M. (1985). Effects of community-based group-home treatment programs on male juvenile offenders' use and abuse of drugs and alcohol. The American Journal of Drug and Alcohol Abuse, 11(3 & 4), 249-278.

Braukmann, C. J., Ramp, K. K., & Wolf, M. M. (1985). Progress report on MH 20030: Follow-up of group home youth into young adulthood. Washington, DC: National Institute of Mental Health, Center for Studies of Antisocial and Violent Behavior.

Braukmann, P. D., Ramp, K. K., Braukmann, C. J., Willner, A. G., & Wolf, M. M. (1983). The analysis and training of rationales for child care

workers. Children and Youth Services Review, 5, 177-194.

Braukmann, C. J., & Wolf, M. M. (1987). Behaviorally based group homes for juvenile offenders. In E. K. Morris & C. J. Braukmann (Eds.), Behavioral approaches to crime and delinquency: A handbook of application, research, and concepts (pp. 135-159). New York: Plenum Press.

Brendtro, L. K., & Ness, A. E. (1982). Perspectives on peer group treatment: The use and abuse of guided group interaction/positive peer culture. Children and Youth Services Review, 4, 307-324.

Brodsky, S. L. & Smitherman, H. O. (1983). Handbook of scales for research in crime and delinquency. New York: Plenum Press.

Bufford, R. K. (1981). The human reflex. San Francisco: Harper & Row.

Bush, M. (1980). Institutions for dependent and neglected children: Therapeutic option of choice or last resort? American Journal of Orthopsychiatry, 50(2), 239-255.

Center for Studies of Crime and Delinquency, National Institute of Mental Health. (1973). Achievement Place: A model for delinquency treatment (HEW

Publication No. HSM 73-9078). Rockville, MD: U.S. Department of Health, Education, and Welfare.

Cohen, N. A. (1986). Quality of care for youths in group homes. Child Welfare, 65(5), 481-494.

Cole, L. (1972). Our children's keepers. New York: Grossman Publishers.

Coughlin, D. D., Maloney, D. M., Baron, R. L., Dahir, J., Daly, D. L., Daly, P. B., Fixsen, D. L., Phillips, E. L., & Thomas, D. L. (1984). Implementing the community-based Teaching-Family Model at Boys Town. In W. P. Christian, G. T. Hannah, & T. J. Glahn (Eds.), Programming effective human services: Strategies for institutional change and client transition (pp. 63-81). New York: Plenum Press.

Cross-Drew, C. (1984). Project Jericho evaluation report: Final report. (EDRS No. 255 779). Sacramento, CA: California State Department of the Youth Authority.

Durkin, R. P., & Durkin, A. B. (1975). Evaluating residential treatment programs for disturbed children. In M. Guttentag & E. L. Struening (Eds.), Handbook of evaluation research Vol 2, (pp. 275-339). Beverly Hills, CA.: Sage.

Fine, M. (1982). When nonvictims derogate: Powerlessness in the helping professions. Personality and Social Psychology Bulletin, 8(4), 637-643.

Fixsen, D. L., Phillips, E. L., & Wolf, M. M. (1973). Achievement Place: Experiments in self-government with pre-delinquents. Journal of Applied Behavior Analysis, 6(1), 31-47.

Fleischer, B. J. (1965). Identification of strategies to reduce turnover among child care workers. Child Care Quarterly, 12(2), 130-139.

Frede, M., & Holland, T, A. (1976). Assessment of the adequacy of the services provided by a halfway house for adolescents. Adolescence, 11(42), 228-233.

Freudenberger, H. J. (1977). Burn-out: Occupational hazard of the child care worker. Child Care Quarterly, 6(2), 90-99.

Garber, B. (1972), Follow-up study of hospitalized adolescents. New York: Brunner/Mazel.

Gil, E., & Bogart, K. (1982). Foster children speak out: A study of children's perceptions of foster care. Children Today, 11(1), 7-9.

Goldman, J., L'Engle Stein, C. & Guerry, S. (1983). Psychological methods of child assessment. New York: Brunner/Mazel.

Gordon, J. S., (1978). Group homes: Alternative to institutions. Social Work, 23(4), 300-305.

Gurry, S. E. (1985). Severely disturbed adolescents in community care. Adolescence, 20(78), 265-279.

Holland, W. E., & Bushman, N. (1976). A systems strategy for the assessment of a halfway house for teenagers. Adolescence, 11(42), 220-227.

Hoffman, S. R., Lehman, V., & Zev, E. D. (1975). A group home--hospital treatment model for severely disturbed adolescents. Child Welfare, 54(4), 283-289.

Hylton, J. H. (1982). Rhetoric and reality: A critical appraisal of community correctional programs. Crime & Delinquency, 28(3), 341-373.

Jackson, N., Olsen, L., Schafer, C., & Holmes, W. M. (1986). Evaluating the treatment of emotionally disturbed adolescents. Social Work, 31(3), 182-185.

Jesness, C. F. (1983). The Jesness Inventory (Rev. ed.). Palo Alto, California: Consulting Psychological Press.

Jewitt, D. R. (1973). The group home: A neighborhood-based treatment facility. Children Today, 2(3), 16-20.

Johnson, H. L., Nutter, C., Callan, L., & Ramsey, R. (1976). Program evaluation in residential treatment: Some practical issues. Child Welfare, 55(4), 279-287.

Johnson, J. S., & Bonta, J. (1985). The characteristics of staff and programs in correctional halfway houses. Journal of Offender Counseling, Services & Rehabilitation, 9(4), 39-51.

Jones, R. R. (1976). Achievement Place: The independent evaluator's perspective. (Report No. CG 011 131). Bethesda MD: National Institute of Mental Health, Center for Studies of Crime and Delinquency. (ERIC Document Reproduction Service No. ED 136 104)

Kadushin, A. (1967). Child Welfare Services. New York: Macmillan.

Kingsley, R. F., & Gill, S. (1975). A demographic survey on the need for a group home. The Journal of School Health, 45(10), 591-594.

Kirigin, K. A., Ayala, H. E., Braukmann, C. J., Brown, W. G., Minkin, N., Phillips, E. L., Fixsen, D. L., & Wolf, M. M. (1975). Training teaching-parents: An evaluation of workshop training procedures. In E. Ramp & G. Semb (Eds.), Behavior analysis: Areas of research and application (pp. 161-174). Englewood Cliffs, New Jersey: Prentice-Hall.

Kirigin, K. A., Braukmann, C. J., Atwater, J. D., & Wolf, M. M. (1982). An evaluation of Teaching-Family (Achievement Place) group homes for juvenile offenders. Journal of Applied Behavior Analysis, 15, 1-16.

Kohlberg, L., LaCrosse, J., & Ricks, D. (1972). The predictability of adult mental health from childhood behavior. In B. J. Wolman (Ed.), Manual of child psychopathology (pp. 1217-1284). New York: McGraw-Hill.

Kowalski, G. S., & Rickicki, J. P. (1982). Determinants of juvenile postadjudication dispositions. Journal of Research in Crime and Delinquency, 19, 66-83.

Lerman, P. (1980). Trends and issues in the deinstitutionalization of youths in trouble. Crime & Delinquency, 26(3), 281-298.

Lemert, E. M. (1981). Diversion in juvenile justice: What hath been wrought. Journal of Research in Crime and Delinquency, 29, 34-46.

Levitt, J. L., Young, T. M., & Pappenfort, D. M. (1981). Achievement Place: The Teaching-Family treatment model in a group-home setting (Report No. CG 017 852). Washington, DC: Office of Juvenile Justice and Delinquency Prevention. (ERIC Document Reproduction Service No. ED 251 724).

Liberman, R. P., Ferris, C., Salgado, P., & Salgado, J. (1975). Replication of the Achievement Place model in California. Journal of Applied Behavior Analysis, 8(3), 287-299.

Maloney, D. M. (1980). The Teaching-Family Model: Working with runaways. Journal of Family Issues, 1(2), 304-307.

Maloney, D. M., Timbers, G. D., & Maloney, K. B. (1977). BIABH project: Regional adaptation of the Teaching-Family Model group home for adolescents. Child Welfare, 56(1), 787-796.

Maloney, D. M., Warfel, D. J., Blase, K. A., Timbers, G. D., Fixsen, D. L., & Phillips, E. L. (1983). A method for validating employment interviews for

residential child care workers. Residential Group Care And Treatment, 1(4), 47-50.

Maluccio, A. N. & Marlow, W. (1972). Residential treatment of emotionally disturbed children: A review of the literature. Social Service Review, 46, 230-251.

Mancuso, J. C., & Handin, K. H. (1980). Comparing high- and low-rated child care workers' attributions of reprimand effectiveness. Child Care Quarterly, 9(4), 275-288.

Matsushima, J. (1965). Some aspects of defining "success" in residential treatment. Child Welfare, 44(5), 272-277.

Matsushima, J. (1979). Outcomes of residential treatment: Designing accountability protocols. Child Welfare, 57(5), 303-318.

McClannahan, L. E., Krantz, P. J., McGee, G. G., & MacDuff, G. S. (1984). Teaching-Family Model for autistic children. In W. P. Christian, G. T. Hannah, & T. J. Glahn (Eds.), Programming effective human services: Strategies for institutional change and client transition (pp. 383-406). New York: Plenum Press.

Moos, R. H. (1975). Evaluating correctional and community settings. New York: John Wiley & Sons.

Mordock, J. B. (1978). Ego-impaired children grow up: Post-discharge adjustment of children in residential treatment. Rhinebeck, New York: Monograph marking silver anniversary of Astor Home for Children.

Mordock, J. B. (1979). Evaluation in residential treatment: The conceptual dilemmas. Child Welfare, 58(5), 293-302.

Pardeck, J. T. (1983). Marital status and family source of income: Potential predictors for determining the stability of foster family care? Adolescence, 18(71), 631-635.

Pardeck, J. T. (1985). A profile of the child likely to experience unstable foster care. Adolescence, 20(79), 689-696.

Paul, G. L. (1969). Behavior modification research: Design and tactics. In C. M. Franks (Ed.), Behavior therapy: Appraisal and Status (pp. 29-62). New York: McGraw-Hill.

Peter, V. J. (1986). What makes Boys Town so special. Boys Town, NE: Father Flanagan's Boys' Home.

Phillips, E. L. (1968). Achievement Place: Token reinforcement procedures in a home-style rehabilitation setting for "pre-delinquent" boys. Journal of Applied Behavior Analysis, 1(3), 213-223.

Phillips, E. L., Phillips, E. A., Fixsen, D. L., & Wolf, M. M. (1971). Achievement Place: Modification of the behaviors of pre-delinquent boys within a token economy. Journal of Applied Behavior Analysis, 4(1), 45-59.

Phillips, E. L., Phillips, E. A., Fixsen, D. L., & Wolf, M. M. (1974). The Teaching-Family handbook (rev. ed.). Lawrence, Kansas: Bureau of Child Research, University of Kansas.

Phillips, E. L., Phillips, E. A., Wolf, M. M., & Fixsen, D. L. (1973). Achievement Place: Development of the elected manager system. Journal of Applied Behavior Analysis, 6(4), 541-561.

Pierce, L. H., & Pierce, R. L. (1982). The use of warmth, empathy, and genuineness in child care work. Child Care Quarterly, 11(4), 257-266.

Piper, E., & Warner, J. R. (1981). Group homes for problem youth: Retrospect and prospects. Child & Youth Services, 3(4), 2-12.

Proch, K., & Taber, M. A. (1985). Placement disruption: A review of research. Children and Youth Services Review, 7, 309-320.

Richey, D. D., & Miller, M. (1987). Academically-related behavior among delinquent boys: Their self-ratings and those of teachers. Journal of Correctional Education, 38(1), 26-28.

Romig, D. A. (1978). Justice for our children. Lexington, Mass.: Lexington Books.

Ross, A. L. (1983). Mitigating turnover of child care staff in group care facilities. Child Welfare, 62(1), 63-67.

Ross, A. L., & Hoeltke, G. (1985). A tool for selecting residential child care workers: An initial report. Child Welfare, 64(1), 46-54.

Ross, A. L., & Hoeltke, G. (1987). An interviewing tool for selection of residential child care workers: A follow-up report. Child Welfare, 66(2), 175-183.

Schneider, K., Kinlow, M. R., Galloway, A. N., & Ferro, D. L. (1982). An analysis of the effects of

implementing the Teaching-Family Model in two community-based group homes. Child Care Quarterly, 11(4), 298-311.

Shostack, A. L. (1978). Staffing patterns in group homes for teen-agers. Child Welfare, 57(5), 309-319.

Shyne, A. W. (1976). Evaluation in child welfare. Child Welfare, 55(1), 5-18.

Simone, M. V. (1985). Group home failure in juvenile justice: The next step. Child Welfare, 64(4), 357-366.

Smith, P. E., Burleigh, R. L., Sewell, W. R., & Krisak, J. (1984). Correlation between the Minnesota Multiphasic Personality Inventory profiles of emotionally disturbed adolescents and their mothers. Adolescence, 19(73), 31-38.

Solnick, J., Braukmann, C. J., Bedlington, M. M., Kirigin, K. A., & Wolf, M. M. (1981). The relationship between parent-youth interaction and delinquency in group homes. Journal of Abnormal Child Psychology, 9(1), 107-119.

Stone, N. M., & Stone, S. S. (1983). The prediction of successful foster placement. Social Casework:

The Journal of Contemporary Social Work, 64(1), 11-17.

Taylor, D. A., & Alpert, S. W. (1973). Continuity and support following residential treatment. New York: Child Welfare League of America.

Terpstra, J. (1979). Group homes for children: Types & characteristics. (DHEW Publication No. OHDS 79-30170). Washington, DC: U.S. Government Printing Office.

Thelen, M. H., Fry, R. A., Dollinger, S. J., & Paul, S. C. (1976). Use of videotaped models to improve the interpersonal adjustment of delinquents. Journal of Consulting and Clinical Psychology, 44(3), 492.

Title XXII: Residential Facilities for Children and Adults. State of California, Division 6, Chapters 1-3 (1980).

Warfel, D. J., Maloney, D. M., & Blase, K. (1981). Consumer feedback in human service programs. Social Work, 26(2), 151-156.

Warner, J. R. Jr. (1976). New Dawn Youth Center offers a new chance. Applachia, 9(5), 37-42.

Warner, J. R. Jr. (1978). One thousand group homes in America. (Microfiche Document No. 45822).

Rockville, MD: National Criminal Justice Reference Service.

Westendorp, F., & Brink, K. L. (1982). Characteristics of adolescents treated at six different treatment settings. Adolescence, 17(65), 19-35.

Whittaker, J. K. (1974). Evaluating residential treatment. Child Care Quarterly, 3(3), 195-196.

Whittaker, J. K. (1979). Caring for troubled children: Residential treatment in a community context. San Francisco: Jossey-Bass.

Whittaker, J. K. (1985). Group and institutional care: An overview. In J. Laird & A. Hartman (Eds.), A handbook of child welfare: Context, knowledge, and practice (pp. 617-637). New York: The Free Press.

Willner, A. G., Braukmann, C. J., Kirigin, K. A., Fixsen, D. L., Phillips, E. L., & Wolf, M. M. (1977). The training and validation of youth-preferred social behaviors of child-care personnel. Journal of Applied Behavior Analysis, 10(2), 219-230.

Wilgus, A., & Epstein, I. (1978). Group homes for adolescents: A comparative case study. , Social Work, 23(6), 486-491.

Williams, J. R. & Gold, M. (1972). From delinquent behavior to official delinquency. Social Problems, 20(2), 209-229.

Wolf, M. M. (1978). Social validity: The case for subjective measurement or how applied behavior analysis is finding its heart. Journal of Applied Behavior Analysis, 11(2), 203-214.

Wolf, M. M., Braukmann, C. J., & Ramp, K. A. (1987). Serious delinquent behavior as part of a significantly handicapping condition: Cures and supportive environments. Journal of Applied Behavior Analysis, 20(4), 347-359.

Wolf, M. M., Phillips, E. L., Fixsen, D. L., Braukmann, C. J., Kirigin, K. A., Willner, A. G., & Schumaker, J. (1976). Achievement Place: The Teaching-Family Model. Child Care Quarterly, 5(2), 92-103.

Woodcock, R. W. (1978). Development and standardization of the Woodcock-Johnson Psycho-Educational Battery. Hingham, MA: Teaching Resources Corporation.

Woodcock, R. W. & Johnson, M. B. (1977). Woodcock-Johnson Psycho-Educational Battery, Part

II: Tests of Achievement. Hingham, MA: Teaching Resources Corporation.

Appendix A

Vita

VITA

Roger A. Larson
1850 34th St. So. #198
Grand Forks, N.D. 58201
(701) 780-9593

PERSONAL INFORMATION

Age: 33

Single.

EDUCATION

North Dakota State University/Fargo, North Dakota
B.A. 1978 Psychology

Western Conservative Baptist Seminary/Portland, Oregon
M.A. June, 1983 Clinical Psychology

Anticipated Graduation May 1989, Degree,
Psy.D. Clinical Psychology

CLINICAL EXPERIENCE Current work site.

May, 1988 to present. Northeast Human Service Center, Grand Forks, N.D. Responsible for providing professional psychological services to developmentally disabled individuals in the community to promote maximum client independence. Duties include serving as a core member of interdisciplinary teams which develop treatment and program plans, conducting psychological evaluations, assisting in the development and monitoring of behavior modification programs, and training staff in their implementation. Clients include those with coexisting diagnoses of mental illness and mental retardation.

Registered Psychological Assistant.
1986-87. Valley Psychological Center, Sacramento, CA.

Performed psychological assessments using a broad variety of tests including tests of cognitive/intellectual abilities, personality tests (including the Rorschach, Exner system), neuropsychological test batteries (including the Halstead/Reitan and the Luria/Nebraska), and tests of psycho-educational abilities. Assessments included review of records, clinical interviews, test administration, scoring, interpretation, and feedback. Also conducted group supervision for lay counselors under the personal supervision of a licensed clinical psychologist.

Clinical Psychology Internship
1985-1986 at Valley Psychological Center, Sacramento, CA. Completed 2,000 hours of supervised clinical experience under licensed clinical psychologists. Experience included a wide variety of psychological assessments as noted above as well as individual psychotherapy and marital therapy.

Mental Health Specialist
1984-1985 at CPC Cedar Hills Hospital, Portland, OR. Was responsible for supervising psychiatric patients in milieu therapy and behavior modification programs, leading therapy groups, counseling, recording significant behavioral observations, and treatment planning. Clients included a wide age range of psychiatric inpatients from children to adults, with diagnoses including conduct disorders, affective disorders, eating disorders, chemical dependency and schizophrenia. (Averaged 8-16 hours per week.)

Phone Counselor
1984-1985 at Clackamas County Mental Health Center, Oregon City, OR. Conducted telephone crisis intervention, brief intakes and

triage of incoming requests for services based on telephone or walk-in interviews. (8 1/2 hours per week.)

Psychiatric Nursing Assistant
1978-1979, at The Neuropsychiatric Institute/St. Luke's Hospital, Fargo, ND. Served as counselor/advocate for 3-8 patients per shift; observed, recorded, and reported significant changes in behavior; encouraged and supervised socialization activities.

Practicum Experiences
1983-1985, at Western Counseling, Portland, OR. Conducted individual child therapy for behavioral and learning disabilities, psychological and intellectual assessments and individual adult psychotherapy.

1984 (9 months) New Day Canter, Portland, OR. Conducted personality assessments (MMPI) of patients in residential treatment for drug and/or alcohol abuse, assisted in group therapy, individual counseling, and family group counseling. (Averaged 8 hours per week.)

1983-1984 at Children's Services Division, Albany, OR. Acted as intake interviewer and assessed families in distress, participated in case reviews, family therapy, and individual counseling centering around feedback from psychological test results. Administered and interpreted personality tests and various tests of intellectual and visual-motor abilities. (Approximately 7 hours per week.)

1983 (9 months) at Alder Elementary Elementary School, Portland, OR. Conducted weekly individual play therapy and group therapy for behaviorally disturbed and learning disabled children.

1982, Portland Adventist Convalescent Center, Portland, OR. Conducted reality orientation, memory exercises, and supportive listening with two geriatric clients.

REFERENCES

Available upon request.