

*Special Issues:
Child Welfare
& Juvenile Justice*

Chapter 5

Chapter 5: Child Welfare & Juvenile Justice

The Organizational Context of Courts' Treatment Referrals for Juvenile Offenders

Introduction

Over one million youth nationwide are referred to juvenile courts for delinquency (U.S. Department of Justice, 1990), and many have unnoticed or unmet mental health needs. This study examined the rate at which juvenile courts refer youthful offenders to mental health care and organizational factors that may account for variation in treatment referral rates.

Method

The study was based on 73 (of 98) juvenile courts in Tennessee. Data sources included secondary, statewide data on youth referred to the courts in 1997, and responses of judges to the Juvenile Court Survey. On average, judges had 11 years of experience. Most (70%) were full time, with a relatively small staff of five, including themselves.

Measures. The dependent variable was treatment referral rate, which is the percentage of young offenders who were 1) referred to mental health counseling, 2) placed voluntarily with the department of mental health, or 3) placed in a private mental health setting.¹

Organizational context included three domains — input, structure, and culture of the court. *Input* reflects the composition of the courts' caseloads in terms of offense type, race, sex, age, living arrangement, and school status of the young offenders. *Structure* included three dimensions — complexity, decentralization of decision making among court personnel, and formalization. Culture included two dimensions — what judges believe contributes to delinquency and their beliefs on various mental health issues. Responses to structure and culture items were on either four or five-point ordinal scales. Table 1 shows the items (and descriptive data) for the study variables.

Analysis. Univariate statistics showed the court profiles on the study measures. Correlational analysis was used to identify significant ($p < .05$) zero-order correlations between the organizational measures and treatment referral rate. For each of the three domains, regression was used to identify items within each domain that predict treatment referral. Significant predictors from these separate analyses were then used in a regression to identify the organizational properties that most fully and uniquely explain variation in courts' treatment referral rates.

¹ Each youth could have multiple dispositions. If any of the dispositions included 1-3, as indicated, the case was considered a treatment referral.

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Results

Table 1 shows that the statewide referral rate was 3%. Caseloads included primarily illegal conduct (e.g., traffic violations, disorderly conduct), with a sizable proportion of status offenses and more serious property offenses.² Most offenses involved white, 16-year old males, who lived with a single parent, and were in school at the time they appeared in court.

Structurally, courts tended to be small, with a judge, youth service officer, a county and state probation officer, and clerk. They exhibited some degree of complexity by assigning tasks to particular staff as well as by relatively high levels of professionalization. Decision making tended to be centralized with the judge, though a large percentage reported freedom among staff to express opinions to the judge and open communication among the work group.³ The courts tended to be informal, with generally half or fewer courts reporting the more formal approaches listed in the table.

An organization's culture refers to the shared norms or beliefs relating to key aspects of organizational life (Harrison, 1987), which can affect organizational outcomes. Table 1 shows that relatively few informants believed that emotional disturbance causes delinquency; rather, most thought that family and peers put youth at risk, as well as youths' own choices to violate rules. Nearly all informants believed that a youth's mental health status should affect their decisions, and most believed that assessments are an important tool for decision making. However, few courts typically had evaluations available prior to case disposition. When assessments were available, judges usually requested them in about half of the courts; youth

service officers or other court officers (e.g., defense attorneys), in the others. While few thought that offenders had mental health problems, nearly all believed that such offenders could be rehabilitated. Further, most were confident that mental health services can rehabilitate, though fewer thought correctional placements are effective.

Table 2 shows the results of the correlation analysis. Among input measures, courts with more serious caseloads and drug offenses had significantly higher referral rates than courts with less serious caseloads. Courts with higher proportions of youth living with both parents had lower referral rates.

Three measures of court structure related to referral rate. Higher rates were found in courts with more frequent staff communication, where prosecutors tended not to participate in filing petitions, and where determinations of guilt and disposition were made simultaneously. These findings suggest that referrals were more likely in more decentralized, informal courts.

A couple of measures of court culture related to treatment referral. Higher referral rates were found in courts where delinquency was viewed as a result of negative peer influences. The idea that emotional disturbance may cause delinquency had no bearing on courts' use of treatment options. Courts where the youth service officer requested assessments had higher treatment referral rates (twice the rate) than courts where the judge or other court officer typically made the request.

Regression was used to identify significant predictors of referral rate within each of the three organizational domains, then, to identify which of these significant variables most fully and uniquely explained variation in courts' treatment referral rates. Two variables remained significant in the final model (Adjusted R-square=.23). Courts with more serious caseloads had significantly higher referral rates; courts where the adjudication and disposition decisions were made separately have significantly lower referral rates than other courts.

² Interest is in youthful offenders, thus only cases that included some status or delinquency offense are included for purposes of aggregating the input/caseload data. Dependency/neglect only cases are excluded. Also, most (82%) delinquency/status offense referrals to court were for one reason, 12% were for two. The first reason listed by courts was used to assess the nature and seriousness of courts' caseloads.

³ While only judge informants are included in this study, data were also obtained from some of the judge's YSOs. The YSO data show that judges are not inflating their reports of their staff's freedom to express opinions to them. For example, YSOs and judges agree 51 out of 57 times that the work group is able to express opinions to judges most or all the time.

Court Referrals of Juvenile Offenders

Table 1
Organizational Characteristics of Juvenile Courts (N=73)

	Mean Rate	Min-Max	SD
MH REFERRAL	3%	0-19%	4.2
INPUT/CASELOAD			
Offenses			
Person	7%	0-17%	3.9
Property	19%	0-42%	9.2
Illegal conduct	43%	0-42%	17.8
Status offenses	26%	0-67%	13.0
Drug offenses	6%	0-38%	5.3
Alcohol offenses	7%	0-36%	6.5
Demographics			
Sex (male)	69%	(39-83%)	7.1
Race			
–white	85%	(19-100%)	19.5
–black	14%	(0-80%)	19.5
Mean Age	16 yrs	(14-17 yrs)	.4
Home and School Context			
Living arrangement			
–both biological parents	31%	(8-60%)	11.1
–single parent	46%	(20-77%)	11.3
–with relatives	6%	(0-25%)	3.9
In School	93%	(78-100%)	5.3
COMPLEXITY			
Role differentiation		Average (median) of 5 positions	
Tasks generally divided among staff positions		61%	
Court specialization – court hears juvenile cases only		19%	
Staff Professionalization			
– most have 4-yr degree		68%	
– most have specialized degree		49%	
– most participate in outside professional activities		80%	
– most have 5+yrs experience		70%	
DECISION MAKING			
Staff have a good deal of input:			
– at intake		46%	
– at adjudication		46%	
– at disposition		60%	
Autonomy			
– staff can make own decisions in new situations		43%	
– services decisions generally made by service staff		31%	
– staff can generally arrange informal probation		37%	
Staff can express opinions to judge most of the time		90%	
Communication			
– at least weekly meetings		32%	
– frequent communication about work-related issues		89%	
– good quality communication among staff		93%	

Table 1 Continued

FORMALIZATION	
Written job descriptions maintained	56%
Frequent training sessions	35%
A good deal of supervision	46%
Job reviews at least once/year	44%
Communication generally written/electronic	30%
Proceedings generally recorded	56%
Procedures are written rather than oral	29%
Generally time interval b/t adjudication and disposition	13%
Prosecutor generally participates in filing petitions	21%
CULTURE	
Causes of Delinquency	
-Youth's own choice	67%
-Family background	79%
-Social problems	37%
-Genetics	10%
-SED	22%
-Negative peers	62%
Mental Health Issues	
-MH status should be considered in disposition	94%
-Evals are generally available prior to disposition	24%
-Evals are important for disposition	74%
-Judges typically request evaluations	54%
-Most offenders have mental health problems	18%
-Offenders can be rehabilitated	96%
-MH services can rehabilitate	77%
-Corrections can rehabilitate	60%

Note: Nearly all the items on structure and culture were on either a 4- or 5-point scale. Here, data are combined (e.g., % agree and % strongly agree equals % agree) to simplify presentation. The original ordinal variables are used in the correlational analysis presented in Table 2.

Discussion

This research shows that juvenile courts referred offenders to mental health interventions at about a 3% rate. Given some higher estimates of the prevalence of emotional disorder among young offenders,⁴ this rate may be low. Further, relatively

few courts had psychological assessments available to them prior to case disposition; although, many believe they are important for making decisions. Together, these findings suggest that we are likely missing opportunities to identify youth who may need and could benefit from services.

Historically, research on determinants of court decisions has focused on youth's individual characteristics. Results have not explained much of the variance in court outcome, and have been inconsistent. Thus, it was suggested that organizational properties of courts may help to account for what individual phenomena have not. Here, a large number of organizational variables were considered; two helped to explain variable referral rates.

⁴ Harstone and Coccozza (1984) report estimates of mentally disordered juvenile offenders in correctional facilities ranging from 10% to 20%, depending on definitions of illness and offender. Statewide (TN) custody data on youthful offenders (adjudicated delinquent or unruly) show that nearly 90% have some mental health problem (Breda, unpublished report). McManus, et al. (1984) found that 100% of their sample of incarcerated, serious offenders had multiple psychiatric diagnoses.

Court Referrals of Juvenile Offenders

Table 2
Correlations Between Measures of Organizational Context
and Juvenile Courts' Treatment Referral Rates

ORGANIZATIONAL DIMENSION	<i>r</i> (<i>p</i> -value)
INPUT/CASELOAD (11 variables)	
Reason for Referral	
Offense v person	.33 (<.01)
Offense v property	.23 (.05)
Drug offense	.26 (.03)
Alcohol offense	-.04 (.77)
Status offense	-.02 (.89)
Demographics	
Sex – % male	.15 (.21)
Race – % white	-.23 (.06)
Age – mean	-.03 (.83)
Home and School Context	
Living arrangement	
% w/ both parents	-.26 (.03)
% w/ single parent	.15 (.21)
Percent in school	.02 (.88)
COMPLEXITY (7 variables)	
Differentiation	.14 (.24)
Task specialization	-.16 (.19)
Special act court	.20 (.09)
College-educated	.01 (.92)
Specialized degree	.05 (.71)
Participation in professional meetings	.03 (.83)
Experienced work group	-.03 (.84)
DECENTRALIZED DECISION MAKING (8 variables)	
Participatory Decision Making	
service staff have input at key points in process	.12 (.34)
frequent meetings	-.03 (.81)
frequent work-related communication	.25 (.04)
quality communication	-.22 (.07)
Autonomy	
work group can make own decisions	-.05 (.69)
court administration decisions made by service workers	.20 (.10)
staff can arrange informal probation for delinquents	.05 (.69)
Freedom of Expression	
can express opinions about cases and administrative issues	-.04 (.77)
FORMALIZATION (9 variables)	
Written job descriptions	.02 (.87)
Formal training sessions	.16 (.19)
Supervision	-.06 (.66)
Performance reviews	-.10 (.45)
Written or electronic communication	<.01 (.97)
Proceedings mechanically recorded	.20 (.10)
Procedures recorded in handbook	-.06 (.62)
Adjudication and disposition decisions made at different time	-.36 (<.01)
Prosecutor participates in filing formal petitions	-.26 (.03)

Table 2 Continued

CULTURE	
Causes of Delinquency (6 variables)	
Youth's volition	.22 (.07)
Family background	-.03 (.81)
Social problems	.02 (.89)
Genetics	-.02 (.90)
Emotional disturbance	.04 (.76)
Negative peer groups	.30 (.01)
Mental Health Issues (8 variables)	
Mental health should affect disposition	-.04 (.74)
Psychological evaluations usually available	-.18 (.12)
Psych evals are important for dispositions	-.10 (.39)
Who requests evaluations	.37* (.02)
Proportion of offenders with mental health problems	.20 (.09)
Youthful offenders can be rehabilitated	.20 (.10)
Mental health services can rehabilitate	<-.01 (.98)
Correctional placements can rehabilitate	-.08 (.52)

* Because the predictor is nominal, Eta was used as the correlation coefficient.

Courts with more serious caseloads had significantly higher referral rates than courts with proportionately less serious cases. Perhaps this reflects courts' recognition that violent offenders (must) need mental health treatment. It may also reflect a greater availability of special services for more serious offenders, for example, specialized interventions for sex offenders or conflict resolution programs for those youth charged with assault. Alternatively, courts with more serious cases may be more willing to try any and all alternatives in their attempts to deal with such serious situations.

Second, courts that tended to make adjudication and disposition decisions at the same time had higher treatment referral rates than courts that placed a time interval between these two decisions. Making these two decisions simultaneously is a trait of a more traditional form of juvenile court (Stapleton, Aday, & Ito, 1982). Similarly, a rehabilitative response to young offenders reflects the historical tradition of the juvenile court. Thus, this finding suggests that more traditionally organized court forms, at least in this one regard, continue to respond to young offenders in a traditional, rehabilitative way.

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Interagency Collaboration with High-Risk Gang Youth

Introduction

This article describes the results of a theory-generating, qualitative study on interagency collaboration. Semi-structured interviews with agency practitioners and observations of a juvenile parole board meeting were used to examine the process of case-level collaboration between state and private agencies serving high-risk gang youth. The study took place in a state engaged in a consent decree, which required the state's Child and Adolescent Mental Health Division of the Department of Health and the Department of Education to make major systemic changes in order to address the needs of emotionally and behaviorally disturbed youth. This study attempted to illustrate how line staff from various agencies adapted their collaborative behaviors to the systemic change efforts of the state.

Method

This study utilized a grounded theory methodology (Glaser & Strauss, 1967; Strauss & Corbin, 1990) to examine the question, "What is the process of interagency collaboration between line staff within a highly differentiated and complex system of care for high-risk gang youth?" This question was intended to elucidate practitioners' perceptions, attitudes, and behaviors regarding interagency collaboration with a difficult-to-serve population. It was also intended to illustrate how system change and development impacts the views of direct practitioners within a system of care for gang youth.

Procedure

Eight semi-structured interviews were conducted with practitioners working with high-risk gang youth. A varied cross-section of agencies were selected in order to enhance the generalizability of the findings (see Table 1). Practitioners responsible for intake and assessment, discharge planning, aftercare, and case management of the youth were selected.

In addition, two observations of a parole board meeting in a juvenile prison were conducted. These meetings consisted of state-level practitioners and private providers, and were intended to create a discharge treatment plan for some of the most aggressive, delinquent youth in the state.

The interview guide was based on theoretical literature on collaboration, practice experience of the author, and from a study of physician and social worker collaboration (Mizrahi & Abramson, 1994), which also utilized a grounded theory methodology. The intent of the guide was to examine both the interpersonal and structural factors that either promoted or impeded the collaborative process.

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Note: More information about this study will soon be available: Okamoto, S. K. (in press). Interagency collaboration with high-risk gang youth. *Child and Adolescent Social Work Journal*.

Data Analysis

Interviews and fieldnotes were tape-recorded, transcribed and analyzed using a qualitative research computer program (QSR NUD.IST, 1996).

Findings

Elements of Successful Collaboration

Of the factors contributing to successful collaboration, communication and cooperation were frequently cited as critical elements. Respondents felt that communication was important to prevent duplication of services and to better understand the presenting problems of high-risk adolescents. As an example of the latter, one respondent stated:

I think sharing information is real important. We sometimes see different sides of [the kids] than the schools will see, or other agencies will see. [But], we also don't see what they're doing out there in the community, either. You know, we see them here, and maybe they behave real well for us, but they're raising hell at school or something. So, that sharing of information is real important.

Elements of Negative Collaboration

Although communication and cooperation were cited as critical elements in a positive collaborative experience, oftentimes communication and cooperation were absent or replaced by negative interactional patterns. Respondents cited five different patterns: diffusion of responsibility, or

“passing the buck,” blaming other agencies for the failures of youth, withholding information between agencies, agencies “covering up” mistakes made in assessment or treatment, and prematurely terminating collaborative arrangements. Respondents provided many examples of these behaviors. “Passing the buck” occurred when agencies refused to take responsibility for difficult, multi-problem youth. Blaming occurred when staff from one agency accused another agency of inappropriate treatment, which in turn caused the youth to “act out.” Agencies withholding information from other agencies and “covering up” mistakes made in assessment or treatment were evident during program transitions. These behaviors may have occurred in order to move high-risk, difficult adolescents out of an agency, and therefore away from agency liability. Additionally, several respondents cited premature termination of collaborative arrangements, sometimes due to lack of progress in the case, but more often due to concerns of physical safety and disruption of the service environment (in the case of residential treatment).

Agency Fear. Despite the overall consensus that communication and cooperation were imperative to the success of the process, why were these negative collaborative behaviors occurring? Agency fear was proposed as a primary construct responsible for these collaborative behaviors. The term “agency fear” was coined by one of the informants in this study, and is broadly defined as the fear that agency administrators and practitioners have of committing

resources to high-risk gang youth. This fear was illustrated in different ways. One respondent alluded to her own fear, stating that she wanted to serve a youth but was unable to, for fear of negative ramifications from other staff and community members.

Table 1
Characteristics of Sampled Agencies

Agency	Type	Service Provided	Method	Number Completed
A	Private	Prevention	Interview	1
B	Private	Prevention	Interview	1
C	Private	Case management	Interview	1
D	State	Case management	Interview	2
E	Private	Counseling	Interview	1
F	Private	Residential Treatment	Interview	1
G	Private	Residential Treatment	Interview	1
H	State	Incarceration	Observation	2

...there is no place else for him to go and I can't take him back. He's just crossed the line one too many times here...And, I want to take him back, [but] my staff would lynch me if I took him back (nervous laugh).

Another practitioner pointed to a fear of other agencies, stating that there is “fear from a lot of administrations, program directors, [and] supervisors” that stems from the unstable, unpredictable nature of the high-risk gang youth population. In general, practitioners identified fears related to physical safety, financial liability, or stability of the service environment.

Implications

This study suggests agency fear is a neglected, mid-level construct influencing both the coordination of treatment programs and the clinical behaviors of practitioners. Addressing this fear concomitant with system reform and clinical training may result in better outcomes for practitioners and for high-risk gang youth.

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Use of Aftercare Services Following Intensive Family Preservation Services

Introduction

Intensive family preservation services (IFPS) are short-term, intensive, and home-based services provided to families when children are at imminent risk of out-of-home placement. One of the goals of IFPS is to help families access and use appropriate services and resources (Whittaker, Kinney, Tracy, & Booth, 1990; Stroul, 1988). The purposes of this research were to determine: 1) what aftercare services were recommended by IFPS therapists, 2) whether children and families used the recommended services, 3) the factors associated with aftercare service use, and 4) whether use of the recommended aftercare services was related to subsequent child and family functioning.

Method

The research sites were two agencies in a large midwest city. Both agencies used the same model of IFPS (Homebuilders) and both served families referred through child welfare and mental health. Families were eligible to participate in the study if they had completed the entire four to six week IFPS program or terminated early because the family and therapist agreed that treatment goals were met.

One hundred and one families were interviewed at two months following IFPS to ascertain their level of use of the recommended aftercare services. Prior to the interviews, the researcher extracted the recommendations for aftercare services from the termination summaries contained in the case files. A structured interview guide was developed, piloted, and used in the research. The Child and Adolescent Functional Assessment Scale (CAFAS) and the Family Assessment Device (FAD) were administered at IFPS termination and at the two-month follow-up. Thirty of the families were referred through mental health and 71 through child welfare. On average, identified children were 12-year-old males living with single parents. The average age of the primary caregivers was 36.5 ($sd= 7.65$), with a range of 22-64 years of age. Significant differences were found between families referred to IFPS by child welfare and those referred by mental health. Families referred by child welfare were more apt to be African-American, with lower incomes and higher reliance upon government supports.

Results

Only 2% ($n=2$) of the 101 families had no recommendation for aftercare services. For the 99 families with recommended aftercare services, therapists recommended an average of 2.6 ($sd=1.4$) services per family, with a range of from one to seven services. Recommended services were coded by service type according to the Stroul and Friedman typology (Stroul & Friedman, 1986), and occurred as follows: Seventy-

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eight percent ($n = 77$) of the families had at least one mental health service recommended, 46% ($n = 45$) had at least one social service recommended, and 38% ($n = 38$) had at least one operational service recommended. Less than 10% had recommendations for health, substance abuse, vocational, or recreational services.

The mean proportion of recommended aftercare services used was .68 ($sd = .35$). Twelve percent ($n = 12$) of the families had no contacts with any of the recommended aftercare services. Forty-six percent ($n = 46$) used all of the recommended aftercare services, leaving 42% who used some of the recommended aftercare services.

The Anderson framework of service use was used to examine the correlates of use of the recommended aftercare services following IFPS. Hierarchical ordinary least squares regression was used to assess the contribution of need, predisposing, and enabling variables to service use variance. The final models explained from 4% to 18% of the variance in aftercare service use. Significant predictors of aftercare service use were younger caregiver age, more impaired child functioning, prior out-of-home placements, and two-parent families. Predictors varied by whether the families were referred to IFPS through child welfare or mental health. Prior out-of-home placement and two-parent families predicted the number of service contacts in families referred through mental health. For a complete description of the statistical analyses and findings on correlates of aftercare service use, see Staudt (in press).

A relationship was found between the proportion of mental health services used and subsequent child functioning in the child welfare sample. The research design, though, does not allow causal inferences to be made about the relationship between aftercare use and outcomes.

Implications

Findings present a mixed picture about use of recommended aftercare services. While only 12% did not access any of the recommended services, over 50% did not access all of the recommended services. Practitioners and researchers may need to develop and implement interventions to ensure that families are able to access services and maintain service use after the short-term IFPS. Future research on use of recommended services should include treatment

process variables, such as the level of voluntariness in accepting and using IFPS, relationship and satisfaction with the IFPS therapist, prior service experiences, and level of involvement in aftercare plan development. These variables were not included in this research but may be potent predictors of aftercare service use. The relationship between service use and outcomes needs more study.

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Palm Beach County Child Abuse and Neglect Pilot Project: Initial Evaluation

Introduction

Over a million children are confirmed as victims of abuse or neglect each year (National Committee to Prevent Child Abuse, 1998). In 1996, Palm Beach County, Florida received 6,000 reports of child abuse or neglect representing approximately 10,000 to 15,000 children with 600 children and families having confirmed reports of severe physical or sexual abuse. Children and families who entered the county's child protection system often found that services were fragmented, confusing, frequently intimidating, and provided without family input.

In order to improve services to these families, changes to the system needed to be made. Recent research on systems of care, however, has suggested that developing continuity of services alone does not guarantee improved outcomes for children and families (Bickman, 1996). Therefore, we designed an evaluation that would monitor the system's changes, examine the services provided, and assess the outcomes for children and their families.

System Reform Components

To create Child Abuse and Neglect (CA&N) and Emergency Shelter (ES) systems that were more effective and cost-efficient, the systems were integrated and privatized. The system was redesigned to operate under the guiding principles of: 1) permanency for children, 2) child safety, 3) individualization of services, 4) focus of services on the family, and 5) service provision that is of high quality, community-based, integrated, coordinated, culturally-sensitive, and compatible for families.

The core components of the new system include independent care coordination (case management), centralized shelter placement for children removed from the home, comprehensive family assessment and service planning, and a network of providers to refer family members for traditional and non-traditional services. Funding for the network services was made more flexible through decategorization (Kouba, 1997; Morris & Bosco, 1997).

To improve outcomes for children and families, the system's targeted goals include: 1) increasing family involvement and support, 2) providing system continuity and flexibility, 3) expanding the types, quality, and accessibility of services available, and 4) creating defined outcomes and system accountability.

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Evaluation Method

A pilot evaluation of the reformed system began in January 1998 and included all families whose children were placed into emergency shelter care in Palm Beach County. Each of the pilot agencies provided process data for the first year of the pilot's operation to assist in determining the system's implementation.

Results

Family Involvement

Nearly all families referred for case management voluntarily participated in the pilot during its first year, including 310 adults and 477 children representing 244 of the 285 (95%) of the families referred.

The children's demographics revealed that the children were predominantly Black (47%), age 5 or younger (50%), and had been referred to the system for reasons of abandonment or neglect (see Figure 1). Twenty-one of the families had been discharged, 18 (86%) were closed by the DCF and 3 (14%) were closed after completing services. None of the families who completed services have had additional verified reports of maltreatment.

Prior to system redesign, assessments were not routinely conducted with families. The redesigned system implemented a procedure for the assessment of each family, including components that were

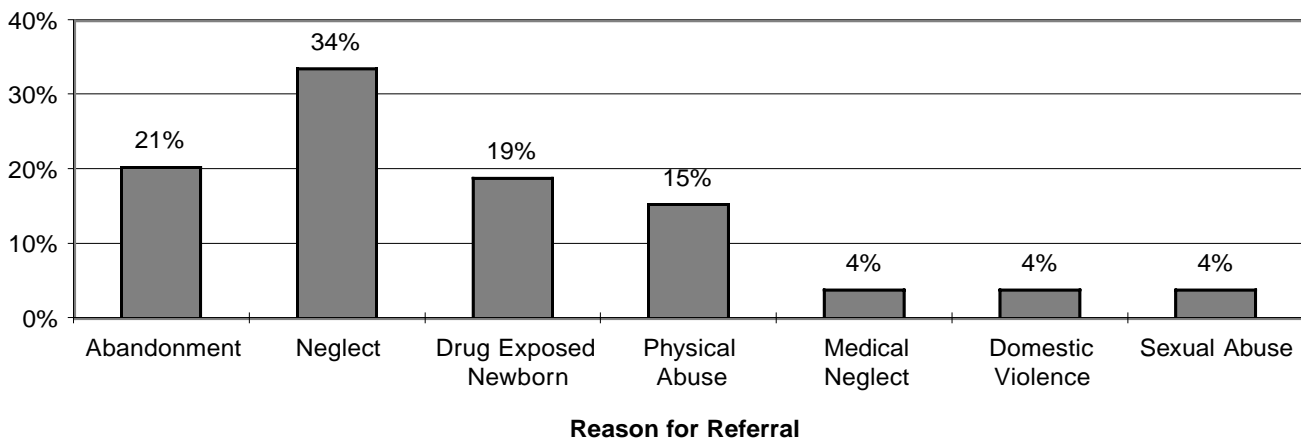
individualized for each family member and the inclusion of assessment information into the family service plan. In the first year of implementation, 761 of the 787 (97%) family members had been referred and scheduled for assessment. Assessments have been completed for 230 of the 310 (74%) adults and 368 of the 477 (77%) children referred.

The system was designed to accommodate children in shelter placements for a period of up to two months. Data indicate that 381 of the 477 (80%) children were placed on shelter status for an average of 2.0 months (median of 1.3 months), ranging from 0 to 11 months.

Shelter and visitation data are available for children who were on shelter status during the first 8 months of the pilot. 131 of the 203 (52%) children who were on shelter status during the first 8 months of the pilot received approval for visitation. Of the 131 children in shelter for longer than a month, 105 (80%) received an average of 2.1 visits per month with parents attending an average of 88% of scheduled visits. While the system strives to provide weekly visitation, the system's current rate is a notable increase above the monthly visitation goal of the system prior to design.

Satisfaction surveys were administered to 100 of the 185 (54%) families after they had participated in the system for at least three months. During the first year of the pilot, satisfaction surveys were completed by 90 of the 100 (90%) families. The families

Figure 1
Referral Reasons for Participating Families
(N= 244)



indicated high levels of satisfaction with the care coordination services and their involvement in the system, the shelter services, and the network provider services (see Figure 2).

System Continuity and Flexibility

The system is monitored by an interagency steering committee of funders and agencies. The communication among funders and agencies has increased dramatically, as indicated by consistent attendance at bi-monthly steering committee meetings to work on resolving system issues. Further, staffings attended by all involved agencies are held when children enter the project, when the family service plan is developed, and regularly during care.

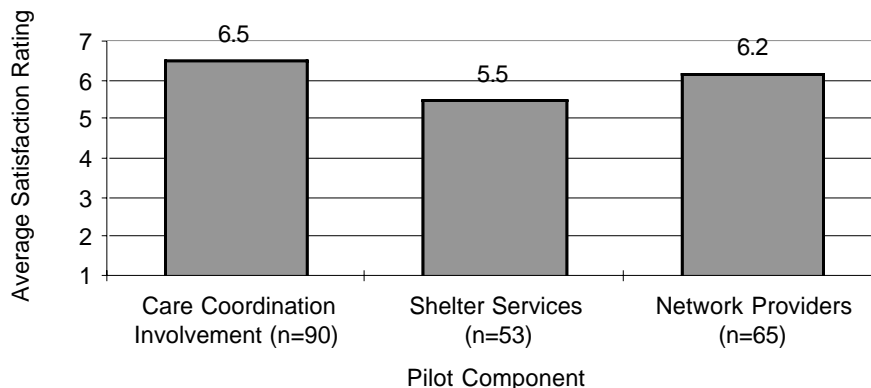
Expansion of Services

The system services are provided by a network of 62 individual and 2 agency providers of various cultural backgrounds, languages and geographic locations, with an additional 10 individuals and 5 agency providers pending acceptance to the network. Services include tradition and non-traditional mental health services and a “Bank” fund of “last resort” is available for service payment. The number of shelter facility beds available for children has increased from 45 to 62 beds, and shelter family homes have been recruited and licensed for an additional 10 beds to provide shelter care. Therefore, the county has increased its shelter bed capacity from 45 to 72 beds (60%) with a goal of increasing the number of shelter beds to 100.

Discussion

Qualitative and quantitative data collected during the first year of the project suggest that we have made significant progress. These system changes have been encouraging, but there is limited data on whether or not they have impacted child and family outcomes. Outcome variables that have been identified include: family reunification rates (when appropriate), alternate long-term placements, family service plan goal achievement, improved family functioning, reduced length of stay in out-of-home care, and reduced re-abuse after discharge. Data on these outcomes should become available during the second year of the project.

Figure 2
Ratings of Family Satisfaction with Service Components



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Correlations Between the CBCL and CAFAS Among Foster Children

Introduction

The Child Behavior Checklist (CBCL: Achenbach and Edelbrock, 1991) and the Child and Adolescent Functional Assessment Scale (CAFAS: Hodges, 1994) both assess children's behavioral difficulties/psychopathology, even using some seemingly identical items, scores and scales. Thus, it is plausible that CBCL and CAFAS ratings correlate systematically. However, the research that directly compares the CBCL and the CAFAS is very limited, despite their ubiquitous use in children's mental health and child welfare. The present study examined correlations between the CBCL and the CAFAS in a sample of foster children based on *a priori* predictions regarding global aspects and/or specific components of the two measures (see Table 1 for predicted correlations).

Method

Sample

The participants in this research were 121 admissions to a private foster care agency in a small city in Pennsylvania. The sample was 58% female, with ages ranging from 4 to 18 years. Most participants (57%) were Caucasian (22% African-American, 10% Hispanic, 11% Multiracial). Most children (66%) were admitted to specialized foster care, while 22% were admitted to regular foster care and 12% to intensive treatment foster care; 31% had been discharged from care at the time of the study.

Procedure

CBCL and CAFAS data were collected 3 months into a child's placement. Standardized instructions were used for each measure, and then scored using their respective computer programs. Foster parents completed the CBCL, while the CAFAS was completed by trained caseworkers.

Analyses

Preliminary analyses were conducted on CBCL and CAFAS scores by sex and discharge status (*t*-tests), as well as race (ANOVAs) and age of child (correlations) to evaluate the comparability of groups. *T*-scores were used for the CBCL total scores, while raw scores were used for all narrow-band (syndrome) scores. All scores were standardized (*z* scores) prior to the main analysis (correlations).

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Results & Discussion

Although largely comparable, several unanticipated group differences were found. Gender differences were found on 3 CAFAS scales (Behavior Toward Others, Moods/Emotions, Total), with boys' scores always exceeding girls' scores, with mean scores for males being 10.2, 8.3, and 33.1 respectively and for females, 6.7, 5.0, and 21.9 respectively, $p < .05$. Racial-group differences were found on 6 CBCL scores (Social, Thought, and Attention Problems; Total Internalizing, Externalizing and Problems), with Caucasian and/or Hispanic children always exceeding Multiracial children at the $p < .05$ level. All narrow-band scores are expressed as raw scores and broad band scores are reported as *T*-Scores. The mean scores for Caucasians were 4.9, 2.3, 7.9, 57.8, 60.1, and 62.3 respectively. The mean scores for Hispanics were 5.3, 2.9, 9.6, 60.0, 68.4, and 68.0. The mean scores for Multiracial were 2.0, 0.5, 3.1, 46.5, 52.1, and 48.9.

The CBCL and the CAFAS were most correlated at their most general levels of psychopathology/behavioral difficulties. The CBCL Total Problems and CAFAS Total scores were significantly but moderately correlated (.42, $p < .001$), which is similar to previous research (Hodges & Wong, 1996). Also, the correlations between other global scores were among the strongest obtained (e.g., CBCL Total Externalizing and CAFAS Behavior Toward Others [.48]; CBCL Total Competence and CAFAS Total [-.52]).

The CBCL and the CAFAS were less consistently associated on more specific aspects of psychopathology/behavioral difficulties. Half of the 15 specific predicted correlations were statistically significant and in the expected direction, although only moderate in magnitude (see Table 1). However, 4 (of 7) statistically significant correlations involved just one CAFAS scale (Behavior Toward Others). Interestingly, predicted negative correlations between specific CBCL competence scales and CAFAS scores were stronger (e.g., CBCL School Competence and CAFAS School [-.48], CBCL Social Competence and CAFAS Behavior Toward Others [-.58]) than positive correlations involving specific problem scales from both measures (e.g., CBCL Social Problems and CAFAS Behavior Toward Others [.32]).

There were, however, many more significant correlations that were not predicted (total = 49) than were predicted (see Table 1). These nonpredicted

correlations were mostly in the modest to moderate range as well. The prevalence of these nonpredicted correlations suggests a lack of discriminative specificity in the connections between the CBCL and the CAFAS.

Correlations between the CBCL and the CAFAS that involved internal processes were weakest, while there was considerable overlap (albeit nonpredicted) between measures based on more visible behaviors. This finding may reflect the lower prevalence of internalizing difficulties in this population, or the diminished capacities of other-report instruments (cf. self-report measures) to pick up internalizing as opposed to externalizing behaviors.

It is important to remember that instrument differences cannot be disentangled from rater differences in the present research. As mandated by the CBCL and the CAFAS, different informants were used to complete these two measures. It is possible that foster parents and caseworkers differ in their vantage points or in the samples of behavior used for their respective ratings.

The present results suggest, nonetheless, that the CBCL and CAFAS tap a comparable global aspect of children's psychopathology/behavioral difficulties but differ on more specific aspects, and that one instrument cannot be easily substituted for the other. This modest comparability is probably due to their different underlying theoretical frameworks as well as their respective measurement strategies and practices. Researchers in child welfare need to select measures—including the rightly respected and widely used CBCL and CAFAS—based on the specific questions being asked in their research/program evaluation and on the particular properties of the instruments.

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Correlations Between the CBCL and CAFAS Among Foster Children

Table 1
 Predicted and Significant Nonpredicted Zero Order Correlations
 Between Standardized CAFAS and CBCL Scores

CBCL	CAFAS								
	Schl	Home	Comm	Beha	Mood	SHrm	SubU	Thnk	Total
Withdr									
Somatic									
AnxDep					<u>.17</u>	<u>.18</u>			
Social	.23*	.24*		<u>.32**</u>		.30**			.31**
Thght	.25*	.33**				.22*		<u>.005</u>	.27**
Atten	.33**	.36***		.26*	.21*	.23*			.35***
Delinq	.39***	.47***	<u>.12</u>	.33**		.22*			.36***
Aggres	.35**	.42***		<u>.38***</u>	.23*	.35**			.40***
TotInt					<u>.15</u>	<u>.14</u>			
TotExt	.38***	.53***	<u>.06</u>	<u>.48***</u>	.30*	.32**			.51***
TotPrbs	.34**	.42***		.37***	.26*	.35***			<u>.42***</u>
Activs		<u>-.11</u>	-.35*			-.42**			
Social	-.33*	-.50**		<u>-.58***</u>	-.47**			-.30*	-.61***
School	<u>-.48**</u>	-.48**		-.40*	-.37**				-.47**
TotCmp		-.43**	-.31*	-.41**	-.47**				<u>-.52***</u>

Note: Underlining indicates predicted correlations

* $p < .05$ ** $p < .01$ *** $p < .001$

Characteristics Associated with Length of Tenure Among Home Visitors

Introduction

Home visitation provides an early intervention strategy for linking at risk families to a medical home, thus helping to meet their interrelated and varied needs. (US GAO, 1990; Breakey, et al., 1991). Loss of home visitors can have important implications for home visiting programs and the over-burdened families they serve. The purpose of this study was to examine the relationship of program and home visitor characteristics and home visitor tenure. The findings will be useful to home visitor program managers and policy makers.

Method

This study was conducted as an add-on study to a larger, five year evaluation project which is a randomized clinical trial (RCT). The RCT of a child abuse and neglect prevention program seeks to answer four questions: 1) How well does the actual program conform to the program model? 2) How effective is the program in achieving the desired outcomes? 3) How does program conformance influence outcomes? and, 4) What are the benefits and costs of the program? (Duggan, McFarlane, Windham, Rohde, Salkever, Fuddy, Rosenberg, Buchbinder, Sia, 1999). In this add-on study, the relative contributions made by (1) individual home visitors and (2) the organization which employed them were examined. Study data consisted of personal and organizational setting variables for home visitors employed by the program.

Annual home visitor interviews began in March, 1995, ending in March, 1999. The survey instrument is a modification of an instrument used by the authors for previous research (Buchbinder, Duggan, Fuddy, Sia, & Young, 1998). Reliability and validity have been published elsewhere (Judge, Locke, Durham, & Kluger, 1998).

The instrument included measures of individual and organizational constructs. *Individual constructs* included personal attitudes and beliefs, (i.e., positive or negative affectivity, satisfaction with life, locus of control, self-esteem, trust versus cynicism, belief in a just world or benevolent world, neuroticism, dysfunctional thinking and adult attachment) and work attitudes and perceptions (i.e., burnout, satisfaction with work, supervision and pay, overall job satisfaction, affect toward the home visitor role and perceptions of work characteristics).

Individual perceptions of the labor market also were examined. These items included: perceived pay one should receive, perceived alternative employment opportunities, comparison of present wages with previous wages, number of levels desired to move up, likelihood of leaving present job within next 12 months, and likelihood of leaving job within next 24 months.

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Organizational constructs included program characteristics (i.e., current pay, number of hours worked per week, and number of families in caseload).

Demographic measures included age, gender, race/ethnicity, marital status, length of time married to current spouse, number of children living with respondent, highest level of education, and highest degree received.

Written informed consent was obtained prior to administration of the survey instrument. Groups of home visitors completed the paper and pencil survey instrument at program sites. Instruments were distributed, explained and collected by the researchers. Home visitor supervisors were not allowed to examine the completed instruments to assure confidentiality of the survey.

Frequency distributions were generated for the total sample of 56 home visitors for all variables. Length of tenure was obtained by subtracting the date of hire from the date of the survey. Date of hire was missing from 25 home visitors surveys. These home visitors were excluded from these analyses. Separate frequency distributions were generated for those home visitors who been in this type of job for 5 years or more (*Longer Tenure, n = 16*), and those who had been in this type of job for less than 5 years

(*Shorter Tenure, n=15*). Comparisons were made between the two groups of home visitors using Students • *t* statistic. A *p*-value of .05 or less was considered significant.

Results & Discussion

Descriptions of the key differentiating variables are displayed in Table 1. Results of the analyses are displayed in Table 2. Individual characteristics were more likely to be associated with length of tenure. With respect to personal attitudes and beliefs, longer tenured home visitors were less likely to express feelings of being in control ($p < .05$) and belief in a just world ($p < .01$).

With respect to work attitudes and perceptions, longer tenured home visitors were more likely to have greater feelings of personal accomplishment on the Maslach Burnout Inventory ($p < .04$) than those who had been with the organization less than five years. There was no difference between home visitors on the global satisfaction with supervision measure. However, on individual items of satisfaction with supervision, longer tenured home visitors were less likely to agree that supervision was “hard to please” ($p < .04$), “impolite” ($p < .001$), or “tells me where I stand” ($p < .001$).

Table 1
Data Collection: Key Differentiating
Individual and Organizational Constructs and Items

Individual Constructs and Items	Scales Used
Personal Attitudes and Beliefs	
Locus of control	Levenson, 1981
Belief in a just world	Rubin & Peplau, 1975
Work Attitudes and Perceptions	
Personal accomplishment ^a	Maslach’s Burnout Inventory, 1993
Satisfaction with supervision, work & pay ^{b,c}	Smith, Kendall & Hulin, 1969

^aScoring for Maslach’s Scale of Personal Accomplishment: High: 0-31, Moderate: 32-38, Low 39 or Over. Lower scores indicated greater feelings of personal accomplishment.

^bDescriptions of work and supervision were measured by using two 18-item scales with positive and negative items. “Yes” to a positive item and “No” to a negative item were scored as 3. If the individual was unable to answer, a score of 1 was given. Higher scores indicated greater satisfaction.

^cDescriptions of pay were measured by using a 9-item scale. with positive and negative items. “Yes” to a positive item and “No” to a negative item were scored as 3. If the individual was unable to answer, a score of 1 was given. Higher scores indicated greater satisfaction.

Length of Tenure Among Home Visitors

There was no difference between home visitors on the global satisfaction with work measure. However on individual items of satisfaction with work, longer tenured home visitors were more likely to agree that their work is “creative” ($p < .001$), “respected” ($p < .001$), “gives a sense of accomplishment” ($p < .02$) and is “important” ($p < .002$). Longer tenured home visitors were less likely to agree that their work is “dull” ($p < .01$) and “awful” ($p < .001$). Paradoxically, these same home visitors were less likely to feel that their work is “pleasant” ($p < .001$) or “useful” ($p < .05$). Finally, longer tenured home visitors were less likely to believe that their pay was “unfair” ($p < .05$).

There were no differences between home visitors with longer tenure and shorter tenure on number of hours worked per week, number of families in caseload, net income, perceptions of ideal income, or perceived discrepancy in income.

With respect to demographic variables, there were no differences between home visitors with longer tenure and shorter tenure by age, race, gender, education, or marital status.

Implications

This study examined the relationship between home visitor characteristics and length of tenure. For this group of home visitors, measures of personal attitudes and beliefs and measures of work attitudes and perceptions produced findings that were associated with length of tenure. Home visitors with longer tenure felt less in control of their lives and were less likely to believe that people were trustworthy, however these individuals also felt that their work gave them a feeling of personal accomplishment, were more satisfied with their supervision and were more satisfied with the work itself.

When home visitors turnover, human resources are missing which would otherwise contribute to the production of family support services. Home visitor managers need specific information to guide them in the development of appropriate organizational changes. An instrument that assists home visitor managers to screen and predict applicants who will be successful in their job would be an important adjunct to the recruitment and selection process. Additionally, when administered appropriately, the

Table 2
Comparison of Home Visitors with Shorter vs Longer Tenure
on Key Differentiating Individual Characteristics

Individual Characteristics	Shorter Tenure	Longer Tenure	Mean Differences	2 Tail Sig
Personal Attitudes and Beliefs				
Locus of Control	4.14	4.12	.02	.05
Just World Beliefs	4.30	3.40	.95	<.01
Work Attitudes and Perceptions				
Personal Accomplishment	38.0	36.0	1.50	.04
Supervision hard to please	2.1	2.6	-.49	.04
Supervision impolite	2.5	3.0	.50	<.001
Supervision tells me where I stand	2.8	1.9	.86	<.001
Work creative	2.6	3.0	-.40	<.001
Work respected	1.5	2.7	-1.15	<.001
Work sense of accomplishment	2.4	2.8	-.41	.02
Work important	2.6	3.0	-.33	.002
Work dull	2.6	3.0	-.33	<.01
Work awful	2.3	2.9	-.54	<.001
Work pleasant	2.8	2.3	.55	<.001
Work useful	3.0	2.8	.18	.05
Pay unfair	0.66	1.4	-.70	.05

same instrument could provide ongoing assessment of home visitor attitudes and perceptions. Data obtained from regular surveys of home visitors could be utilized to evaluate training effectiveness and to support organization development efforts (Robbins, 1982).

One of the limitations of this study is the small number of respondents, limiting the power of the study and the ability to generalize to other groups of home visitors. However, to the best of the author's knowledge it is the only longitudinal study extant examining home visitor personal attitudes and beliefs and work attitudes and perceptions. As such, it contributes to the field by providing a foundation and a model for other researchers who wish to study home visitor job satisfaction and turnover.

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