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A FOLLOW-UP APPRAISAL OF PROCESS AND CHANGE IN A GROUP HOME
TREATMENT PROGRAM FOR DISTURBED ADOLESCENT MALES

by

ELAINE MELTZER KASOWSKI

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Harold E. Linsley
Chairman of Examining Committee

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Frederick A. Olin
Executive Officer

John J. Johnson
John J. Johnson
John J. Johnson
Supervisory Committee

Abstract

A FOLLOW-UP APPRAISAL OF PROCESS AND CHANGE IN A GROUP HOME TREATMENT PROGRAM FOR DISTURBED ADOLESCENT GIRLS

by

Elaine Meltzer Kasowski

Advisor: Professor Harold Wilensky

This study explored the inner workings and effectiveness of a group home program for disturbed adolescents.

The subjects were 28 girls who lived at the residence between 1959 and 1966. Mean age at admission was 13.1 years. Mean age at follow-up was 21.3 years. The girls were of average intelligence and most (17) were diagnosed personality disorder.

The outcome study involved evaluation on psychological and social criteria at admission and follow-up. Current functioning was assessed. "Blind" judges exposed to transcripts of extensive clinical interviews conducted in the girls' homes. Case histories constituted the source materials for initial ratings. A valid assessment, as utilized in the records, was the predicted outcome rating, a technique where subjects served as their own controls. Specifically, judges estimated the growth potential of each girl in each criterion area for a period equal to the length of time from admission to follow-up. These ratings, computed under the assumption of no intervening treatment, served to establish a baseline by which to compare actual growth.

The process study examined the impact of particular components of the treatment program. Each girl contributed 10 recollections of her treatment experiences: three "spontaneous" memories (interviewer specified no particular subject) and seven "elicited" memories regarding specific program components. Recollections were rated for subject to subject consistency. In addition, girls directly evaluated the impact of the overall program and particular program components.

Results indicated that the girls made significant gains in certain psychosocial functioning from intake to follow-up ($p < .01$). However, the finding that actual gains did not exceed those predicted occur without treatment suggested the possibility that factors unrelated to treatment may have contributed to the observed, significant gains. Factors associated with enter-adolescent or adolescent-lifestyle transitions were responsible for gains manifested.

Employed in the present study, the predicted outcome technique demonstrated the ability of mental health professionals to forecast growth in certain relational domains. Girls' predicted to achieve type gains in the domain of self-references to the father ($p < .05$).

Results reported further confirmed the technique through demonstrating a viable alternative to traditional standards of control and treatment in line with previous investigations in this area.

Findings were most adequate in academic and occupational attitudes as compared to heterosexual relationship ($p < .01$) and self-esteem ($p < .01$). Self-attitudes was the only one of five domains in which significant gains failed to occur.

Preadmission variables significantly associated with outcome were age at admission (positively related) and psychosocial adjustment (positively related to follow-up adjustment, unrelated to change). Comparison with the results of previous investigations was impeded by the failure of many studies to relate preadmission variables to both follow-up adjustment and change.

A majority of girls contributed positive memories of the residence building, the neighboring community, the peer group and case-work service. Most recollections of the child care staff, the psychiatric service and the director were negative in tone.

Participation in the residence program was perceived as of at least moderate benefit by 50% of the girls. Contrary to the case-workers were assessed as less beneficial than contacts with peers ($p < .01$), the director ($p < .01$) and overall program ($p < .05$). In addition, the peer group was evaluated as having had a more positive impact than the psychiatric service ($p < .05$).

Evidence was discussed in relation to prevailing issues in the area of residential treatment. Present results (a) supported the need for professionalization of the child care role, (b) confirmed previous findings that individual psychotherapy was insufficiently engaging to a majority of youngsters in residential care and (c) emphasized the importance of the peer group as a treatment resource in facilities for adolescents.

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I wish to express my deep appreciation to my thesis committee, Chairman Harold Wilensky, PhD, Jerome L. Singer, PhD, and Alden L. Weseman PhD, for their guidance and support. Professor Singer originally conceived of the need for this research. His ideas, both in terms of initial theoretical development and devisal of procedures, constituted an invaluable contribution to this investigation.

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Terence V. Cicchetti, PhD, provided statistical consultation. Programming and computational tasks were performed by Robert M. Pasowski, PhD.

Ive Kabinowitz, MSW, Margaret Kahn, PSW, and Na'ika Glizman served as judges.

Secretarial assistance was provided by Gina M. Brennan, Patricia L. Congialdi, Theresa Conover and Christine Walker.

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Outline of Report

Children's residential treatment centers emerged after the 1920's primarily from sectors of institutionalized care. Two factors relevant to their development were (a) supportive and supportive care services (e.g., therapy, socialization, monitoring) which lessened the need for residential care, and the introduction of treatment-oriented programs in institutional settings (Maluccio & Marlow, 1971). In 1960, 10 percent of children were receiving residential care which had decreased to 4 percent in 1970 (Rosen, 1971). The decline in residential care has been attributed to a number of factors including (a) the development of community-based services, (b) the development of foster care, (c) the development of day care, (d) the development of residential care, and (e) the development of residential care. The decline in residential care has been attributed to a number of factors including (a) the development of community-based services, (b) the development of foster care, (c) the development of day care, (d) the development of residential care, and (e) the development of residential care.

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Several things are clear on the road ahead: (1) Private residential treatment centers are going to be increasingly dependent upon public funds. (2) The price of public support is to meet governmental expectations of accountability. (3) Accountability attempts to include measures of cost effectiveness. (4) Cost effectiveness ultimately derives from outcome evaluation. (p. 141)

Evidence that institutions have been to tackle the problems associated with evaluation is found in papers describing the struggles between clinical and evaluation teams in setting goals and procedures (e.g., Benigfeld & Klein, 1972; Buchanan & Levy, 1972).

The present study involved an experiment in the nature of functioning and effectiveness of a group therapy unit program for disturbed adolescent girls. Its contributions included an expanded and intensive evaluation of a highly structured and controlled treatment program, one that is relatively little utilized in the current literature, and which programs need to meet the needs of the growing number of disturbed adolescents in the community. In addition, the study addressed the absence of attention to individual differences in treatment, the attainment of the highest level of effectiveness in treatment, and a need to achieve a degree of control and structure in the treatment setting with a therapeutic approach that is effective in reaching further the achievement of the goals of the treatment system, correcting the scattered and uncoordinated interventions and structural support and effectiveness in the treatment of the individual.

Finally, this research represents a new and original study and analyses of a group therapy program for disturbed adolescent girls. A survey of the literature reviewed in the study indicates that the present study is the first to use a structured and controlled approach to the treatment of the individual, and to use a structured and controlled approach to the treatment of the individual.

a novelty. In 1966 only 500 children in the United States occupied such facilities (Posen, 1968). Currently, group homes are being increasingly utilized as part of the trend in residential treatment away from large, isolated institutions to more decentralized community-based and community-minded settings (Gula et al., 1971; Maluccio & Rabinow, 1972).

Characteristics of a Group Home

Rabinow (1964) provided the following definition of a group home:

Agency operated group homes are defined as those facilities that are agency-owned or -rented private dwellings or apartments housing 7 to 12 youngsters, staffed by agency-employed child care workers, and offering a community-based program oriented toward the use of community educational, recreational, and employment resources rather than providing institutional services. (p. 415)

Other definitions have stressed other characteristics and variations: the nature of agency participation, the extent of small group autonomy, the nature of the social controls and the degree of community penetrability. With respect to agency participation, the parent institution usually maintains a high degree of control and direction over the group home program. The agency decides the course of treatment to be pursued, the roles of various staff members and oversees channels by which effective communication can be instituted.

A group home is characterized by small group interactions which derives from its limited size and self-containment. All group members are accessible to each other with a minimum of social and physical barriers. Unlike an institution where living and social functions may be contrived, the major tasks of daily living including, sleeping, eating, dressing and grooming involvements, take place within the group home's walls.

Most group homes employ an artificial group, as opposed to a family group, as caretakers. It is usually easier to recruit and evaluate single persons rather than couples, where the marriage, as well as the individuals, must be assessed.

A final characteristic of group homes is a relatively low visibility in the community. The physical plant itself is architecturally similar to nearby homes or apartments. An attempt is made to provide children with an opportunity to participate, without stigma, in the economic, religious, educational and social life of the community.

The group home is often viewed as a hybrid service having characteristics in common with a family, artificial or otherwise, parent-therapist, nature of residential organization, foster care context of small group autonomy, community possibilities, etc. Each, it offers a unique combination of advantages and difficulties for adolescents. As Masten (1966) suggested, group homes are a valuable alternative to foster home placements which are frequently unavailable for adolescents who are struggling to break away from their dependence and natural meeting of needs associated with such settings.

The disturbed adolescent does not have the capacity or motivation to give to others. His relationships are generally superficial, manipulative, and narcissistically oriented. Characteristics of him frequently place severe strains on the [foster] family, usually made of preexisting equilibrium. (p. 13)

In the group home relationships are geared to the adolescent's own needs.

A principal goal of the group home is to help them relate better, more intensively to each other, but in accordance with a therapist's assessment of what is realistic for them, not what is possible in the abstract. (p. 12)

Schwarz and Kaplan (1961) emphasized the advantage of group homes, in comparison with institutions, in facilitating adjustment to the community.

The traditional institution with its built-in services and facilities tends to foster dependency and curtail the need to use community educational, recreational and cultural facilities; quite often youngsters find that they suddenly have to adjust to the "outside world" when they leave the institution. The upheaval and adjustment is frightening, overwhelming and always difficult. (p. 9)

Finally, the relatively small size of the group home permits youngsters to observe, and hopefully participate, in decisions, and activities affecting various aspects of their daily living. By allowing adolescents to play a role in determining the food they eat, the clothes they wear, and the leisure activities they engage in, the group home serves as a training ground for the development of autonomy.

Residential Treatment and Prevention

As Maruccio and Markey (1961) noted, there are no definitive indications of the outcome of residential treatment. All studies lack control groups, none are longitudinal, and none compare a variety of treatment centers or programs. Nevertheless, several investigations can be distinguished on the basis of methodological soundness and, to a lesser extent, scientific contribution. These criteria were employed to divide studies into three approximate groups for presentation purposes.

Two of the most important and frequently cited investigations attempted to assess the impact of a wide variety of preadmission, treatment, and postdischarge variables on recidivist outcome. Allert and, Wehr (1954) and Gelles (1957) were particularly extensive in the nature of the

child's adaptation to the institution. Taylor and Alpert (1973) were especially concerned with factors operating within the follow-up milieu.

More restricted in scope was a second group of studies which examined the influence of selected initial and treatment characteristics on subsequent adjustment. In general, investigations by Davids, Ryan and Salvatore (1968), Mora, Talmadge, Bryant and Hayden (1969) and Weiss and Weiss (1969) tended to provide more limited information regarding initial adjustment of clients, follow-up status in various role areas and evaluation of outcome from more than one vantage point. An additional study, performed by Schaefer and Millman (1973), was included in this group because of its circumstantial objective which involved an attempt to assess boys' progress during treatment in the areas of educational and general behavioral adjustment.

A final group of studies received relatively brief mention as it involved informal, loosely defined attempts at evaluation. These investigations were most often characterized by narrow or unspecified outcome criteria, omission of statistical analysis and infrequent attempts to identify the correlates of adjustment.

Expanded Investigations

The Bellefaire study. Allerhand, Weber and Haug (1966) related the postdischarge adaptation (degree of adjustment to the external world) of Bellefaire graduates to (a) the nature of the case as it appeared at admission, (b) aspects of the treatment program within the institution, (c) status at discharge, (d) staff expectations and (e) the situational circumstances to which children returned after institutional care.

The subjects were 52 boys who were discharged from Bellefaire between 1959 and 1961. Of the 52, 50 participated. At admission the boys ranged in age from 5 to 16 years (mean age, 13). The average length of stay was 3-1/2 years. Most boys had been diagnosed as primarily neurotic. They tended to be from Jewish, middle-class backgrounds and had average or above IQ's.

The boys' functioning was retrospectively studied at four points in time: 3 months after admission, 15 months after admission, at discharge and 1 to 2 years after discharge. Data was obtained from case records and follow-up interviews with the boy, his parents and therapist. Adaptability at admission was measured by the Adaptability Index (a combination of 10, psychometric and 11, work and socialization scores) and at follow-up by the Intrapsychic Balance Index (a combination of scales assessing such variables as self-attitudes, self-control and psychic energy). Adaptation to the institution involved an evaluation of the child's functioning with respect to peers, adults and tasks both within the cottage and in school. Follow-up adaptation reflected the nature of functioning in the areas of work, school, leisure and interpersonal relationships.

The results indicated that there was a steady increase in the number of boys performing adequately within the institution over time. Children made the most progress in their relationships with adults. Peer interactions was the most troublesome area. In general, the boys did better in the cottage than at school. As compared to older children, those entering Bellefaire before the age of 13 exhibited the greatest gains in adaptation to the institution. However,

because they started out at lower levels, they remained below the older group at discharge.

One of the most striking findings of the study was that institutional adequacy at discharge failed to predict postdischarge adaptability and adaptation. Only when the degree of stress or support in the postdischarge environment was taken into account did institutional performances relate to postdischarge adequacies. In a stressful situation strengths nurtured within the institution broke down; in a supportive situation strengths were reinforced.

With respect to adaptability, boys high in this variable at admission were likely to be high in adaptation at both discharge and follow-up.

Other variables significantly related to high follow-up adaptation were participation in the outside community to attend school or work while at Bellefaire, a discharge diagnosis of neurotic, as compared to psychotic or character disordered, a high improvement rating at discharge and a maximum benefit discharge.

Finally, the authors endeavored to determine whether the overall treatment program could be characterized a "success". The following measurements were included in a profile of success: adjustment to the institution at discharge, staff evaluations at discharge, child's view of help received, parents' view of help received by child, adaptation and adaptability at follow-up and socially valued achievements. The results of each factor in the success profile indicated that a majority of children functioned adequately after residential care. Furthermore, there was a high degree of interaction among the factors.

In their discussion Allerhand et al. referred to the finding that intrainstitutional adaptation was unrelated to follow-up adaptation and suggested that an internally oriented approach to the child may be insufficient. They advocated increased community interaction to expose children to some of the social demands which would eventually confront them. They further emphasized the importance of an after-care service to promote a supportive postdischarge milieu. Finally, noting that only 37% of the boys were highly involved in the casework experience, the investigators called for a reexamination of this situation with more careful attention paid to the cognitive capabilities of the child. They speculated that the traditional casework assumption that the child can understand the intricacies of interactions and unperceived abstractions, may be unwarranted.

The Pelletaire study was reviewed at length as it is one of the most influential studies in the field of residential treatment. Employing a time sequence design, it examined numerous institutional and postdischarge variables and the relationships between them. Although it was an admittedly descriptive investigation, its sophistication both in the collection (extensive follow up interviews examining behavioral functioning in several role areas) and treatment of data (a clearly defined, reliable rating scales) is infrequent in the area.

Nevertheless, despite the study's contributions, some methodological problems deserve note. Question arises concerning the degree of bias present in the original recordings of institutional behavior. The finding that the number of boys adjusted to the institution increased from intake to discharge may have been partly influenced by the researches desire to see such progress. A further bias

may have been present in the judges who reviewed the data. Although judges reportedly were not staff members, it is not stated whether they possessed knowledge of the purposes of the study.

Another problem relates to the fact that the concepts of post-discharge "stress" and "support" were not objectively defined and involved only a global assessment by the judges. Thus, it is possible that the characterization of a boy's follow-up milieu may have been influenced by the judge's awareness of a discrepancy between past and present functioning.

Finally, question can be raised concerning the validity of the concept of "success" employed. Lacking a control group, the authors defined success in terms of the overall number of subjects functioning adequately on various outcome criteria and the extent of agreement between those criteria. Debate can arise regarding the specific criteria chosen, the weighting of those criteria, and the level chosen as indicative of success.

Continuity and support: the Taylor and Alpert study. In another frequently mentioned study, Taylor and Alpert (1973) investigated the relationship between the degree of continuity and support in the post-discharge environment and the level of adaptation manifested following residential treatment. Continuity was defined in terms of whether or not the child lived continuously with his own, adoptive or foster parents since discharge or until achieving independent status. Support was measured by the child's perception of the availability to him of significant persons in time of trouble. In addition, the investigators sought to relate outcome to various preadmission characteristics and degree of change evidenced during treatment.

Selected for study were 186 children who had spent at least 6 months at Children's Village between 1955 and 1967. Of these, only 75 (40.3%) participated. Nevertheless, after comparing respondents and non-respondents on a number of variables, the authors concluded that their sample was representative.

At admission the mean age of boys was 10.2 years (range 9 to 13) and at follow-up 18.5 years (range 13 to 26). The median length of treatment was 26 months. The sample was largely male (80%) and white (93%). In most instances (78%) the admission diagnosis was personality disorder or psychoneurosis.

To assess postdischarge adaptation each youngster filled out the Roen-Burns' Community Adaptation Schedule (1963): a self-report questionnaire examining roles in family, work, social activities, the larger community and the professional community. Adaptation at admission was measured by diagnostic category used to describe the child at intake and by identifying the child as showing aggressive or withdrawn modes of responding. Finally, the closing summary of the case record was employed to assess degree of change during residential treatment. The project team served as raters.

The results indicated that high adjusted youngsters at follow-up experienced significantly more family support than low adjusted subjects. Whereas continuity alone was not significantly associated with outcome, when combined with support the likelihood of a positive follow-up adaptation was enhanced. Thus, the authors suggested that continuity and support were perceived by the child as signs of

acceptance, love and security which better enabled him to cope with stress.

An interesting but not immediately explainable result was that continued psychotherapeutic contacts with a Children's Village therapist following discharge was negatively associated with follow-up adaptation. Since there was no evidence that children who continued had severer problems or benefited least from residential treatment, the authors speculated that therapy after discharge may have created a regressive or fixating effect.

Of the 18 preadmission characteristics studied, four were significantly related to outcome. Children whose problems were not long standing, who were young when they entered the institution, whose family situation was stabilized (had lost parent(s) through death or divorce rather than separation), and who had some prior contact with family agencies achieved a higher level of follow-up adaptation. Among the intake variables not significantly related to outcome were diagnosis, behavioral style, family intactness, IQ, sex, and number of prior placements.

The degree of change manifested during residential treatment was not found to be significantly related to follow-up adaptation. Nevertheless, two treatment variables were associated with outcome: attendance at the on-grounds school, versus community public schools, and regular parent-child contact during institutionalization.

Finally, the CAS revealed that follow-up adjustment for the group as a whole was best in the areas of work, social adaptation, and relationships to the larger community. Politically poor

adaptation was evidenced in family relationships and relationships to the professional community. In addition, functioning appeared most inadequate when reference was made to actual behavior rather than perceptions and feelings. Normative data indicated that the Children's Village graduates appeared significantly less well adapted than normal children in the areas of behavior and family adaptation. No other differences were significant. The authors concluded that considering the pathological backgrounds of the subjects the results indicated generally positive adaptation and were encouraging.

The Taylor and Alpert investigation extended the findings of the Allerhand et al. study with respect to the impact of the postdischarge milieu on follow-up adaptation. It provided further evidence regarding the relationship between preadmission and treatment variables and outcome. Some results were provocative (e.g., the negative association between continued psychotherapy and follow-up adjustment) and will most likely stimulate further inquiry.

Methodological limitations included the utilization of some procedures which appeared unduly susceptible to error or narrowly defined. Postdischarge adaptation was measured by a self-report instrument vulnerable to various biases associated with such questionnaires (e.g., socially desirable responses and questionable sensitivity in registering nuances of change). More objective techniques, such as interview or observation, were not utilized.

Adaptation at admission was assessed in terms of intake diagnosis with no attempt made to examine actual behavioral functioning in various performance areas.

Degree of change was a grossly defined concept based solely on the judge's impressions after reading the closing summary of the case record. Any bias contributed by the original recorder could have been compounded by judges who lacked specific criteria (none were indicated) by which to make ratings. In this connection, it was regretable that the research team, rather than "blind" independent persons, served as judges.

In view of such procedural difficulties the study's major results cannot be accepted as definitive. For example, with respect to the reported significant relationship between support and postdischarge adaptation, both these variables were assessed by self-report questionnaire and it was possible that subject with an artificially response set would score high on each. It was interesting that the variable of continuity, which was objectively defined, was not significantly associated with postdischarge adaptation.

Concerning the findings that continued postdischarge psychotherapy was negatively associated with follow-up adaptation, one possibility Taylor and Alpert did not mention was that children in treatment may have possessed increased sensitivity and awareness of problem areas. Such a discerning attitude might be reflected in more self-critical responses on the CAS.

Finally, the researchers' judgments regarding the overall success of the treatment program are debatable. It can be argued that insufficient emphasis was placed on such sobering findings as the consistently inferior performance of CV boys in actual behavior as compared to five normative groups, including a psychiatric hospital sample, on the CAS.

Investigations of More Limited Scope

Davids, Ryan and Salvatore (1968) examined the treatment and follow-up experience of 27 boys who resided in a unit of the Emma Pendleton Bradley Hospital between 1955 and 1964. Mean age at admission was approximately 7 years, at discharge, 10 years, and at follow-up, 15 years. The mean length of treatment was about 3 years. Seventeen boys had been diagnosed "passive-aggressive personality" and 10 were characterized as "childhood schizophrenia".

Three instruments were employed to gather data: (a) a list of chief complaints at intake, (b) a schedule for extracting information from case records and (c) a follow-up questionnaire. Social workers completed the complaint list and case record schedule. The child's parents or guardian filled out the questionnaire.

Boys in the two diagnostic groupings (i.e., passive-aggressive and schizophrenic) did not significantly differ in measures of post-discharge adjustment. Approximately one-third of the total group made a good school adjustment and about half were rated as having achieved good overall adjustment.

There was a lack of association between treatment variables (kind and amount of drug therapy received, psychotherapy experiences, school adjustment during treatment, evaluation at discharge) and outcome for both passive-aggressive and psychotic children.

In comparing the intake symptomatology of children manifesting good versus poor follow-up adjustment, it was found that the better functioning group had evidenced phobic behaviors, were stubborn and were described as being easily upset.

Dauids et al, concluded that the best predictors of later adjustment were the presenting symptoms and that treatment variables (especially conventional psychotherapy) had little relationship to outcome.

Due to methodological limitations the finding of a lack of association between treatment and outcome variables must be viewed as suggestive rather than conclusive. This study was not specifically designed to examine the psychotherapy-outcome relationship. A more definitive test would have required patients to be assigned to psychotherapy versus no psychotherapy groupings on a matched basis with respect to background and prognostic variables. For example, in the setting investigated by Davids et al, it was possible that the most severely disturbed children had received psychotherapy. Even if these clients made substantial gains, their progress could have been obscured by follow-up comparison with initially more intact youngsters.

Another noteworthy methodological problem involved the use of parental questionnaires to assess children's follow-up adjustment. Procedures employing independent observers and clearly defined multiple criteria would have reduced the likelihood of bias.

Mora, Talmadge, Bryant and Hayden (1969) evaluated the follow-up adjustment of 126 children who had been discharged from Astor Home during the period from 1955 to 1963. The youngsters had been diagnosed as primarily personality disorders of the neurotic and acting-out types. Age at admission ranged from 6 to 11 years with the average length of stay being 30 months. The children had average intellectual potential.

Two staff members independently rated the youngsters' postdischarge adaptation on a 7-point scale in the areas of home, school or employment, and community. Ratings were based on information obtained by social workers from contacts with children's families, schools, employers and institutions.

The results revealed that more than half the youngsters were assessed as making a good follow-up adjustment, and less than 20% as making a poor adjustment. Age at follow-up was significantly associated with outcome. Those between the ages of 13 and 15 had a poorer adjustment than younger children; a phenomenon the investigators related to the onset and duration of adolescence.

Preadmission variables significantly associated with level of follow-up adjustment were intelligence (positively related) and severity of diagnosis (negatively related).

Finally, factors in the postdischarge milieu which were related to poor adjustment were presence of mental illness in the family and a seriously disturbed parent-child relationship.

Since details of the Mora et al. research were sketchily reported in the published article, information was lacking regarding the definition and reliability of scales, the depth of follow-up contacts and the variability of sources of follow-up information (i.e., whether primarily parents, children, or agencies). A detraction was the use of staff members, rather than independent persons, as judges. Finally, in this, as in other studies previously reviewed, the absence of suitable controls made tentative conclusions regarding overall effectiveness or the relationship between specific variables and outcome.

Weiss and Weiss (1969) evaluated the progress of children placed in residential treatment by the Jewish Children's Home Service (JCHS), a regional agency serving seven mid-southern states. JCHS received referrals from local child welfare agencies and assumed responsibility for placing youngsters in various treatment centers throughout the country.

The subjects were 54 children discharged from treatment between 1953 and 1968. Of these, follow-up information was available on 36; 23 boys and 13 girls. The median age at follow-up was 24 years. The median length of treatment was 33 months. At placement most of the children came from intact homes (67%), had average or above intelligence (75%) and suffered neurotic and personality disorders, often accompanied by antisocial behavior (64%). Although youngsters had been placed in a variety of residential centers, the majority had gone to Bellefaire (67%).

The agencies which originally referred children to JCHS were requested to fill out both preplacement and follow-up data forms which included questions concerning work, education, health, family status and socialization. The forms were evaluated by two judges: a JCHS staff member and an independent rater not connected with the agency. The preplacement forms were used to rate each child on the likelihood of improvement. A 4-point scale was utilized ranging from "very little to no change likely" to "major change likely". The follow-up data forms were employed to evaluate the success of each case on a 4-point scale ranging from "unsuccessful" to "highly successful".

The results indicated that the agency rater predicted noticeable improvement in 50% of the cases, while the independent rater expected 44% of the children would substantially improve. In reviewing the actual follow-up data, the success rate as judged by the agency rater was 66% and by the independent rater, 86%. Only three subjects were identified by both raters as responding in a totally unsuccessful manner. Thus, the authors concluded that the RUS program of placing emotionally disturbed children in residential treatment was worthwhile.

Although formal statistical analyses were not presented, on the basis of percentages the investigators stated that good follow-up adjustment was associated with long residential stays (above 3 years), being older at admission (above 12 years of age) and being discharged geared to independence rather than placement in another institution. Furthermore, there was a tendency for boys to have better outcomes than girls. Variables not related to outcome were level of intelligence, presence of antisocial symptomatology and specific treatment center attended.

An unusual feature of the Weiss and Weiss study was the employment of potential improvement ratings. Presumably, these judgments were to serve as a baseline by which to compare actual gains. Several methodological difficulties confounded their value in this regard. These included the undetermined reliability of the ratings, the failure to indicate assumptions underlying forecasts (e.g., the presence of therapeutic versus no therapeutic intervention), the judge's knowledge of their predictions when evaluating actual improvement and the failure to statistically compare potential versus actual improvement scores by computing differences on an individual basis.

Most prominent among the other procedural limitations of this investigation were the absence of clearly stated criteria of success, sketchy follow-up information gathered by different agencies from dissimilar and sometimes secondary sources, and questionable validity of conclusions regarding treatment success in the absence of controls.

Schaefer and Millmar (1973) evaluated the on-going adjustment of preadolescent boys (aged 7 to 12) placed at Children's Village for treatment of behavior and learning problems. Of the 65 boys designated for study, complete information was obtained in 35 cases.

The subjects were assessed on the Devereux Child Behavior (DCB) Rating Scale and the Devereux Elementary School Behavior (DESB) Rating Scale at three succeeding 6 month intervals (October, 1971; July, 1971; and January, 1972). The length of stay for boys at the time of the initial behavior ratings ranged from 1 to 25 months (median stay = 11 months). For each rating period two staff members completed each of the Devereux forms. Two senior child care workers filled out the DCE and a teacher and a teacher's aide completed the DESB. For each of the three rating periods a child's score on each factor was simply the average of the two ratings.

On the DCE six of the 16 factors studied showed significant improvement over the 12 month period. Of the remaining factors, all but one showed a trend toward improvement. Significant positive changes were most evident on the "behavior competence" factors which included such variables as good hygiene, control of bodily processes and development of basic social functioning. Relatively less improvement was observed for "behavior control" factors which assessed the

development of an integrated system of inner controls necessary to live comfortably with others.

The pattern of results on the DECB were consistent with the DCB findings. The boys demonstrated significant improvement on the "competence" factors of academic achievement, less need for reliance on others and less need for closeness to the teacher. By contrast, four "control" factors, including classroom disturbance, impatience, blaming others and irrelevant responsiveness, manifested insignificant gains.

Schaefer and Millman concluded that the boys continued to be serious management problems and to regard themselves at war with authority. Uncontrolled acting out behaviors were more difficult to improve than symptoms of inadequacy and overdependency. They suggested an explanatory hypothesis which held that the peer group was more critical of physical and social incompetence than acting out behavior.

The impact of this research would have been enhanced by the utilization of independent judges making direct behavior observations, investigation of the representativeness of the sample (data was available for only 54% of the designated subjects) and the addition of control groups to assure that observed changes resulted from the therapeutic intervention. In the latter regard, it could be argued that since half of the boys studied had been at Children's Village for under a year, improvement on competence factors (e.g., less reliance on others, better social relationships) merely reflected increasing acclimation to a new setting.

Informal Investigations

Balbernie (1966) evaluated the follow-up adaptation of 32 boys who had been placed in residential care in England for treatment of behavior problems. The boys' mean age at admission was approximately 13 years and at discharge, 16 years. At follow-up they ranged in age from 17 to 22.

The investigation had the character of an extended case study which omitted formal instruments to assess adjustment. Outcome judgments were based on Balbernie's impressions after reading case records and conducting postdischarge interviews in the boys' own homes.

Of the 32 boys at follow-up, 11 manifested increased stability and continued emotional growth and 11 continued to exhibit behavior including unsatisfactory vocational adjustment.

The degree of support and acceptance youngsters experienced in the postdischarge milieu seemed more closely related to outcome than intake or discharge diagnoses. Interestingly, Balbernie reported that most boys received such support outside of their families. Only three of the 11 boys manifesting gains lived at home.

Finally, there appeared to be an association between improvement during treatment and the ability to form close relationship with a residence adult. Such special attachments often existed between boys and persons on the periphery of the staff structure (e.g., cook or gardener) who were perceived as accepting and undemanding. Balbernie speculated that the establishment of a secure relationship on a primitive emotional level freed children to respond more appropriately to different roles and situations.

Maluccio (1974) studied the service delivery process of the Rhode Island Beneficiary Program which placed 215 youngsters in a variety of residential treatment centers between 1964 and 1970. The method of data collection was examination of case records and reports from treatment institutions. Schedules were constructed to abstract information concerning identifying data, preplacement services, placement in treatment and outcome of treatment.

Most children placed were white, male, under 15 years of age with an IQ in the low-average to average range. The most frequent diagnostic categories were passive-aggressive personality, hyperactivity, aggressive acting out and defiance-hostility.

At the time of the research 121 children had been discharged from treatment. They had been in placement for an average of 2 years. The most common reasons for discharge were "successful treatment" in one-third of the cases and "inability to help the child" in another third. The research team further requested that each treatment setting evaluate each child's progress as it appeared at discharge on a 4-point scale. Evaluation criteria were not elaborated but were left to the discretion of the institutional staff. Of the 76 children for whom such information was completed, 28 were perceived as "substantially" improved, 8 "moderately" improved, 17 "minimally" improved and 23 had made no progress. Although Maluccio admitted that such evaluative measures were crude, he claimed that the success rate of 48% (combined categories of "substantially" and "moderately" improved) was consistent with that reported in other studies, notably Davids, Ryan and Salvatore (1968) and Mera, Talmadge, Bryant and Linder (1966).

Hoffman, Lehman and Zev (1975) evaluated the ongoing progress of 29 adolescents placed in two group homes developed by Abbott House in New York City. The goal of the homes was to help girls with histories of institutionalization in closed settings adapt to life within the community. Most of the youngsters were black and Puerto Rican and came from multi-problem ghetto families. They suffered severe psychiatric disorders with aggressive, acting out behavior.

Evaluation focused on adjustment in social and educational areas. Social adaptation was measured in terms of whether the youngster was able to remain and function in the open group home setting. The criteria for educational adjustment were school attendance and comparison between admission and current academic achievement.

During the first year of operation (1972-1974) 16 of the 29 admissions remained in residence. The majority of the 13 girls who did not remain left within a month of their admission dates. Although the drop-out rate was high, the investigators attributed it to the newness of the program and accompanying administrative difficulties. None of the participating girls appeared to regress in open setting and six manifested noticeable improvement in aggressive behavior.

With respect to educational functioning, all but one of the 16 girls attended school regularly. Ten of the 15 residents demonstrated progress in reading and math scores (the extent of improvement was not reported), with an indication that there was a correlation between length of stay and educational improvement. On the basis of such findings Hoffman et al. concluded the group home programs were successful.

Additional informal studies have been completed by agencies and institutions eager to assess their programs (e.g., Eisler, Note 1; Cotter, Note 2). Unfortunately, the limited scope and lack of methodological sophistication of many of these efforts diminishes their relevance to other treatment programs. These studies are generally unpublished and will not be reviewed here.

Evaluation Studies Conclusions

After referencing a number of studies investigating the outcome of residential treatment, Maluccio and Marlow (1972) made the following statement:

The definition of "success" is a loose one. In simplest terms, success is usually viewed as the ability of the child to function adequately in a postinstitutional environment. According to this definition 50 percent or more of the children were deemed to be functioning successfully. (p. 241)

Although all evaluation studies lacked sufficient controls, there were notable differences between investigations with respect to the sophistication of procedures employed. Studies which utilized, whether explicitly, or implicitly, the above quoted definition of success (e.g., Balbernie, 1966; David's et al., 1968; Mora et al., 1969; Weiss & Weiss, 1969), failed to relate follow-up status to initial level of functioning or provide some indication of degree of change. Under these circumstances it was quite possible that a relatively intact child remaining basically unchanged by treatment would be classified a "success", whereas a severely disturbed youngster making substantial progress, but remaining below the standard of follow-up adequacy would be designated a "failure".

Beyond this difficulty, a number of studies could be criticized for the manner in which they defined and measured postdischarge

adequacy. Investigations by Balbernie, 1966; Davids et al., 1968; Maluccio, 1974; and Weiss and Weiss, 1969 employed a global measure of functioning which omitted specific criteria and was dependent on the overall impression of the evaluator. A more valid portrayal was achieved in studies by Allernand et al., 1966; Mora et al., 1969, and Taylor and Alpert, 1973, where adequacy was conceptualized in terms of performance in several explicitly defined role areas. A further methodological pitfall in assessing adequacy which most investigations failed to hurdle involved the objectivity of judgments. Almost no studies employed "blind" raters and relatively few (Allernand et al., 1966; Taylor & Alpert, 1973) included evaluation from more than one vantage point.

In view of such procedural limitations the 50% or more figure quoted by Maluccio and Marlow cannot be taken as indicative of the frequency of success in residential treatment. (It was unfortunate that Maluccio, himself, made this error in a subsequent publication, 1974, when he referred to his finding of 48% improved as "Consistent with the rate of success in residential treatment." [p. 241]) Lack of comparability between studies regarding definition of terms and objectivity of evaluation further raises the question of whether such a figure has value even when more properly confined to the proportion of children functioning adequately following treatment. Within the studies reviewed, the percentage of children manifesting postdischarge adaptation ranged from 36% (Balbernie 1966) to 86% (Weiss & Weiss, 1969).

A necessary goal of most evaluation studies involved an attempt to identify the preadmission, treatment, and postdischarge correlates

of outcome. In this endeavor the frequent failure to relate the characteristic under examination to initial as well as follow-up adaptation constituted a serious limitation. To illustrate, although Mora et al. (1969) reported a significant correlation between intelligence and outcome, it was not known whether high and low intelligence groups differed significantly in adaptation at admission or whether one group made greater gains than the other. (A further example of the failure to establish initial comparability was discussed above in connection with the David et al., 1961, finding that involvement in psychotherapy was not associated with outcome.)

Recurrent themes which have emerged despite such methodological omissions are noted below and are more fully articulated in the succeeding section on objectives.

1. Preadmission characteristics most frequently associated with outcome included age at admission and severity of maladjustment. However, with respect to both of these variables, there was a lack of unanimity between studies concerning the direction of the relationship with outcome. Such diversity reflected differences in definition of terms and the failure to relate characteristics to both follow-up adaptation and change.

2. The postdischarge milieu appeared to play a crucial role in influencing a child's level of functioning. The stressful versus supportive nature of the environment was more closely related to eventual outcome than adjustment to the institution or degree of change evidenced at discharge.

3. The value of traditional psychotherapy as part of the residential program has not been demonstrated. Separate studies indicated

that participation in psychotherapy, extent of involvement in the treatment experience and continuation of therapy beyond discharge did not enhance the likelihood of a positive outcome.

THE GROUP HOME--OVERVIEW OF THE SETTING

The focus of the study was the Group Home for Adolescent Girls, which is a service of the Association for Jewish Children (AJC) of Philadelphia, a multifunction child placement agency.

AJC's girls' residence was opened in 1959. The building itself was a three story, center hall entrance, seven bedroom home in a middle class residential neighborhood near the northern city limits. Between 1959 and 1969 20 middle adolescents participated in the program, with approximately seven girls occupying the residence at any one time.

Almost all girls came from disrupted or disturbed families and suffered sufficient personal distress or social difficulty to merit opportunities for constructive living experiences. In terms of psychiatric nomenclature, most girls were considered personality disorders, although a wide range of diagnoses was represented. Despite their disturbed backgrounds, almost all possessed average or above average intelligence and were assessed, at admission, as having adequate development to attend public schools and reside in an open setting.

The child care staff at the residence consisted of two live-in women on a staggered schedule so that, with the exception of certain peak weekend hours, only one was on duty at a time. A housekeeper provided additional assistance during the daytime hours. Professional staff included a female director who was a MSW social

worker, a female MSW caseworker whose caseload consisted of these seven children and seven others in another residence, and a female child psychiatrist who devoted an average of 7 hours a week to the residence. Each girl had a weekly session with the caseworker. In addition, most (22 girls) were in individual psychotherapy either with the ABC psychiatrist (12 girls) or psychiatrists affiliated with other agencies (10 girls).

Services were also provided on an intermittent basis by psychologists, who conducted psychodiagnostic and educational assessments, medical and religious personnel, and volunteers.

The theoretical point of view underlying professional services and the living milieu of the residence replaced the concept of the role of extended family to the children it served (Taylor, 1972; Singer, Kasowski, Taylor & Goldstein, Note 3).

In addition to providing the clinical services ... the agency accepts responsibility for the child's total living until he completes adolescence, with the objective of providing all growth experiences that are normal and necessary... In this point of view the development of improved life experiences is of central importance in the scheme of treatment, as is providing opportunities and activities on many levels of experience to build social competence. It is a point of view that consistently presents standards, values and expectations to the girls in the belief that personality needs exercise to develop well. Education is an example ... ~~as~~ is the routines, rhythms and quality of the many things ... that go into daily living. (Singer et al., Note 3)

In defining specific goals the director of the residence stressed the importance of self-awareness, not as an end in itself, but rather as a necessary step towards the acquisition of practical and social skills needed for independent functioning in society.

We try to teach some adjustment techniques, some modifications of internal-external behavior so that they can get along in the world. (Goldstein, Note 4)

Among the various areas in which skills must be learned, Goldstein mentioned,

How and what they are going to learn, how they are going to support themselves, how are they going to have a relationship with an employer, what is going to enter into a marital relationship, what is going to enter into their lives with their children.

The residence was seen as a miniature training society.

Our goal is to try to adjust them to life and the kind of world they are going to meet. We see the residence as a kind of small empirical society.... You've got authority there, you've got relationship, you've got structure, you've got freedom... How they handle each one of these pieces is another kind of goal.

In stating goals, other members of the treatment team also emphasized improved behavior and adjustment as a goal to prepare girls for independent living. Objectives as described by the psychiatrist (Tsaltus, Note 5) were (a) to get the girls through adolescence without drug addiction and antisocial acts; (b) to get them educated; and (c) to help them develop improved patterns of daily living by teaching basic skills in such areas as personal grooming, housekeeping and social interaction.

OBJECTIVES

Overall Objectives

The present research had the following major objectives:

(a) to ascertain the effectiveness of the group home program in meeting clients' needs and promoting improvement in social development and emotional well being; (b) to assess the functioning of individual components of the program and elucidate specific factors in the treatment process which had positive, negative or minimal effects on the girls' development.

The residential program could be intended to serve for relatively few girls at a time. On a practical level this research sought to facilitate the most efficient channeling of financial and human resources by providing information concerning the girls' level of functioning in various psychosocial areas, the effect of the program on specific types of girls and the impact of particular program features. On a theoretical level the investigation sought to clarify the processes by which improved psychosocial functioning could be accomplished through the medium of a group home treatment program. Pre-admission and treatment variables (e.g., psychotherapy, quality of interaction with peers and staff) were examined with respect to their impact on the girls' development. A goal was to investigate how the program components fit together and the actual relation of these components to the objectives of the program.

It was acknowledged at the outset that rigorous scientific evaluation would require a well-matched control group of untreated

or differently treated girls. Unfortunately, since there was no initial plan for formal evaluation, comparable subjects were not available.¹ Nevertheless, in view of the practical necessity of an investigation such as this, it was decided to pursue the best possible alternative which consisted of employing procedures designed to permit observations under conditions of reduced error and bias. As suggested by the literature on evaluation, such an examination would utilize behaviorally defined multiple criteria, reliable instruments employed by trained, objective observers as well as evaluation from the vantage point of the girls themselves. The relatively small sample size was viewed as facilitating a careful, multifaceted and fine grained analysis.

Despite the widely recognized contributions of evaluation studies many agencies and institutions have failed to subject their programs to such scrutiny. Obstacles in the way of assessment included cost, scope of research undertaking and formidableness of design. As in the present case, control groups were hard to obtain outside of institutions with large captive populations. Thus, a final contribution of the present investigation may be to represent a start in the development of evaluation procedures practical enough to be built into the very operation of an agency program itself. Such built-in

¹The relatively few cases of girls previously considered but not admitted to the residence were inspected for possible controls. However, most of these were found to be deficient with respect to amount of intake material, nature of subsequent intervention or general comparability. (The factors determining acceptance or rejection, e.g., type and severity of illness, amenability to more traditional forms of care, negative attitude towards treatment, constituted significant differences between the girls.)

self-scrutiny could aid in the early assessment of new program approaches, sharpen staff awareness of individual clients, improve the quality and training of personnel as well as help clarify the process underlying the treatment effort.

Specific Goals

The Outcome Study

The outcome study involved evaluation of the girls on various psychological and social criteria at admission and follow-up. Current functioning was assessed by "blind" judges exposed to transcripts of extensive personal interviews conducted in the girls' own homes. Detailed case histories constituted source materials for initial ratings. A third assessment, also based on case records, was the predicted outcome rating, an admittedly new, experimental technique wherein subjects served as their own controls. Specifically, judges were required to estimate the growth potential of each girl in each criterion area for a period equal to the length of time from admission to follow-up. Since these ratings were completed without knowledge of the girls' participation in the program and under the assumption of no intervening treatment, they served to establish a baseline by which to compare actual growth.

Data from the outcome study were analyzed to elucidate a number of specific issues encompassed by the broad question, "Is the program effective?" One phase of inquiry concerned the adequacy of the girls' functioning in particular psychosocial areas. Specifically, an attempt was made to define roles in which the girls were most (least) adequate, roles in which the girls evidenced the greatest

(least) growth and whether the level of an individual's functioning in a particular role, relative to the broader group, remained stable over time. Such information would increase awareness of the girls' needs and hasten the development of approaches designed to promote growth in weak areas.

Another major aspect of the outcome question concerned the identification of initial characteristics which were significantly associated with subsequent adaptation. Although many studies assessing therapeutic intervention both within (Allerhand, Weber & Haug, 1966; Davids, Ryan & Salvatore, 1968; Taylor & Alpert, 1973; Weiss & Weiss, 1969) and outside of residential settings (Meltzoff & Kornreich, 1970, present a review) have attempted to isolate prognostic variables, reported findings have been conflicting with few guidelines emerging for client selection in individual settings.

An example of one such variable frequently studied with diverse results concerned type and severity of illness. Some investigations have suggested better outcomes for healthier children utilizing neurotic rather than psychotic type mechanisms (e.g., Allerhand et al., 1966; Davids et al., 1968; More, Talhage, Brvant & Hayden, 1969) whereas others reported a lack of relationship between admission symptomatology and outcome (Taylor & Alpert, 1973; Weiss & Weiss, 1969).

In the present investigation an overall index of psychosocial adequacy at intake was related to postdischarge adjustment. By avoiding certain methodological pitfalls that have plagued some studies in this area (i.e., the failure to relate initial characteristics to both level of follow-up adjustment and change) and by

taking into account the unique characteristics of the residence milieu an attempt was made to define relationships of practical benefit in selecting future applicants.

In summary, specific questions investigated in this phase included:

1. What was the effect of assessment periods (i.e., intake, predicted and follow-up) on psychosocial adjustment scores?
2. What was the effect of scales (i.e., five scales measuring adaptation in specific role areas) on psychosocial adjustment scores?
3. What was the effect of assessment period-scale interaction on psychosocial adjustment scores?
4. Was there a significant relationship between a girl's level of functioning in a particular role area at intake at follow-up?
5. Was there a significant relationship between a girl's level of functioning in various role areas at a specific time?
6. Did girls high versus low in overall adjustment at intake differ with respect to (a) predicted adjustment, (b) follow-up adjustment, (c) degree of change from intake to follow-up, (d) actual minus predicted adjustment?
7. Was there a significant difference in the actual size of gains manifested by girls predicted to make large versus small gains?

Adjustment to the Residence

An important step in the attempt to chart the process of adaptation over time involved the assessment of the girls' adjustment while at the residence. To provide such information judges reviewed case records and rated functioning in the major areas of residence role demands.

In subjecting the institutional adjustment of Bellefaiire boys to similar scrutiny, Allerhand et al. (1966) found that children experienced more difficulty in interactions with peers than in relationships with adults or task performance. Further, overall institutional role adequacy was significantly associated with adaptability at admission although unrelated to follow-up status. The surprising and somewhat disconcerting finding that youngsters who adapted well to the institution were not necessarily the ones who were best able to meet demands on the outside received support in other studies of emotionally disturbed children in residential treatment (Balbernie, 1966; Taylor & Alpert, 1973).

It was of interest to determine if a kind of relationship between institutional and subsequent adjustment also prevailed in the present case where subjects were adolescents and participants in a program located within the community. Mediating factors often cited as offsetting institutional gains (i.e., dependency of young children on others for provision of a supportive postdischarge milieu, dissimilarity between demands in sheltered institution versus the community) appeared of lesser significance with the present sample.

A practical advantage of assessing adjustment to the residence was to inform agency planners and staff of the facets of the living experience which posed the most (least) problems for the girls. Allerhand et al.'s finding that peer relationships constituted the most troublesome aspect was examined with the present sample of adolescents who, contrary to younger children, most likely attached greater significance to success in this area.

In summary, questions studied included:

1. Were there any significant differences between the adequacy of performance in the various areas of residence adjustment?
2. Was a girl's level of functioning in one area of residence adjustment related to her functioning in other areas?
3. Did girls high versus low in overall intake adjustment differ significantly with respect to overall residence adjustment?
4. Did girls high versus low in overall residence adjustment differ significantly with respect to (a) follow-up adjustment, (b) degree of change from intake to follow-up and (c) actual minus predicted adjustment?

The Process Study

The process phase constituted an effort to elaborate the nature of salient interactions occurring between girls and various components of the residence program. A subtle and statistically manipulatable procedure, involving a variation of Flanagan's Critical Incident Technique (1954), was to obtain recollections from the girls concerning experiences or interactions which occurred while at the residence and classifying these memories along various dimensions. Each girl contributed 10 recollections, 3 of which were "spontaneous" (i.e., interviewer specified no particular subject) and 7 "elicited" (i.e., interviewer requested a memory concerning a particular program component, such as the peer group, director, caseworker, etc.).

According to Adler (as cited in Anshacher & Anshacher, 1956, p. 35) "There are no 'balanced memories' - out of the incalculable number of impressions which meet an individual, he chooses to remember only those which he feels however darkly, to have a bearing

on his situation." A first step was to determine which components figured most prominently in the girls' salient experiences. Were interactions with the peer group more frequently related than experiences with staff? Were spontaneous incidents most often concerned with staff having frequent contact with the girls (e.g., child care workers), staff implementing the treatment function (e.g., psychiatrist, caseworker) or those roles possessing the most institutional power (e.g., director)?

In addition to determining the subject of spontaneous recollections, each incident was evaluated with respect to affective tone, that is, the degree to which the experience reflected pleasant or unpleasant feeling states. Data were collected to permit the determination of the ratio of positive to negative interactions related for each component and to compare components on this affective tone variable. It was recognized that pleasant experiences were not inevitably therapeutic just as unpleasant interactions were not necessarily detrimental. Nevertheless, a high proportion of memories in either category merited further attention in the light of specific thematic content and the girls' direct evaluation thereof.

Although the statistical study of recollections was necessarily limited to an analysis of subject and time, an informal qualitative investigation of thematic material was devised to more thoroughly utilize the fund of information contained in approximately two hundred memories. This investigation involved the categorization of themes related in connection with specific program components. As each component fulfilled a complex role including many and varied

functions, it was of interest to determine the facets of roles retaining the greatest prominence for the girls.

Summarizing, questions studied in this phase included:

Quantitative Analysis:

1. Which program components were most (least) frequently mentioned in the girls' spontaneous memories?
2. What proportion of spontaneous memories were pleasant, unpleasant and variable in tone?
3. What proportion of memories related in connection with specific components were pleasant, unpleasant and variable in tone?
4. Were there significant differences between components with respect to affective tone of spontaneous memories?

Descriptive Analysis:

5. Thematic categorization of memorable interactions with specific program components.

Girls' Evaluations of Overall Program and Specific Program Components

In addition to judges' evaluations of adjustment and change, the present investigation included the girls' own assessments of benefit derived. On a scale ranging from "better off without contact" to "could not have gotten along without help received" girls rated both the overall program and specific program components.

An objective was to determine whether girls evaluated by judges as manifesting greater versus lesser change differed in their perception of the value of the program. Although outside judges were probably less susceptible to bias than clients who were personally involved, convergence between these sets of observers would, nevertheless, strengthen the evidence regarding the success of the program.

in specific cases. Earlier well known studies by Cartwright and Roth (1957), Nichols and Beck (1960) and Cartwright, Kirtner and Fiske (1963) suggested a lack of association between the outcome ratings of observers having different vantage points (e.g., client, therapist, judge).

Girls' direct comments and evaluations of specific program components yielded additional information concerning the efficacy of these features in promoting treatment goals. Considered alongside of evidence derived from the more subtle memory technique, this data helped define program strengths and weaknesses and provided an indication of the factors underlying inefficiency (e.g., ambiguity in role definition, conflicts between roles, personality attributes of individuals fulfilling roles, etc.).

A further refinement was to determine if specific types of girls (e.g., those manifesting initially poor versus adequate adjustment, those demonstrating greater versus lesser gains) differed in their evaluation of particular components. For example, did highly disturbed girls value psychiatric contact more than individuals whose problems were less severe?

Finally, in addition to contributing specific scored ratings, girls discussed their perceptions of particularly beneficial and detrimental aspects of the program. This provided for a less structured, more descriptive response and enabled girls to comment on features possibly overlooked.

In summary, questions studied included:

Quantitative Analysis:

1. On a scale ranging from "better off without contact" to "could not have gotten along without help received" how did girls evaluate the overall program and specific program components?

2. Were contacts with certain components perceived as significantly more valuable than others?

3. Did girls high versus low in (a) intake adjustment, (b) residence adjustment, (c) follow-up adjustment, and (d) degree of change from intake to follow-up differ significantly in their evaluation of (a) the overall program or (b) specific program components?

4. Was there a significant association between affective tone ratings of a specific component (derived from an analysis of elicited recollections) and direct evaluations of that component?

Descriptive Analysis:

5. What aspects of the program did girls describe as particularly beneficial (detrimental)? What changes did they recommend?

Additional Preadmission and Treatment Variables and Their Effect on Outcome

The major preadmission variable assessed in this research involved a complex measure of overall psychosocial adjustment. To further aid in client selection additional intake and treatment characteristics were selected and their effect on outcome evaluated.

Age of client at initiation of treatment has frequently been associated with outcome. Meltzoff and Kornreien (1970) reported that research on the effectiveness of psychotherapy with children has most often indicated an advantage for younger clients. Within the field of residential treatment, two studies (Allerhand et al., 1966 and Taylor & Alpert, 1973) supported this hypothesis and one investigation (Weiss & Weiss, 1969) found older patients did better. The present residential facility was unique, in comparison with other settings investigated, in that it was located within the community. Thus, the possibility existed that older clients would have an advantage in a more demanding milieu

requiring increased independence and responsibility.

Although Mora et al. (1969) reported a significant positive relationship between IQ at admission and subsequent adjustment, most studies have failed to demonstrate such an association (Davids et al., 1968; Taylor & Alpert, 1973; Weiss & Weiss, 1969). Perhaps as Shore, Massimo and Ricks (1965) suggested, IQ may only be of importance in verbal therapies requiring insight and language. Although such therapy has often been part of residential programs, it constituted only one aspect of a multifaceted approach.

The Taylor and Alpert study (1973) was the only investigation of residential treatment to report findings regarding the variable, intactness of family at admission. Although there was a lack of association between this characteristic and outcome, family stability at admission (i.e., whether the child's family was disrupted by death or divorce rather than separation) was positively related to follow-up adjustment.

The primary treatment variable studied in this investigation involved the adequacy of adjustment to the residence. However, previous research suggested the importance of examining two additional characteristics: nature of discharge plan and assignment to psychotherapy.

Studies by Allerhand et al., 1966; Ballberrie, 1966 and Taylor and Alpert, 1973, revealed the significant role of the postdischarge milieu in supporting or extinguishing gains made during treatment. Institutional adjustment was related to follow-up adequacy only when the situation to which the child returned was taken into account. Although subjects in the present study were older and probably less dependent on specific others for provision of a supportive milieu it, nevertheless, seemed important to compare the follow-up adjustment of girls for whom

the agency had formulated an acceptable discharge plan to those who left precipitously (i.e., ran away or eloped) or by default (i.e., no acceptable postdischarge resource was available).

With respect to the influence of psychotherapy on outcome, previous studies of residential treatment have reported sobering findings. Allershand et al. (1966) found involvement in casework unrelated to follow-up success and that only 37% of boys were "highly involved" in treatment. Davids et al. (1968) reported no relationship between extent of participation in psychotherapy and outcome. Taylor and Alpert (1973) found a significantly negative relationship between continuity with a residential therapist after discharge and postdischarge adjustment.

Since only six girls in the present study did not receive psychotherapy, the no treatment group was too small for statistical comparison with treated girls on outcome criteria. Nevertheless, trends were analyzed and the psychotherapy variable was assessed from a number of other vantage points. These included the above noted analyses of recollections and direct evaluations of the psychotherapy experience with breakdowns for types of girls, subsequent adjustment and change.

Summarizing, questions investigated in this phase included:

1. Did younger versus older girls at admission differ with respect to (a) intake adjustment, (b) residence adjustment, (c) follow-up adjustment, (d) degree of change from intake to follow-up, (e) actual minus predicted adjustment, and (f) evaluation of benefit derived from participation in the program?
2. Did girls with higher versus lower IQ's differ with respect to a to f above?
3. Did girls from intact versus non-intact homes differ with

respect to a to f above?

4. Were there any apparent differences between girls receiving psychotherapy versus no psychotherapy with respect to a to f above?

5. Did girls having a planned versus precipitous/default discharge differ in (a) intake adjustment, (b) follow-up adjustment, (c) degree of change from intake to follow-up.

METHOD

The Subjects

The subjects were 28 of the 29 girls who lived at the residence for a period of at least 3 months from August, 1959, to July, 1969. With respect to the one girl omitted from study, the agency misplaced her case record and her follow-up whereabouts were unknown.

Current addresses were available for approximately half of the girls. The remainder were located over a 2 year period by various means including girls' informal calls or cards to staff members, contacts between the girls themselves, and chance meetings between girls and agency personnel. In all, 28 girls participated. Of the remaining three, one could not be located and two let it be known through intermediaries that they did not wish to cooperate.

Although a relatively large proportion of girls participated (89.3%), participating and non-participating girls were compared on background and treatment variables including admission diagnosis, initial adjustment, residence adjustment and predicted outcome. Further, non-participating girls were included in all analyses not requiring follow-up information, for example, as in the relationship between initial psychosocial adequacy and ability to fulfill residence role demands.

A detailed description of the initial and follow-up characteristics of the sample was one of the objectives of this research and is presented in the results section.

Procedure: Initial Contact, Questionnaire and Follow-up Interview

Initial Contact

The initial contact was made by the director of the residence who wrote each girl to briefly inform her of the study, introduce the researcher and request the girl's full cooperation (see Appendix A for a copy of this letter). Two weeks after receipt of this introductory letter, the researcher wrote each girl at greater length and explained what would be requested of her and assured her of confidentiality (see Appendix B). Each girl was then telephoned to answer any questions she may have had and to arrange an interview date. At the same time the girl was sent a questionnaire which she was instructed to fill out and return before the scheduled interview.

The Questionnaire

The questionnaire (Appendix C) was employed to obtain detailed factual information concerning various aspects of the girl's life since leaving the residence. For example, there were questions regarding previous and current living situations, marital status, educational and work history of girl and spouse, financial status, and medical and psychotherapeutic contacts. The general purpose of the questionnaire was to acquire necessary factual information without taking valuable interview time which was reserved for a more subtle inquiry into the nature of adjustment. However, it was requested that the questionnaire be filled out and returned before the interview so that further inquiry could be made concerning significant or unclear points.

The Follow-up Interview

Whenever possible the follow-up interview was held in the girl's own home. (Most subjects had remained in the Philadelphia area,

although it was necessary to make occasional trips to New York, Washington, D.C., and Virginia.) Interviews were conducted by the present researcher, an advanced doctoral student in clinical psychology.

Each meeting lasted approximately 2 1/2 hours and was divided into five major areas of inquiry (see Appendix B). First, in an attempt to provide a general overview of her present situation, each girl described the major events which occurred in her life since discharge from the residence. In addition, she contributed a detailed sequential account of her activities on a typical weekday and weekend from awakening to retiring. Secondly, behavior samples of current adjustment in specific role areas were elicited. Questions were not highly structured in an attempt to evoke personally revealing material. (To illustrate, the interviewer asked, "Could you describe your relationship with your husband, for example, how you spend your time together, the sorts of things that go on?") General questions supplemented more specific inquiries to assure sufficient ratable material. Throughout, the girl was encouraged to avoid generalizations and to illustrate her points with concrete behavioral examples.

The third part of the interview focused on the girl's memories of her residence experience. Following the recital of three spontaneous recollections, memories were elicited relating to the various program components. In the fourth phase each girl described the beneficial and detrimental aspects of her residential experience and evaluated the impact of the program and specific program components. The final phase focused on the girl's current psychological adjustment and included questions concerning specific symptomatology.

Interviews were tape recorded and transcribed verbatim.

Source of Intake Data: The Case Record

The case record of each girl contained the following types of information:

1. Social worker's report of initial interviews with girl and family: This was an extensive recording which included the nature and history of the presenting problem, a detailed account of parents' social and psychological history, family dynamics, girl's developmental history, and girl's current adjustment in various psychosocial areas.
2. The psychological test report: As part of the intake procedure each girl was given a complete test battery including intellectual and psychodynamic evaluation.
3. The psychiatric evaluation: Prior to admission to the residence each girl was interviewed by the staff psychiatrist who noted her impressions and assigned a diagnosis.
4. Running and final reports: The caseworker maintained ongoing records detailing the nature of each girl's adjustment in specific role areas while at the residence.

In addition to the above, the case records often included other relevant material such as team conference reports, psychotherapeutic progress notes, school transcripts and homemothers' weekly reports of girls' adjustment.

The Outcome Study

Psychosocial Adjustment Scales

The scales constituting outcome criteria for this investigation measured functioning in five areas: job/school adequacy, adjustment to the living situation, peer relationships: female, peer relationships: male and self-attitudes. These variables were selected as they reflected program goals and encompassed the major role requirements

confronting adolescents and young adults.

The specific scales employed were patterned after those introduced by Meltzoff and Blumenthal (1966). They had the advantage of utilizing concrete detailed behavioral profiles to define levels of adjustment. Each scale had eleven steps with illustrative profiles depicting each odd numbered step. In addition to yielding a quantitative score for each variable, the scales could provide an overall adjustment index defined as the mean of the scores earned on the five scales. (See Appendix E for copy of scoring manual and scales.)

Job/school adequacy. This dimension included such aspects as attendance, dependability, job or program stability, goal orientation, perseverance, creativity and personal investment.

Since the residence program sought to prepare youth for independent functioning in society, considerable effort was directed towards enhancing academic performance and utilizing vocational opportunities. In addition to a general emphasis on the development of habits necessary for success, the agency's interest was evidenced by the employment of tutors, periodic educational evaluation, referral to vocational agencies, financial assistance for occupational training, and casework guidance and support in obtaining admission to college.

Adjustment to the living situation. The various criteria for assessing functioning in this area included involvement in household affairs, participation in chores, maintenance of a routine, congruence between personal habits and household standards, consideration of living-mates and relationship to living-mates.

A foremost goal of the residence program was to teach girls to live more responsibly and harmoniously with others. The agency philosophy

of active involvement combined with the inherent qualities of a group living situation provided the girls with an intensive experience in the joint management of household affairs and the integration of personal habits with group preferences.

Peer relationships: female. This dimension included interest in peer relationships, responsiveness, ease of establishing and maintaining relationships, frequency of contacts, and extent and nature of inter-personal involvement. Within the residence the girls were given opportunities to relate to female peers, develop group feeling and attain the self-awareness necessary to sustain relationships.

Peer relationships: male. Various criteria included interest in heterosexual relationships, ease of establishing and maintaining relationships, perception of men, extent and nature of contact with acquaintances, boyfriend or husband.

Most girls began active dating during the time they were at the residence. The agency attempted to promote satisfactory adjustment by closely supervising initial contacts and by providing individual and group contexts in which to discuss anxieties and explore relationship difficulties.

Self-attitudes. This dimension included realistic perception of strengths and weaknesses, self-acceptance, confidence in own ability, perceived acceptance by others, maintenance of physical condition and personal appearance.

This variable was expected to register any change in self-awareness and self-evaluation resulting from the residence experience. It seemed reasonable to suppose that understanding derived from weekly psychotherapeutic and casework contacts, training in personal care and grooming

and progress in making friends and handling job and household responsibilities would result in an improved self-appraisal.

The Outcome Ratings

The judges for the outcome study were two MSW social workers who had had lengthy careers working with children in care. Both raters resided in New York and had no affiliation with AJC. They were not informed of the identity of the agency, the purposes of the research or the fact that the girls were candidates for treatment or had been in treatment.

The judges participated in a number of training sessions in the use of the scales. After having attained an acceptable level of reliability (see results section), the judges made the following ratings:

1. Initial ratings: Each girl was evaluated on the five scales on the basis of admission data alone. As noted above, source materials included the social worker's recording of family history and current functioning and reports of psychological and psychiatric examinations. All records were meticulously reviewed and identifying or otherwise revealing information deleted before presentation to the judges.

2. Predicted outcome ratings: Employing the same source materials as for initial ratings, judges predicted the growth potential of each girl in the five areas for a time period equal to the length of time from admission to follow-up. These ratings constituted the girls' prognosis in the absence of any type of formal intervention. By having the girls' actual adjustment evaluated on the same scales several years later, it was possible to obtain an estimate of how well they responded to the group home. To illustrate, a girl received a rating of "5" (some adjustment) on a particular variable at intake. The judge

predicted that in 3 years, without treatment, she would attain a rating of "7" (average adjustment). An actual follow-up rating of "9" (good adjustment) would suggest that the residence stay had had a beneficial impact in this area. Alternatively, an actual follow-up score of "7" would indicate that the improvement manifested could have been anticipated from factors operating over time itself, such as growth and maturation.

Admittedly in an experimental phase, the predicted outcome procedure assumed the professionals would take a realistic view of the girls' potential in the various areas. To enhance this likelihood judges were provided with detailed case histories, well defined rating scales and were requested to follow the guidelines of their credentials.

5. Follow-up ratings by judges followed the same procedures as the transcribed interview protocols. Again, revealing information was deleted and no indication was given that case records and interviews pertained to the same individuals.

Adjustment to the Residence

The scoring manual and scales used to assess residence adjustment (Appendix F) were adapted from those employed by Allmand, Weber and Haug (1966). These investigators had evaluated role fulfillment in three major areas of institutional living: relationships with adults, relationships with peers and task performance.

Relationships with adults referred to the extent and quality of the girl's interactions with residence staff, including the house-mothers, caseworker, director and psychiatrist. Peer relationships focused on interaction with the approximately 15 other girls who occupied the residence. Task performance involved the frequency and

social acceptability of behaviors directed at fulfilling responsibilities such as care of room and other assigned household tasks, attention to personal hygiene and grooming and compliance with residence rules and regulations.

The section of the case record on which adjustment ratings were based was the caseworker's narrative of ongoing behavior while at the residence. These often extensive recordings, dictated at periodic intervals, contained both examples of behavioral manifestations and value judgments regarding such behavior. Raters gave greater emphasis to data that was behaviorally rather than clinically or inferentially oriented.

Judges for this study were selected from students in clinical psychology. Each rater evaluated each girl on the three scales. Since high levels of reliability were attained for each scale (see results section), a girl's score in a particular area was the average of scores assigned by both judges. It was also possible to derive an overall index of residence adjustment for each girl by computing the mean of scores earned on the three scales.

The Process of Study

Process Components

In her description of the group home Golustein (1966) discussed the major program components and their goals.

1. The physical plant was to be a substantial and comfortable building with adequate physical arrangements and supplies of all kinds.
2. The child care staff were oriented to support and maintain physical and social standards, nurture the child emotionally on a daily basis, serve as new models for adults, and create new habits and attitudes.

3. The casework service is used as a support of relationship difficulties, work with parents and children, and work with family units into a family life.

one component or several. In the latter instance, every component mentioned was credited with no attempt made to weight components playing major versus minor roles in the action described.

2. Affective tone of spontaneous and elicited memories: A 7 point scale measuring affective tone was developed and applied to each spontaneous and elicited memory (see Appendix 9). This rating represented the inferred pleasant versus unpleasant nature of the subject's feeling states during the recollected interaction. (It was important to stress that ratings emphasized the reported or recalled affective affect rather than the intensity of affect. For example, a memory in which the predominant affect was fear could receive the same rating as a memory in which the predominant affect was joy. However, the latter memory might even receive a more positive rating if there was some evidence of a pleasant affect, such as gratification for help received.)

To assess the reliability of the affective tone scale two judges, a professor of clinical psychology and an advanced doctoral student in clinical psychology, assessed all memories. After a first level of reliability was achieved (results section) the junior judge evaluated the remaining recollection.

Descriptive Analysis of thematic content of elicited memories

The quantitative investigation of process was restricted by practical considerations to the above described analysis of subject and tone. However, in order to correct the elements, improve and consistency of the data, an informal coding technique was utilized to define the actual nature of interactions. Six primary themes most salient in recalling specific interactions were identified and coded.

To implement this procedure, transcripts of the first elicited

memories concerning a particular component were extracted from the interview protocols. Each recollection was studied and the central theme recorded. Analogous themes were then grouped under major headings.

The present researcher performed the coding task. As this was the most subjective phase of this investigation, an attempt was made to stay relatively close to the manifest content in classifying memories. Further, a liberal use of major categories helped insure the faithful representation of each theme. Final presentation of the classification scheme (results section) was substantiated by examples of individual themes and subjects' commentary.

Girls' Evaluations of Overall Program and Specific Program Components

The final ratings of the girls' experience were completed by the girls themselves, who evaluated the impact of the overall residence program and their contacts with each of five program components (the director, psychiatrist, caseworker, non-mothers and peer group) on the following scale, slightly modified from one employed by Filerman, et al. (1966) and attributed to Ann Shyne (1969):

- ___ Would have been better off without contact.
- ___ Was neither helped nor harmed.
- ___ Was slightly helped.
- ___ Was moderately helped.
- ___ Was considerably helped.
- ___ Could not have gotten along without help received.

To further elaborate their ratings the girls were asked to describe the ways in which the residence experience was personally beneficial and detrimental. In cases of vague or unclear responses girls were requested to illustrate their statement by citing concrete

experiences. Beneficial and detrimental aspects were then classified according to frequency of mention.

Summary of Ratings and Series

Outcome Ratings: Pre-test, Predicted and Follow-up Ratings

1. Job and School Adequacy--11 point scale
2. Adjustment to living situations--11 point scale
3. Peer Relationships: Females--11 point scale
4. Peer Relationships: Males--11 point scale
5. Self-Attitudes--11 point scale

Adjustment to the Residence Ratings

1. Relationships with mother--7 point scale
2. Relationship with father--7 point scale
3. Task Performance--7 point scale

Process Ratings

1. Frequency with which subjects mentioned the peer group, insexwork, psychiatric centers, etc. were mentioned in spontaneous recollections.
2. Affective tone of each spontaneous and directed memory--3 point scale.
3. Classification of the data content of each free memory, or particular component.

Girls' Ratings of Outcome and Process

1. Evaluation of overall program on scale ranging from "would have been better off without contact" to "would not have gotten along without help from me".
2. Evaluation of particular program component on "would have been better off without contact" to "would not have gotten

along without help received".

3. Classification of beneficial and detrimental aspects according to frequency of mention.

RESULTS

Reliability Results

Current Adjustment Ratings

To calculate the interrater reliability of current adjustment ratings both judges evaluated nine cases, applying five psychosocial scales (i.e., Job/School Adequacy, Adjustment to the Living Situation, Peer Relationships: Female, Peer Relationships: Male and Self-Attitudes) per case. With three omissions (in these instances information relevant to specific social contexts omitted from the case histories), there was a total of 81 pairs of ratings (six of the cases

interviewed did not have a second interview, and one case was frequently admitted, to the convenience of the male interviewer, to the interview protocols of actual subjects in the previous year. Unfortunately, it was not possible to obtain analogous interview protocols of non-subjects.)

The reliability data on current adjustment are presented in Table 4. Two methods of calculating reliability were employed: the conventional Pearson r approach and the Glicko r statistic (1971). The latter took into account the extent of agreement between individual pairs of rankings as well as the overall ordering of rankings. With both approaches reliability for current ratings was highly significant ($p < .001$).

To determine the reliability of current ratings for individual scales, the 42 pairs of ratings were broken down according to scales and correlation coefficients were determined. Although the R^2 's for each scale were relatively small (ranging from seven to nine pairs of

Table 1
Reliability Coefficients for Major
Instruments Employed in Study

Scales	n	Statistic	df	coefficient	p
Current adjustment	104	11.11	100	.871	.001
Job/School adequacy	9			.761	.001
Adjustment living situation	9			.722	.05
Peer relations: female				.957	.001
Peer relations: male				.767	.05
Self-attitudes	9			.845	.01
Perceived adjustment	9			.777	.001
Adjustment to the residence					
Relationships with adults	28	11.16	24	.897	.001
Relationships with peers	26	11.27	22	.858	.001
Task performance	103	8.94	99	.949	.001
Affective memory tone	9	15.11	8	.764	.001

^aIn calculating the statistic, the original 11-point ratings on the original 11-point scale was collapsed to a 6-point scale as follows: 1 or 2 = **1**, 3 or 4 = **2**, 5 or 6 = **3**, etc. In calculating the correlation coefficients the original numbers, 1 through 11, were retained.

^bRelevant data was omitted from the sample of 28, hence $n = 26$.

^cRelevant data was omitted from the sample of 28, hence $n = 27$.

ratings) moderate to high levels of reliability were obtained in each instance (Table 1).

Predicted Adjustment Ratings

Both judges evaluated 12 cases, applying five scales per case. (The same intake histories used to establish reliability of current ratings were employed in this phase.) With the three omissions noted above, there was a total of 12 pairs of ratings. The reliability of predictive ratings both in terms of the Pearson and κ statistic was highly significant ($p < .001$).

Residence Adjustment Scale

With only slight modification, the scale originally used to evaluate adjustment of the subjects to their new residence and their relationships with Peers and Family members was also employed in the Allerhand, Weber and Franz (1966) study. Two judges evaluated the 28 subjects in each area. As indicated in Table 1, extremely high levels of reliability ($\kappa > .90$) were obtained for each scale.

Affective Memory Tone Scale

Two judges evaluated 12 memories of subjects and contributed the protocols of 6 out of 28 subjects and contributed 12 memories. The κ statistic and Pearson r were both significant ($p < .001$).

Representativeness of Sample: Participating vs. Nonparticipating Girls

Of the total 28 girls, 16 (59%) expressed willingness to cooperate with this research. Of these, 14 (85%) participated fully while one, who was living in California and could not be interviewed for practical reasons, had left the questionnaires. Thus, the proportion of nonparticipating girls was small, and even if it had been included, it would have influenced the overall results to a marked degree.

and low adjusted girls made comparable gains from intake to follow-up and the groups did not differ with respect to evaluation of benefit derived from participation in the program.

General Characteristics of Sample

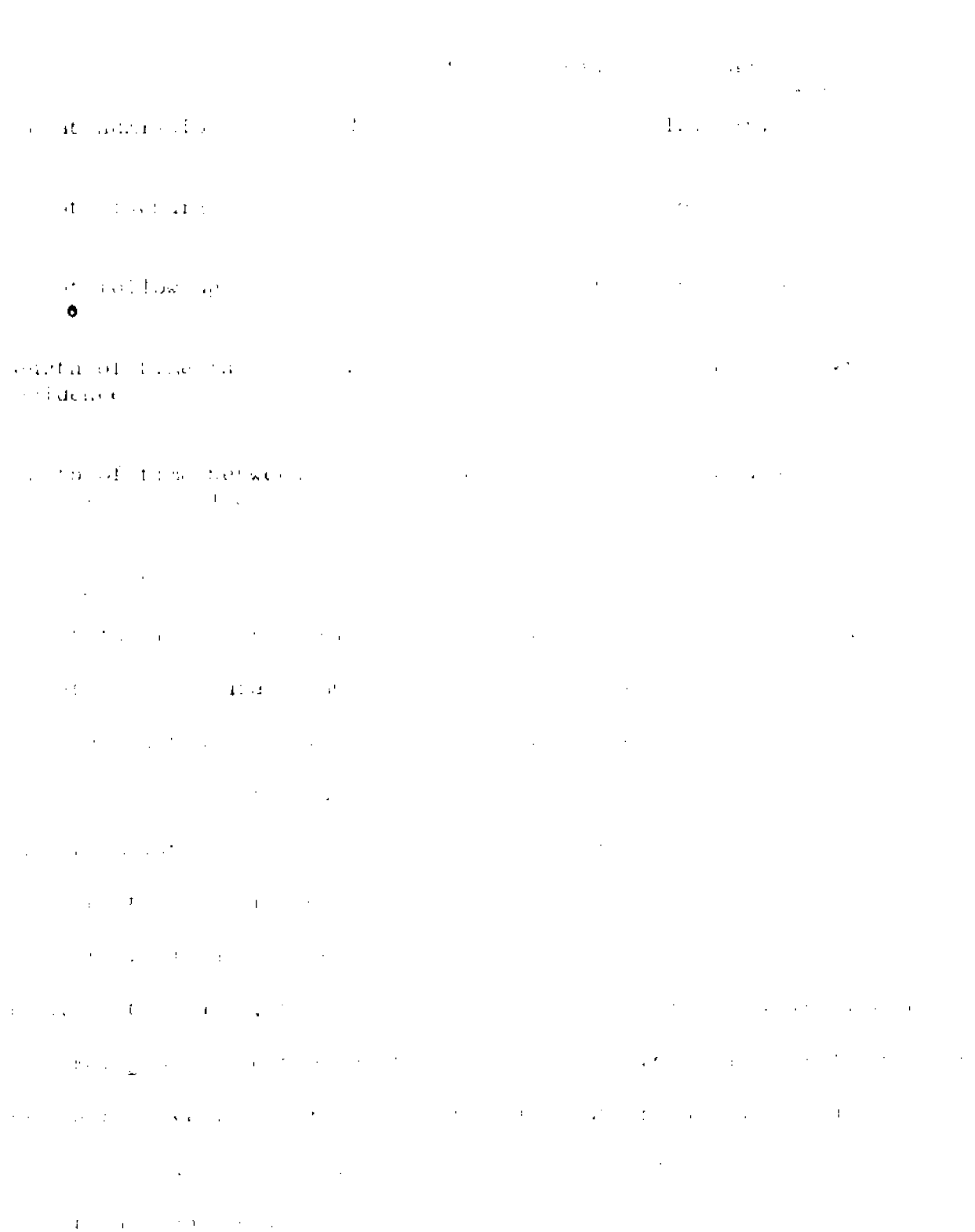
Initial Characteristics

Age and length of stay. Statistics regarding age and length of stay are given in Table 2. Most girls (67.3%) entered the residence in their fourteenth or fifteenth year. Two girls stayed in the program for under a year, nine stayed between one and two years, six between two and three years, eight between three and four years and three over four years. At the time of follow-up, girls were in their late teens, 14 in the early twenties and one in the early thirties. The longest stay occurred within three years of admission; three girls stayed three, four and six years of discharge for single girls, between six and nine years for eight girls and over nine years for one girl.

Previous social service contact. Information about contact resulting in admission to the residence came either directly from the immediate family, with the possible exception of a girl who had had some contact with AIC or other social service facilities. Fifteen of the 28 girls (67.9%) experienced some form of previous placement. AIC had had 10 girls in foster care. Of the nine girls not placed by AIC, three were in residential treatment facilities operated by other agencies, two had had psychiatric hospitalization (two six months duration and four had attended Maryland schools). Five girls had two or more placements prior to admission to the residence; one girl had eight prior placements; of the nine girls with one previous placement, at least four received psychiatric hospitalization.

Figure 1

Age and length of time since infection



child placed, and one with husband and in-laws); seven with roommates (three with female roommates, two with female roommates and roommates families, one with female and male roommates and one with male roommate); six alone and three with parents.

Marital status. Of the 26 girls on whom information was available 15 (57.7%) were single, 3 were married for the first time, 1 was divorced and remarried, 5 were divorced (1 was about to remarry shortly), and 2 were separated.

Children. Eight of the 25 girls (32%) contacted had borne children. Five of the eight had been legally wed at the time of the birth of their children. However, at follow-up only one girl was married to, and rearing her children with, the natural father. Another girl, never legally married, was rearing her son with his natural father. Of the remaining six girls, four were raising their children alone, one had placed her child in foster care and one had given her child up for adoption.

Finally, a girl and her husband, who had not yet had children of their own, were rearing two foster children. They expressed a desire to ultimately adopt these youngsters.

Education. The level of educational achievement for the 25 girls on whom information was available was as follows: two girls had been graduated from college, eight were matriculated college students, three were high school graduates with substantial college credits although no longer enrolled in a degree program, three were high school graduates, one was attending high school and eight were high school dropouts.

Of the eight girls who dropped out of high school, five had done

so while at the residence and had been referred to facilities such as Jewish Employment Vocational Service for job planning and training. (Two of these girls received training in a specific area, beauty culture and simplified computer work. Two others participated in workshops to develop general skills to assist in obtaining a job. The fifth girl left the residence before training began.) The three girls who dropped out of high school most frequently or after leaving the residence, received no vocational training.

Major employment activities. Of 115 girls, 11 were salaried full-time employees. Their jobs included promoting magazine subscription representative, waitress, beautician, and typist. In addition, 10 girls were part-time employees. One girl was a typist, one was an administrative assistant, and another worked as a babysitter for room and board. Of the remaining 94 girls, nine were full-time students, six were rearing children and three were unemployed.

Financial status. Of 115 girls, 100 girls for whom information was available had had a minimum of less than \$5.00 in the year immediately preceding the study. Of the 115 girls, 10 who were full-time students, four who were rearing children, and one who had unemployment insurance, one earning a minimal salary, one as a typist and one unemployed girl supported by parents and own savings.

Of the remaining eight girls, one had an income in the 3-5,000 range (own salary), one in the 5-7,000 range (own salary), one in the 7-9,000 range (own salary), one in the 9-11,000 range (own salary), three in the 11-13,000 range (in one instance, own salary, in two instances, husband's salary) and one in the above 13,000 range (husband's salary).

Psychotherapy. Of 23 girls responding, seven indicated that they had had some psychotherapy subsequent to discharge from the residence. In almost all instances therapy was short-term (under a year) and consisted of individual or group contacts.

Mental hospitalization, drug abuse, contacts with police. Nineteen girls were asked whether they had had a psychiatric hospitalization subsequent to discharge from the residence. All replied that they had not. In additional five girls not directly asked (three girls failed to complete the very last part of the interview; in two instances the tape was unclear) failed to mention any psychiatric hospitalization in an otherwise extensive interview covering such related topics as moods, anxiety, depression, etc.

Four of the 18 girls admitted to drug abuse since discharge from the residence. Three said they smoked marijuana: one infrequently, one approximately every other day and one refused to specify the frequency. The fourth girl claimed to have had an amphetamine habit which began during her residence stay and which she now totally "blacked" a year after discharge. (Unfortunately, the form of the interview question, i.e., "Do you have any addiction?", may have elicited a negative response from girls who did not regard themselves as having an "addiction" but who did occasionally indulge. An indication that this occurred is found in the interviews of two girls. During a previous discussion the girls mentioned taking pot. However, when asked the above question, both responded negatively. When confronted with this contradiction, they pointed out that they did not have a "habit".)

None of the 18 girls questioned stated that they had been in

trouble with the police since discharge from the residence.

Outcome Results

Intake, Predicted and Follow-up Psychosocial Adjustment Scores

Each girl's overall score for intake, predicted and follow-up adjustment is presented in Table 8. The overall adjustment score was obtained by taking the mean of the scores earned on the five psychosocial scales. At intake the group mean overall adjustment score was 4.98 with a range of 3.0 to 7.1. Since the "7.0" was defined as "average adjustment" and "6.0" as taken as the lower limit of this category, it was apparent that at intake most girls (20 out of 28) failed to reach levels judged adequate for this age group.

In predicting future adjustment, the follow-up adjustment assuming no therapeutic intervention, a downward trend for the group was noted. The mean overall predicted adjustment score was 4.77 with a range of 3.0 to 8.2. Twenty girls were expected to make gains, 13 remain the same and two suffer losses. Half the girls were expected to achieve at least minimally adequate levels.

The actual follow-up assessment, Table 9, indicates improvement. The overall mean follow-up adjustment score was 5.82 with a range of 3.0 to 9.0. From the time of intake 17 girls improved, 3 remained the same and 4 declined. Thirteen of the 24 girls located for follow-up were now judged to be functioning at average or above levels. These included all but one of the eight girls who were functioning adequately at intake.

Analysis of Variance: Scale X Assessments for 24 Subjects

An analysis of variance was undertaken to determine whether psychosocial adjustment scores varied significantly with assessment periods

Table 3

Intake, Predicted and Follow-up Overall
Adjustment Scores ($n = 24$)

Subject	Intake	Predicted	Follow-up
1	3.6	3.6	3.2
2	5.6	6.2	5.8
3	6.0	7.4	7.2
4	4.6	4.6	3.8
5	6.2	6.6	6.6
6	3.0	4.8	3.4
7	7.2	7.8	6.0
8	6.0	6.8	8.4
9	5.6	5.8	6.6
10	5.3	6.8	5.2
11	5.3	5.2	5.4
12	6.5	7.8	7.2
13	6.2	7.8	9.0
14	5.2	6.4	5.2
15	4.0	5.2	7.4
16	6.0	7.0	7.0
17	5.6	6.8	5.8
18	4.2	4.4	6.2
19	6.2	8.2	7.0
20	3.2	3.0	3.2
21	4.8	6.2	6.6
22	5.2	6.2	6.2
23	3.0	3.0	3.0
24	4.0	5.4	6.2
	$\underline{\underline{M}} = 4.95$ $\underline{\underline{SD}} = 1.18$	$\underline{\underline{M}} = 5.71$ $\underline{\underline{SD}} = 1.57$	$\underline{\underline{M}} = 5.82$ $\underline{\underline{SD}} = 1.59$

(i.e., intake, predicted and follow-up), scales (i.e., the five psychosocial adjustment scales) and/or an interaction between scales and assessment periods. As indicated in Table 4 F ratios for both assessment periods and scales were significant beyond the .01 level. Interaction effects were not significant indicating the scale-assessment period combinations contributed no unique effects.¹ The Cicchetti approximation of the Tukey test (1972) was applied to isolate significant differences between assessment periods and between scales. (This approximation of the Tukey test has the advantage of basing the q statistic upon the number of unconfounded comparisons only. Thus, one is not penalized by being forced to accept a minimal significant difference based upon unconfounded comparisons and comparisons, when only the former can be meaningfully interpreted.)

Significant differences between assessment periods. Table 4 reveals that as a group the girls made significant gains ($p < .01$) from intake to follow-up. In addition, predicted adjustment significantly differed from initial adjustment ($p < .01$). No significant difference was found between predicted and follow-up adjustment. In fact, considerable similarity between these assessment levels was apparent. The group mean overall adjustment score for predicted and follow-up periods were 5.72 and 5.82 respectively. Out of 119 predicted judgments there was perfect agreement with actual follow-up score in 42 instances (35.3%), a difference of one scale point in 38 cases (31.9%), a difference of two points in 25 cases (21%), three points in 9 cases (7.6%)

¹To demonstrate that the significant findings yielded by the above analysis of variance were not attributable to predictive ratings only, the analysis was repeated for only two assessment periods: intake and follow-up. The results remained the same.

Table 4

Analysis of Variance: Scales x Assessments for 24 Subjects

Cell means and standard deviations.

Assessment period		Scales				
		Job/ school	Living sit.	Peers: f	Peers: m	Self- att.
Intake	<u>M</u>	5.46	5.04	5.13	4.33	4.92
	<u>SD</u>	1.60	1.55	1.75	1.58	1.44
Predicted	<u>M</u>	6.42	5.58	5.83	5.29	5.46
	<u>SD</u>	1.79	1.95	1.81	1.88	1.61
Follow-up	<u>M</u>	6.33	6.08	5.96	5.50	5.21
	<u>SD</u>	1.93	2.00	1.73	2.00	1.79

Summary Table

Source	df	SS	MS	F	P
Between SS	1	156.13	156.13	3.50	
Within SS	36	156.13	4.34		
Scales (S)	4	46.91	11.73	5.14	.01
Assessments (A)	2	50.74	25.37	9.55	.01
S x A	8	7.42	.93	1.48	N.S.
Error (Within SS)	32	40.84	1.28		
Error ₁ (for scales)	9	20.87	2.32		
Error ₂ (assessments)	4	12.19	3.05		
Error ₃ (A x S)	13	7.78	.60		
Totals	37	312.26			

Cicchetti approximation of Tukey test for assessments

Mean Group	Mean	Group	
		Predicted	Follow-up
		5.72	5.82
Intake	4.98	.74**	.84**
Predicted	5.72		.10
* ($q_{.05}$) ($\bar{S}_X$) = .5092			
** ($q_{.01}$) ($\bar{S}_X$) = .6462			

Table 4 (cont'd)

Cicchetti approximation of Tukey test for scales

	Group				
	Mean	Liv. sit.	Peers: f	Peers: m	Self-att.
Mean		5.57	5.64	5.04	5.20
Group					
Job/school	6.07	.5	.43	1.03**	.87**
Liv. sit.	5.57		-.07	.53	.37
Peers: f	5.64			.60	.44
Peers: m	5.04				-.16

* ($q_{.05}$) ($\bar{S}_x$) = .7029** ($q_{.01}$) ($\bar{S}_x$) = .7671

and four points in five cases (4.2%). The fact that considerable similarity between predicted and actual ratings was found for scores in the more extreme ends of the scale (e.g., steps 2,3,4,8,9) indicates that consistency was not simply a function of a tendency to use the middle range (i.e., steps 5,6 and 7) of the scale.

Of the 18 girls who were predicted to improve, 15 did, 2 regressed and 1 showed no change. The girl who was predicted to regress stayed the same and of the girls who were predicted to show no change, two regressed, two improved and one stayed the same. Overall, girls predicted to make large gains did, in fact, significantly exceed the gains made by girls predicted to make small gains ($p < .05$). The high predicted group had an actual mean gain of +1.4; the low predicted group, a mean gain of +.16.

Significant differences between scales. As indicated in Table 4, the girls as a group performed significantly better in the Job/School area than in Peer Relationships ($p < .01$), or Self-Attitudes ($p < .01$).

In an effort to further define strong and weak areas at each assessment period, as well as the relative change in these areas from intake to follow-up the data were inspected from various additional vantage points (Table 5), e.g., number of girls reaching adequacy in various areas at different assessment periods, number improving, declining or remaining constant on each scale from intake to follow-up, and number exceeding, falling short or matching predictions of follow-up status on each scale. In addition, the Uicouetti approximation of the Tukey test was employed to define significant differences between performance on specific scales over assessment periods (Table 5). It is

Table 5

Supplementary Analyses of Performance in Five
Psychosocial Areas at three Assessment Periods

Number of girls average and below for three assessment periods		
	Below Average	Average or above
Job/school adequacy		
Intake	17	11
Predicted	10	18
Follow-up	9	15 ^a
Adjustment to living situation		
Intake	20	8
Predicted	14	14
Follow-up	11	13 ^b
Peer relationships: female		
Intake	16	1
Predicted	10	17
Follow-up	10	13 ^c
Peer relationships: male		
Intake	23	5
Predicted	15	13
Follow-up	15	9 ^d
Self-attitudes		
Intake	20	8
Predicted	15	15
Follow-up	15	9 ^e

Note. Average adjustment was defined as a score of "0" or above on the psychosocial scale.

^aIncludes 9 of the 11 girls adequate in this variable at intake.

^bIncludes 7 of the 8 girls adequate in this variable at intake.

^cIncludes 8 of the 11 girls adequate at intake.

^dIncludes 3 of the 5 girls adequate at intake.

^eIncludes 4 of the 8 girls adequate at intake.

Table 5 (cont'd)

Number of girls improving, declining, or remaining constant
from intake to follow-up on five psychosocial scales

Scales	n	Improve	Decline	Constant
Job/school adequacy	24	14	4	6
Adjustment to liv. sit.	24	14	5	5
Peer relationships: f	23	10	4	9
Peer relationships: m	24	14	2	8
Self-attitudes	24	11	7	6

Number of girls exceeding, falling short, or matching
predictions at follow-up status for five
psychosocial variables

Scales	n	Exceed	Fall short	Match
Job/school adequacy	24	8	6	10
Adjustment to liv. sit.	24	10	5	8
Peer relationships: f	23	8	10	5
Peer relationships: m	24	3	6	10
Self-attitudes	24	7	11	9

Table 5 (continued)

Application of Cicchetti approximation of Tukey test to analysis of variance table
(4 above) to define significant difference between assessment periods
for specific scales

Scale	Significance Level		
	$p < .01$	$p < .05$	$p < .05$
Childhood adequacy	Intake vs. follow-up Intake vs. predicted		Predicted vs. follow-up
Adjustment to div. sit.	Intake vs. follow-up		Intake vs. predicted Predicted vs. follow-up
Peer relationships: r		Intake vs. follow-up	Intake vs. predicted Predicted vs. follow-up
Peer relationships: m	Intake vs. predicted Intake vs. follow-up		Predicted vs. follow-up
Self-attitudes			Intake vs. predicted Intake vs. follow-up Predicted vs. follow-up

acknowledged that there is controversy regarding the legitimacy of employing the Tukey test in this fashion when interaction effects proved insignificant. The decision to include it was based on the fact that it highlights differential degree of change manifested in the various criterion areas and is consistent with trends revealed in other analyses also presented.

The above noted finding that the girls as a group functioned more adequately with respect to school and job undertakings than in heterosexual relationships or self-attitudes is further elaborated by an inspection of the number of girls judged adequate in each area at each period (Table 5). At intake the areas which possessed the highest proportion of adequately functioning girls were Job/School Adequacy and Peer Relationships. Heterosexual Relationships, even at the intake, had a majority were judged as functioning below average. By the time of follow-up a majority of girls reached adequacy in three of the five psychosocial areas. Only in the spheres of heterosexual relationships and self-attitudes did most remain inadequate.

With respect to change over time, the judges predicted the greatest change to occur in the areas of Job/School Adequacy and Peer Relationships: Male. Application of the Tukey test (Table 5) revealed significant gains in all areas with the exception of Self-Attitudes. The relatively poor showing in this latter area was further emphasized by an analysis of the number of girls improving, declining or remaining the same from intake to follow-up (Table 5). More girls declined in this area than any other. In addition, Self-Attitudes and Peer Relationships: Female were the only areas where the number of girls regressing or staying the same exceeded the number of girls manifesting

improvement. Finally, with respect to predicted versus actual performance, in the area of Self-Attitudes fewer girls exceeded and more girls fell short of predictions than in any other area (Table 5).

Correlations Between Psychosocial Scales

Correlations between scores on specific scales at varying assessment levels. Correlations between scores earned on specific psychosocial scales were computed for all three possible combinations of assessment level: intake and predicted, intake and follow-up and predicted and follow-up. Table 6 indicates that there was a highly significant positive relationship between intake and predicted scores on each scale. Thus, the judges believed the girls would maintain their relative standing over time. (It should be noted that this was reflected by significant positive correlations between intake and follow-up scores on four of the five scales. Only in the instance of Peer Relationships: Female did the relationship fall short of significance.) Finally, in comparing predicted and follow-up scores, correlations were highly significant in all areas. The fact that the actual levels of significance were even greater here than for the correlations between intake and follow-up suggests that clinicians' judgments applied to intake data, are more successful than intake data alone in forecasting relative status at follow-up.

Table 6 indicates that the girls' overall adjustment scores (i.e., the means of the scores earned on the five scales) at different assessment periods were highly correlated.

Correlations between scale at specific assessment levels. Table 6 reveals a generally substantial association between scales at particular assessment periods. At intake, of the 10 possible combinations

Table 1

Correlations Between Psychosocial Scales:
Inter and Intra Assessment Levels

Correlations between scores on specific scales at
varying assessment levels (n = 24)

Scales	Intake/ predicted	Intake/ follow-up	Follow-up/ predicted
Job/school adequacy	.893	.627	.651
Adjustment to liv. sit.	.884	.520	.633
Peer relationships: f	.898	.590	.469
Peer relationships: n	.840	.782	.631
Self-attitudes	.913	.713	.792

$p < .05 = .4044$

$p < .01 = .5151$

$p < .001 = .6287$

Correlations between scores on specific scales at specific
assessment levels (n = 24)

	Intake/ predicted	Intake/ follow-up	Follow-up/ predicted
	.627	.676	.737

$p < .001 = .6287$

Correlations between scales at specific assessment
levels (n = 24)

	Living situation	Peer relationships	Self- attitude
<u>Intake</u>			
Job/school	.339	.167	.633
Living sit.		.434	.587
Peers: f			.538
Peers: n			.509
<u>Predicted</u>			
Job/school	.604	.402	.788
Living sit.		.413	.835
Peers: f			.712
Peers: n			.786
<u>Follow-up</u>			
Job/school	.682	.413	.697
Living sit.		.629	.869
Peers: f			.661
Peers: n			.770

$p < .05 = .4044$

$p < .01 = .5151$

$p < .001 = .6287$

of five variables, six proved significant. At predictor' and follow-up levels, all combinations of variables were significant.

Comparison of Follow-up Adjustment and Degree of Change of Initially High and Low Adjusted Girls

On the basis of the group mean and median overall adjustment score at intake the girls were divided into two groups of 14 girls each. The mean overall adjustment score for the low group was 3.80 and for the high group, 5.89. Eleven of the girls in the low adjusted group and 13 of the girls in the high adjusted group participated in the follow-up study. Their respective mean overall adjustment scores, 3.85 and 5.92, were close to the means for the full groups.

Table 7 indicates that the initially high adjusted group was predicted to show a smaller degree of change than was predicted by the low adjusted group at follow-up. This prediction was confirmed.

Judges predicted no significant difference between the groups with respect to degree of change manifested from intake to follow-up. This prediction was also confirmed.

Adjustment to the Residence: Results Scores in Three Role Areas

Table 8 indicates the scores earned by the girls in three areas of residence role demands: relationships with adults, relationships with peers and task performance. The fourth column of the table contains each girl's overall adjustment to the residence score (defined as the mean of the scores earned in the three areas).

According to scale definitions, scores below 4.5 denote degrees of inadequate functioning; 4.5, variable functioning; and 5.0 or above, degrees of adequate functioning. Also, in the area of relationships to adults, 16 girls (51.9%) were adequate, 5 (18.5%) variable and 8 (29.6%)

Table 7

Comparison of Performance From Intake to Follow-up
of Initially High and Low Adjusted Girls

Group	Mean score			
	Predicted follow-up adjustment	Actual follow-up adjustment	Predicted degree of change from intake to follow-up	Actual degree of change from intake to follow-up
Low (<u>n</u> = 11)	4.40 (SD = 1.12)	4.17 (SD = 1.03)	1.01 (SD = 1.32)	.55 (SD = .74)
High (<u>n</u> = 13)	6.83 (SD = .87)	6.67 (SD = 1.13)	1.06 (SD = 1.11)	.91 (SD = .56)
T	5.62	5.42	1.04	1.23
F	4.91	4.92	1.04	1.18

Table 8
Residence Adjustment Scores (n = 28)

Subject	Relationships with adults	Relationships with peers	Tail performance	Overall residence adjustment
1	4.0	2.5	5.0	3.17
2	5.0	5.0	4.5	4.83
3	2.5	2.5	5.0	3.17
4	4.0	2.0	3.0	3.34
5	5.0	4.0	6.0	5.17
6	4.5	5.0	4.5	3.33
7	3.5	2.5	4.0	3.83
8	6.0	6.0	6.0	6.17
9	5.5	2.5	3.0	5.50
10	6.0	3.5	4.0	4.50
11	5.0	3.5	3.0	3.50
12	5.0	4.0	5.0	4.00
13	5.0	4.0	5.0	4.33
14	4.0	2.0	4.0	3.33
15	2.0	2.0	1.0	1.50
16	3.0	3.0	4.0	3.33
17	4.5	4.0	5.0	4.50
18	4.0	3.0	5.0	4.33
19	5.5	6.0	6.0	5.84
20	3.0	1.0	2.0	1.00
21	4.0	5.0	5.0	4.50
22	1.5	2.0	2.0	1.53
23	5.0	5.0	5.0	5.50
24 ^a				
25	1.5	2.0	2.0	1.33
26	1.5	2.0	3.0	1.33
27	5.0	5.0	3.0	3.50
28	5.0	5.0	3.0	4.50
Σ	4.96	4.79	3.78	4.04
SD	1.30	1.81	1.67	1.54

^aThis subject was omitted from the calculation of residence adjustment as information relevant to the child's peer area was lacking in the report.

^bDue to insufficient information, adjustment in the area of peer relationships was estimated for this subject.

inadequate. With respect to peer relationships 12 (46.2%) were adequate, 2 (7.7%) variable and 12 (46.2%) inadequate. Finally, in the area of task performance, 15 (55.6%) were adequate, 2 (7.4%) variable and 10 (37.0%) inadequate.

Analysis of Variance

An analysis of variance design for single factor experiments having repeated measures (Winer, 1962) was employed to determine whether there were any significant differences between performance in the three areas of residence adjustment. The results (Table 9) indicated no significant differences.

Degree of Association Between Performance in Areas of Residence Adjustment

Three chi-square tests were conducted to determine if the following (1) (2) (3) were all significant reflecting a tendency for the relative level of achievement attained by individuals to be similar for the three areas.

Table 9

Analysis of Variance: Three Areas of Residence Adjustment

Source of variation	SS	df	F	F _{crit}
Between people	151.76	26		
Within people	101.33	54		
Areas of adjustment	3.39	2	1.695	2.08
Residual	62.54	52	.816	(N.S.)
TOTAL	255.39	80		

Table 10

Relationship Between Performance in Three Areas
of Residence Adjustment

	<u>Relationships with peers</u>	<u>Task performance</u>
Relationship with adults	.722*	.668*
Relationship with peers		.788*

* $p < .001$

Relationship Between Level of Residence Adjustment and
Intake Adjustment and Postdischarge Adjustment

Girls high and low in overall intake adjustment were compared with respect to overall residence adjustment. Table 11 reveals that girls high in psychosocial functioning at intake were more successful in receiving adequate residence adjustment than girls low in psychosocial functioning at intake ($p < .01$).

On the basis of the median overall residence adjustment score the girls were divided into two groups representing high and low adjustment. The low group had 15 girls with a mean residence adjustment score of 2.74 and a range of 1.00 to 4.33. The high group had 19 girls with a mean of 5.24 and a range of 4.50 to 6.33. Ten of the girls in the low group and 13 of the girls in the high group were treated in a follow-up study. Their respective mean overall residence adjustment scores, 2.9 and 5.29, were close to the means for the full groups.

**Relationship Between Level of Residence Adjustment and
Intake Adjustment and Postdischarge Adjustment**

Relationship between initial adjustment and residence
adjustment

Initial status	<u>M</u> residence adj.	<u>t</u>	<u>p</u>
High adjusted (<u>n</u> = 14)	4.80 (<u>SD</u> = 1.24)	3.07	.01
Low adjusted (<u>n</u> = 13)	2.22 (<u>SD</u> = 1.43)		

Relationship between residence adjustment and outcome

<u>Residential adjustment</u>	<u>Mean Score</u>		
	<u>overall</u> <u>follow-up</u> <u>adjustment</u>	<u>degree</u> <u>of change</u>	<u>Actual</u> <u>minus</u> <u>predicted</u> <u>adjustment</u>
High (<u>n</u> = 14)	3.40 (<u>SD</u> = 1.24)	.38 (<u>SD</u> = 1.33)	.02 (<u>SD</u> = 1.16)
Low (<u>n</u> = 10)	2.20 (<u>SD</u> = 1.43)	.96 (<u>SD</u> = 1.33)	.08 (<u>SD</u> = 1.20)
<u>t</u>	1.36	1.43	.13
<u>p</u>	N.S.	N.S.	N.S.

Analyses were undertaken to determine whether high and low residence adjusted groups differed with respect to follow-up adjustment, degree of change from intake to follow-up, and the degree to which predicted adjustment was exceeded. The results indicated in Table 11 reveal no significant differences between high and low residence adjusted groups on any of these variables.

Progress Results

subject of spontaneous Recollections

Of the 24 girls located for follow-up, 10² contributed memories

²Of the four girls who failed to contribute memories, two granted only partial interviews, one claimed that she could not recall a single incident and one was incorrectly questioned.

for the process analysis. The 60 spontaneous memories (20 girls x three recollections each) were classified according to subject. As indicated in Table 12 the most frequent subject was the peer group which was cited in just under three quarters of the memories. The next most frequently mentioned components were the director (cited in 17 out of 60 memories) and the housemothers (13 out of 60). The psychiatrist was mentioned infrequently and the caseworker was not cited at all.

Table 12

Frequency of Mention of Components in Spontaneous Memories

Component	<u>Number of memories concerning each component</u>			Total spontaneous memories (n = 60)
	Spontaneous memory #1 (n = 20)	Spontaneous memory #2 (n = 20)	Spontaneous memory #3 (n = 20)	
Director	8	2	7	17
Peer group	14	13	17	44
Housemothers	2	6	5	13
Psychiatrist	1	0	1	2
Caseworker	0	0	0	0

Note. The numbers in the columns do not add up to the number of memories contributed since, as was elaborated in the method section, a memory might relate to more than one component.

Affective Tone of Spontaneous and Elicited Memories

Each of the 181 recollections (60 spontaneous, 121 elicited) was evaluated on a 7 point scale measuring affective tone. It will be recalled that steps 1-3 represent various degrees of negative tone; step 4, variable tone; and steps 5-7, degrees of positive tone. These labels have been utilized in Table 13 where the number of memories rated "positive", "variable" or "negative" for each category of spontaneous

Table 13
 Number of Positive, Variable, and Negative Memories for
 Each Category of Spontaneous and Elicited Memory

Memory	n	Affective memory tone		
		Positive (scores 5-7)	Variable (score 4)	Negative (scores 1-3)
Spontaneous memories				
1	20	7	1	12
2	20	6	0	14
3	10	5	2	13
Elicited memories				
Residence building	15 ^a	9	2	4
Housemothers	17 ^b	7	1	9
Caseworker	10 ^c	10	0	6
Director	21	3	0	17
Psychiatrist	19 ^d	6	0	9
Peer group	17 ^e	11	1	7
Residence community	20 ^f	10	0	4

^an = 15 as four girls were not asked for memories and in one instance there was taping difficulty.

^bn = 17 as in two cases girls were not asked for memories and in one instance a girl claimed she could not recall an incident.

^cn = 10 as a girl claimed she could not recall an incident.

^dn = 19 as four girls did not have any contact with a psychiatrist and one was not asked for a memory.

^en = 19 as a girl claimed she could not recall an incident.

^fn = 16 as two girls were not asked for memories, one claimed she could not recall an incident, and in one case there was taping difficulty.

and elicited memory is presented. Inspection of this table reveals that 39 out of 60 spontaneous recollections (65%) were evaluated as negative in tone. Only 18 (30%) were positive and 3 (5%) variable. Regarding the elicited memories, four components received a majority of positive recollections. These were the residence building, the neighboring community, the peer group and the caseworker. For the remaining three components, housemothers, psychiatrist and director, the majority of elicited memories were negative. Especially striking was the finding that 17 out of 20 memories (85%) relating to the director were negatively toned.

The group mean affective tone score for each component is given in Table 14. This data and that presented in Table 13 result in essentially the same relative ordering of components from most positively to most negatively recollected.

Analysis of Differences Between Affective Tone of Seven Categories of Elicited Memory

It was originally planned to do an analysis of variance to determine whether there were any significant differences between the affective tone of elicited recollections relating to the various components. Unfortunately gaps in the data (detailed in footnotes to Table 13) precluded such an analysis. However, rather than conducting no further statistics, 10 paired t tests were performed to give a further indication of the direction of the data. It is recognized that when multiple t tests are conducted there is a danger of spurious significant findings. Nevertheless, the results of these tests were consistent with impressions derived from more informal consideration (Tables 13 and 14) of the data. It can be seen that memories relating to the director were notably more negative in tone than were memories

Table 14

Group Mean Affective Tone Score for Seven
Categories of Elicited Memory

Elicited memory	<u>n</u>	Group mean
Residence building	15	4.93
Residence community	16	4.75
Peer group	19	4.53
Caseworker	19	4.32
Housemother	17	3.76
Psychiatrist	15	3.20
Director	20	2.30

relating to every other component, with the exception of the psychiatric service.

Table 15

Paired t Values for Differences Between Affective
Tone for Five Categories of Elicited Memory

	<u>Caseworker</u>	<u>Director</u>	<u>Psychiatrist</u>	<u>Peer group</u>
Housemother	.66	2.72*	1.10	1.36
Caseworker		2.97**	1.20	.38
Director			1.07	3.57**
Psychiatrist				1.25

*p < .05

**p < .01

Girls' Evaluations of Overall Program and
Specific Program Components

The Evaluation

Of the 24 girls located for follow-up, 22³ evaluated the overall

³Of the remaining two girls, one granted only a partial interview (one hour) during which there was insufficient time to elicit evaluations. In the case of the second girl the tape was inaudible for this section of the interview.

residence program and five program components (peer group, director, casework service, psychiatric service, and child care service). Table 16 indicates the number of girls choosing each scale category in assessing each component. A graph of this data is presented in Figure 1. (In the table and figure numbers from 0 to 5 denote scale categories. It should be noted that categories were unnumbered when presented to the girls; numerical designation was only subsequently employed to facilitate statistical computation and presentation.)

If categories 0 to 2 are taken as indicating a basically negative evaluation and categories 3 through 5 a positive assessment, it is apparent that the director and peer group were the most valued components. Over 70% of the girls assessed each of these components as of at least moderate benefit to them. The caseworker service received approximately half positive (10 girls, 48%) and half negative (11 girls, 52%) evaluations. Figure 1 indicates that in assessing this component the middle categories ("slightly helped" and "moderately helped") were the most frequently chosen. Finally, the psychiatric and child care services were the most negatively assessed with only 31% (5 girls) and 18% (4 girls) positive ratings, respectively.

A majority of the girls, 13 (59.1%), positively evaluated the overall residence program. Figure 1 indicates that compared to the evaluations of the individual components, the girls' assessments of the overall program were more polarized; just under half the girls picked one of the extreme categories.

It is also worthwhile to consider the data in Table 16 in terms of the number of girls giving decidedly positive assessments (i.e., ratings in the top two categories only: "could not have gotten along

Table 16

Number of Girls Selecting Each Category in Evaluating the
Overall Program and Specific Program Components

Component	n	Evaluation					5 Could not have gotten along without
		0 Better off without	1 Neither helped nor harmed	2 Slightly helped	3 Moderately helped	4 Considerably helped	
Overall program	22	5	1	3	4	4	5
Peer group	21 ^a	0	3	3	1	10	4
Director	22	2	2	2	9	7	0
Caseworker	21 ^b	2	4	5	5	3	2
Psychiatrist	16 ^c	6	2	3	1	2	2
Housemother	22	7	6	5	2	1	1

^an = 21 as in the case of one girl the tape was inaudible for the section on the evaluation of the peer group.

^bn = 21 as in one instance an interviewer failed to elicit an evaluation of the caseworker.

^cn = 16 as six of the girls were not in psychotherapy and could not, therefore, evaluate psychiatric contacts.

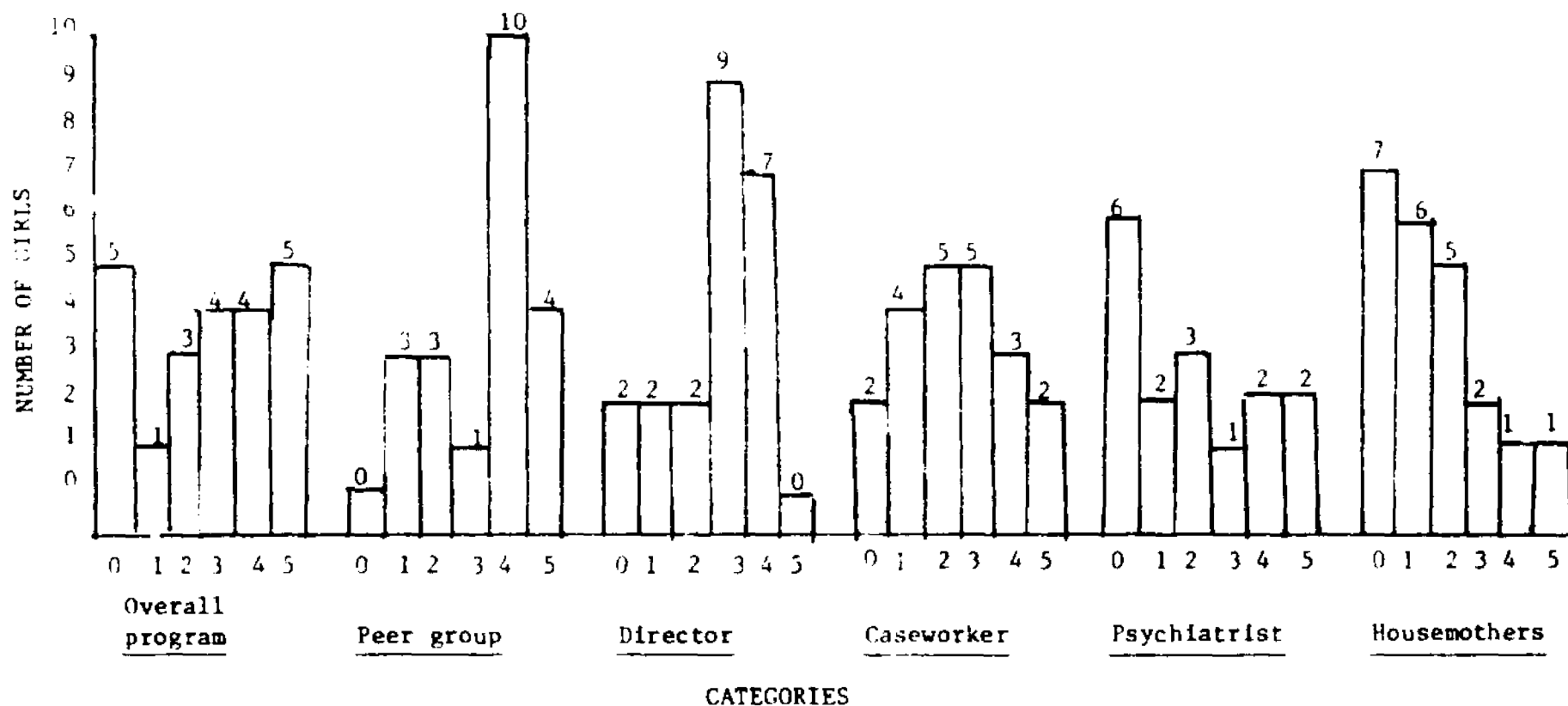


Figure 1. Number of girls selecting each category in evaluating the overall program and specific program components (Category 0 indicates "better off without contact"; 1, "neither helped nor harmed"; 2, "slightly helped"; 3, "moderately helped"; 4, "considerably helped"; 5, "could not have gotten along without help received".)

without help received" and "considerably helped") of each component.

Viewed from this perspective, the peer group emerges as the component making the most significant positive impact. Two-thirds of the girls evaluated peer interactions as of at least considerable benefit compared to 41% (9 girls) for the overall residence program, 32% (7 girls) for the director, 25% (4 girls) for the psychiatrist, 24% (5 girls) for the caseworker and 9% (2 girls) for the housemothers.

Analysis of Variance

An analysis of variance design for single factor experiments having repeated measures (Winer, 1962) was completed to determine whether there were significant differences in the girls' evaluations of the individual program components and overall residence program. This analysis employed the data of only 16 of the 22 girls who contributed evaluations. (The remaining six girls had not seen a psychiatrist and, therefore, could not evaluate this component. Rather than employ a complex design for missing data which was of questionable validity or conduct multiple t tests, it was decided to include only the girls for whom there was full data.)

As indicated in Table 1/ the child care service was seen as significantly less beneficial than the peer group ($p < .01$), director ($p < .01$) and overall residence program ($p < .05$). Finally, the peer group was perceived to have had a significantly more positive impact ($p < .05$) than the psychiatric service. Whereas these findings resulted from the evaluations of just over 57% of the total sample (16 out of 28 girls) confidence in their generality is further supported by essentially similar trends in the data of the additional six girls.

Level at Which Each Girl Evaluated Her Most
Positively Perceived Staff Relationship

Four of the components evaluated by the girls related to adult staff: the director, caseworker, psychiatrist and housemothers. If the highest scale category utilized by each girl to rate any one of these components is tabulated then the following results emerge: Of the 22 girls 4 felt their most positive interaction(s) was of only slight or no benefit (steps 0 to 2 on the evaluation scale); 8 girls rated their most valued staff interaction at the moderate (step 3) level; and 10 girls claimed to have had a decidedly beneficial relationship (step 4 or 5) with at least one staff member.

Table 17

Analysis of Variance: Evaluations of Overall Program
and Five Program Components ($n = 16$)

Source of variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Between people	63.16	15		
Within people	190.50	80		
Components	51.22	5	10.24	5.51
Residual	139.28	75	1.86	($p < .01$)
TOTAL	253.66	95		

Tests on differences between pairs of means

	Peer grp.	Director	Caseworker	Psychiatrist	Housemother
Overall	-.750	-.250	.375	.812	1.50*
Peer group		.50	1.125	1.562*	2.250**
Director			.625	1.062	1.750**
Caseworker				.437	1.125
Psychiatrist					.688

$$q_{.05} \frac{S}{\bar{x}} = 1.415$$

$$q_{.01} \frac{S}{\bar{x}} = 1.691$$

$$*p < .05$$

$$**p < .01$$

Correlations Between Affective memory Tone and Girls' Evaluations of Specific Components

The results of correlating the girls' affective tone scores for specific component (assessed by an analysis of their recollections) with their direct evaluations of that component are given in Table 18. For each component, with the exception of the director, there was a highly significant positive association

Table 18

Correlations Between Affective Memory Tone and Direct Evaluations of Specific Components

Component	n	Correlation Coefficient	p
Peer group	18	.609	.01
Director	19	.176	N.S.
Caseworker	17	.653	.01
Psychiatrist	14	.825	.001
Housemothers	16	.718	.01

Note. In calculating coefficients it was necessary to include only those subjects who contributed both an evaluation and a recollection regarding a specific component. Differing ns result from gaps in either evaluation or memory data as detailed in footnotes to Tables 16 and 13, respectively.

Relationship Between Judges' Evaluations of Adjustment and Change and Girls' Own Evaluations of Impact of Residence Program

t tests were performed to determine whether girls high versus low in (a) overall intake adjustment, (b) overall residence adjustment, (c) overall follow-up adjustment, (d) degree of change, and (e) actual minus predicted change differed with respect to evaluation of benefit derived from participation in the program. As indicated in Table 19, there were no significant differences. Thus, girls who were evaluated as demonstrating higher levels of psychosocial functioning or manifesting greater positive change did not differ significantly from lower adjusted girls, or those manifesting lesser change, in their evaluation of the impact of the residence program.

Relationship Between Level of Adjustment and Change and Girls' Own Evaluations of Specific Program Components

t tests were performed to determine whether girls high versus low in (a) overall intake adjustment, (b) overall follow-up adjustment or (c) degree of change differed significantly in their evaluation of benefit derived from contact with particular program components. Table 20 indicates that girls who manifested greater positive change from intake to follow-up valued contact with the psychiatrist significantly more than girls who demonstrated lesser change ($p < .05$). Unfortunately, this was the only significant finding among 15 t tests. Thus, whereas such a result appears reasonable from a clinical standpoint, in terms of statistics, its validity is debatable.

Table 19

Relationship Between Judges' Evaluations of Adjustment and
Change and Girls' Own Evaluations of Benefit Derived

Level of adjustment	n	Mean evaluation of benefit derived from participation in program	t	p
Intake adjustment				
High	12	3.17 (<u>SD</u> = 1.85)	1.21	N.S.
Low	10	2.20 (<u>SD</u> = 1.87)		
Residence adjustment				
High	12	2.67 (<u>SD</u> = 1.97)	.16	N.S.
Low	10	2.80 (<u>SD</u> = 1.87)		
Follow-up adjustment				
High	11	2.82 (<u>SD</u> = 1.89)	.22	N.S.
Low	11	2.64 (<u>SD</u> = 1.96)		
Degree of change				
High	10	2.80 (<u>SD</u> = 1.99)	.16	N.S.
Low	12	2.67 (<u>SD</u> = 1.87)		
Actual minus predicted change				
High	8	2.13 (<u>SD</u> = 2.17)	1.14	N.S.
Low	14	3.07 (<u>SD</u> = 1.69)		

Table 20

Relationship Between Level of Adjustment and Change and
Girls' Evaluation of Specific Components

Level of adjustment	Mean evaluation of benefit derived from contact with component				
	Housemothers	Caseworker	Director	Psychiatrist	Peer group
Initial adjustment					
High	(n = 12) 1.67	(n = 12) 2.17	(n = 12) 2.75	(n = 7) 1.20	(n = 11) 3.45
Low	(n = 10) 1.10	(n = 9) 2.78	(n = 10) 2.80	(n = 9) 2.22	(n = 10) 3.40
$\bar{t}$	.94	.94	.06	.90	.09
$\bar{p}$	N.S.	N.S.	N.S.	N.S.	N.S.
Follow-up adjustment					
High	(n = 11) 1.45	(n = 11) 2.73	(n = 11) 2.73	(n = 6) 2.33	(n = 10) 2.90
Low	(n = 11) 1.36	(n = 10) 2.10	(n = 11) 2.82	(n = 10) 1.50	(n = 11) 3.91
$\bar{t}$	.15	.98	.16	.86	1.79
$\bar{p}$	N.S.	N.S.	N.S.	N.S.	N.S.
Degree of change					
High	(n = 10) 1.50	(n = 9) 2.67	(n = 10) 2.80	(n = 6) 3.17	(n = 9) 3.44
Low	(n = 12) 1.33	(n = 12) 2.25	(n = 12) 2.75	(n = 10) 1.00	(n = 12) 3.42
$\bar{t}$	.27	.63	.09	2.66	.05
$\bar{p}$	N.S.	N.S.	N.S.	.05	N.S.

Correlation coefficients specifying the relationship between (a) overall intake adjustment, (b) overall follow-up adjustment and (c) degree of change and the evaluation of particular components are given in Table 21. Again, there was a significant positive relationship between degree of change and perceived value of psychiatric contacts ($p < .05$). In addition, a significant association also emerged between degree of change and perceived value of casework contacts ($p < .05$).

Table 21

Correlation Coefficients for Relationship Between Level of Adjustment and Change and Evaluation of Particular Program Components

	<u>Housemother</u>	<u>Caseworker</u>	<u>Director</u>	<u>Psychiatrist</u>	<u>Peer group</u>
Intake adjustment	.118	-.226	-.111	-.352	-.032
Follow-up adjustment	.081	.163	.058	.146	-.100
Degree of change	-.008	.461*	.195	.567*	-.105

* $p < .05$

Relationship Between Preadmission and Treatment Variables and Outcome

Age at Admission

The girls were divided into two groups on the basis of age at admission. The younger group ($n = 12$) consisted of girls under 15 at intake. The mean age for this group was 14.0 years with a range of 12.4 to 14.8 years. The older group ($n = 16$) had a mean of 15.8 years with a range of 15.0 to 16.6.

t tests were performed to determine whether younger versus older girls at admission differed significantly with respect to overall intake adjustment, overall residence adjustment, overall follow-up adjustment,

degree of change, actual minus predicted change and self-evaluation of benefit derived from participation in the program. Table 22 indicates the results.

No significant differences between older versus younger groups were found with respect to intake and residence adjustment. However, at follow-up the girls who were older at admission had significantly better adjustment than girls who were younger ($p < .05$). Furthermore, the older group was found to have made significantly greater gains from intake to follow-up ($p < .05$). There was no significant difference between the groups with respect to the tendency to exceed predictions or evaluate the program.

It was originally planned to investigate the effects of length of stay on outcome. However, short and long residence stay groups corresponded almost exactly to older and younger groups at admission. This relationship was expressed in a high negative correlation ($-0.81, p < .001$) between age at admission and length of stay. Thus, it was not possible to separate out the effects of these two variables.

Admission IQ

The girls were divided into two groups on the basis of intellectual functioning as measured at intake. The lower group had a mean IQ of 99.7 and consisted of 15 girls in the average range (IQ 90-109) and one girl in the borderline range (IQ 70). (It should be noted that the staff psychiatrist felt that the ability of the latter girl was in the average range, but that her score was depressed by severe emotional factors. At any rate, the analyses were done twice: once including and once omitting this individual. Only the former findings are tabularized below as in both instances the results were essentially the same.) The

Table 22

The Relationship Between Age at Admission
and Adjustment and Change

Group	Mean score					Degree of change	Actual minus predicted	Evaluation of benefit derived
	Intake (entire sample)	Intake (follow-up sample only)	Residence (entire sample)	Residence (follow-up sample only)	Follow-up			
Older	4.11 (<u>n</u> = 15)	5.11 (<u>n</u> = 12)	3.9 (<u>n</u> = 15)	4.32 (<u>n</u> = 12)	6.5 (<u>n</u> = 12)	1.38 (<u>n</u> = 12)	.43 (<u>n</u> = 12)	2.73 (<u>n</u> = 12)
Younger	4.61 (<u>n</u> = 12)	4.83 (<u>n</u> = 12)	4.12 (<u>n</u> = 12)	4.19 (<u>n</u> = 12)	5.13 (<u>n</u> = 12)	.9 (<u>n</u> = 12)	-.23 (<u>n</u> = 12)	2.73 (<u>n</u> = 12)
<u>t</u>	.04	.57	.47	.20	2.27	2.47	1.44	0.0
<u>p</u>	N.S.	N.S.	N.S.	N.S.	.05	.05	N.S.	N.S.

above average group had a mean IQ of 117.5 and consisted of eight girls in the bright normal range (110-119) and five in the superior range (120-129).

Table 23 indicates the results of comparing average and above average IQ groups on a number of variables of adjustment and change. The above average group was better adjusted at admission ($p < .05$). However, the differences between the groups failed to attain significance with respect to overall residence and follow-up adjustment. Average and above average girls were quite comparable in the amount of gain manifested from intake to follow-up. Finally, the above average group perceived the residence program as having been more beneficial than did the average group ($p < .05$).

Intactness of Home at Admission

Of the follow-up sample, only five girls had come from intact homes. These girls were compared to the remaining 19 on a number of variables as presented in Table 24. No significant differences emerged.

Psychotherapy

It was difficult to assess the effects of psychotherapy with this sample as only six girls had not received treatment. Furthermore, the non-therapy group consisted of two qualitatively different subgroups: three girls who were viewed as relatively healthy and not in need of such intervention and three for whom therapy was seen as representing too great a risk in a setting which could not guarantee long-term care. Although statistics with only three cases per group were not feasible mean scores in various areas of adjustment and change are listed in Table 25. It is apparent that in each area, that is, overall intake, residence, follow-up adjustment, degree of change, actual minus

Table 23

The Relationship Between IQ and Adjustment and Change

Group	Mean score					Degree of change	Actual minus predicted	Evaluation of benefit derived
	Intake (entire sample)	Intake (follow-up sample only)	Residence (entire sample)	Residence (follow-up sample only)	Follow-up			
Average IQ	4.32	4.50	3.57	3.94	5.43	.93	.28	1.91
(n)	(15)	(12)	(14)	(11)	(12)	(12)	(12)	(11)
Above IQ	5.45	5.45	4.54	4.54	6.20	.75	-.08	3.55
(n)	(12)	(12)	(13)	(12)	(12)	(12)	(12)	(11)
t	2.74	2.68	1.60	.98	1.18	.37	.77	2.22
p	.05	.05	N.S.	N.S.	N.S.	N.S.	N.S.	.05

Table 24

The Relationship Between Intactness of Family at Admission and Adjustment and Change

Intact	4.60	4.96	4.17	4.63	5.88	.97	.96	3.00
(n)	(6)	(5)	(6)	(5)	(5)	(5)	(5)	(5)
Non-intact	4.91	4.98	4.00	4.15	5.80	.82	.13	2.65
(n)	(22)	(19)	(21)	(18)	(19)	(19)	(19)	(17)
t	.55	.03	.23	.64	.10	.16	.21	.36
p	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.

Table 25

Mean Scores for Adjustment and Change for Therapy, Non-Therapy: Healthy and Non-Therapy: Disordered Groups

Therapy	4.60	4.72	3.71	3.92	5.33	.61	-.03	2.63
(n)	(22)	(18)	(21)	(17)	(18)	(18)	(18)	(16)
N-therapy: H	6.13	6.13	6.11	6.11	8.13	2.00	.53	3.33
(n = 3)								
N-therapy: D	5.33	5.33	4.28	4.28	6.40	1.07	.47	2.67
(n = 3)								

predicted change, and evaluation of benefit derived, the non-psychotherapy healthy group had the best adjustment; the non-therapy disordered group, intermediate adjustment and the psychotherapy group, the poorest adjustment. With respect to the variable, degree of change, inspection of individual cases revealed that seven of the 18 girls in the therapy group showed no improvement or regressed from intake to follow-up. By contrast, all girls in the non-therapy groups manifested positive change and four of the six were in the top half of the entire sample with respect to amount of gain demonstrated.

Type of Discharge

The girls were divided into three groups with respect to type of discharge: planned, precipitous and default. Nineteen girls were discharged according to prearranged agency plan. The three who left precipitously included two runaways and an elopement. The default group consisted of six girls, most of whom manifested behavioral difficulties which could not be contained within the residence but for whom no other resource was available. Most of these girls were returned to their families.

Of the nine girls in the combined precipitous-default discharge groups, only six participated in the follow-up study. These girls were compared with the planned discharge group with respect to overall intake and follow-up adjustment and degree of change. As indicated in Table 26 the planned discharge group had significantly better intake ($p < .001$) and follow-up ($p < .05$) adjustment. Interestingly, every girl who had a default or precipitous discharge had been in the low adjusted group at intake. Whereas 14 (nine out of 14) of the girls in the initially low adjusted group left the residence without a satisfactory

Table 26
Relationship Between Type of Discharge
and Adjustment and Change

Type of discharge	Mean score				
	Intake adjustment (entire sample)	Intake adjustment (follow-up sample only)	Follow-up adjustment	Degree of change	Degree of change minus one subject
Planned (a)	5.36 (10)	5.36 (10)	6.23 (18)	.88 (10)	.88 (18)
Precipitous- default (p)	3.76 (9)	3.38 (6)	4.57 (6)	.73 (6)	.20 (5)
t	4.15	3.19	2.43	.25	1.26
p	.001	.01	.05	N.S.	N.S.

plan, none of the girls in the high adjusted group did so.

No significant difference was found between planned versus precipitous-default groups with respect to amount of change manifested from intake to follow-up. (The analysis was done twice: both with and without one girl in the default group who had made a sizable gain.)

In considering these results with respect to type of discharge, it is important to note that the number of girls in the precipitous-default group was relatively small. For a more definitive test of this variable more subjects would be necessary.

Girls' View of Beneficial and Detrimental Aspects of Residence Program

Beneficial Aspects

Twenty-four subjects⁴ contributed opinions concerning what they felt were the most beneficial and detrimental aspects of the residence program. With regard to the former, Table 27 reveals that one third of those questioned spontaneously stated that the program had helped them to achieve a better understanding of themselves and/or others. Four girls attributed their improved understanding to interactions with adults and three to relationships with peers.

It helped mold the type of person I am. The bull sessions with ... [the director], like she made you look into yourself.

It made me find myself. I never knew where my head was, but there I did. I knew what was going on. I knew what I wanted. I knew myself.

It really gave me a chance to clean up the kinds of situations in my life that could have been really detrimental and problematical in my relationship with my mother.

Seven girls, (among them four of the girls who noted increased

⁴Of the remaining three girls, two gave abbreviated interviews and in one instance there was taping difficulty.

self-awareness) believed they had been helped to cope with one or more specific problem areas. In three instances the particular area specified involved relationships with peers.

Up until the time of entering the residence I had been very anti-social, extremely isolated and very introverted. I think it allowed me to become more comfortable with my peers and eventually I did learn to handle myself and deal with other people.

In two cases girls felt the program contributed to their academic success. Another two believed the structure of residence living helped control their impulsivity.

It toned down my intensities which was important. They regulated me in such a way that things would have been much less intense than when I regulated myself. The experiences I would have had would have been much more dramatic.

Table 7

Classification of Girls' Spontaneous Comments Regarding
Beneficial Aspects of Residence Program

Aspect of program	Number mentioning aspect
Achievement of greater understanding of self and/or others	7
Assistance in handling a specific problem area	7 ^a
Practice in interacting with peers	3
Improving school work	2
Development of less dramatic life style	2
Sex education	1
Residence represented best alternative in living situation at time	7
Emphasis on leaving harmful home environment	4
Emphasis on having nowhere else to go	3
Warm interpersonal relationships with peers	6
Warm interpersonal relationships with adults	3
Opportunity for new cultural experiences	5
Provision of good physical care	5
Learning household skills	2

^aOf the seven individuals who indicated receiving assistance in handling particular problems, one girl mentioned receiving help in two specific areas. Thus, the frequency with which particular problems were noted totals eight rather than seven.

Table 27 (cont'd)

Classification of Girls' Spontaneous Comments Regarding
Beneficial Aspects of Residence Program

Aspect of program	Number mentioning aspect
Others:	
Recreational outings with girls and director	1
Getting "hip" in ways of world	1
Learning how to adapt to institutional living	1

Seven girls stated that the residence provided a better living environment than alternatives. In this category were four girls who emphasized the benefit derived from leaving a harmful home milieu and three (among them two orphans) who simply stated that they had nowhere else to go.

I didn't end up with a lot of the prejudices that you get living at home, or in my case, if I had lived at home all the time, I would be a completely different person, ... I would be molded into a small image of my mother.

Nine girls spontaneously noted that they benefited from warm interpersonal relationships while at the residence. Of these, six singled out positive interactions with peers, two with housemothers and one with the director.

It gave you a chance to establish contact with the girls. When you're in the same boat with somebody it sort of strengthens your ties. I think that's a good point.

I learned that the older people ... [names housemothers] they were sort of like a mother and that sort of helped me too, because I really wanted someone to show me things, tell me things.

Five girls felt the residence provided cultural experiences they would not have enjoyed at home.

I think the agency gave everyone a chance, as much as possible, to pursue what they liked. You know, if you wanted to take guitar lessons, O.K., we'll give you guitar lessons. If you

wanted to take piano lessons, O.K., we'll give you piano lessons. Anything anyone wanted, if the agency didn't think it would hurt you, would be beneficial to you and you wanted it, they went along. Like I wanted to take piano lessons and when I gave up on that and wanted guitar, they gave guitar.

The whole fact that I'm in art and I'm an artist and a painter happened during the residence experience where I had a good teacher and I had a place for it, where I had the time and money and the energy to follow it through.

Five girls complimented the physical care they received.

I felt healthy living there. I felt physically healthy. And I think I was a bit unhealthy before then. I was very underweight. Still am, kind of. It really sort of helped me physically just to have that regulation of meals, sleeping and getting up. Helped me as a physical being.

Finally, two girls felt they benefited by instruction in such practical skills as ironing, setting a table and learning proper dress.

Detrimental Aspects

As indicated in Table 28 over half the girls spontaneously expressed the view that residence rules and restrictive practices were

Table 28

Classification of Girls' Spontaneous Comments Regarding Detrimental Aspects of Residence Program

<u>Aspect of program</u>	<u>Number mentioning aspect</u>
Rules too numerous and strict	13
Lack of caring on part of staff	10
Excessive emphasis on societal norms	5
Ineffective psychotherapy	4
Lack of peer group cohesion	4
Lack of structured peer group activities	3
Insufficient privacy	2
Lack of male staff	2
Others:	
Girls careless with house and furniture	1
Unattractive furniture	1
Some girls too ill for residence	1
Too much emphasis on repairing mother-daughter relationship	1

too numerous and strict. In this connection two points were frequently raised. First, girls felt that rules were generally applied without consideration of individual needs. Secondly, they felt that undue limitation of their freedom while at the residence interfered with the development of independence necessary for fulfilling responsibilities later. Among the regulations noted most frequently as objectionable were the curfew, the need to have prospective dates visit the residence for prior staff approval, limitations on telephone use and the study hours.

At the college dorms [girl's present living situation] you can do anything you want to ... bring in boyfriends at any time of the night and all kinds of things like that. How can you go from such a sheltered existence ... girls leaving the residence usually go right out on their own. No one is there to take care of them anymore. There should be more of a transition.

I think if the girls felt more trusted and independent--I felt scary coming out of the residence because you have no idea of how to be independent when you're 18 years old when it's time to get out.

The rules and the restrictions--they weren't looking at me as me. If they had, they would have seen who I was and treated me as me, not because I was a girl in the residence.

On specific rules:

I like to do my homework when I feel like. Because it will get done because I know it has to and being pressured into doing it between the hours of seven and nine is ridiculous, I think. And the curfew, I just can't see that during the week going to bed at ten.... How about it if you want to do your homework then? And if your roommate doesn't mind, and she is not tired, and if she listens to the radio very low you know, very low--why can't you? It's not disturbing anyone.

The agency really tried to screen the fellows, but it was impossible. We were supposed to bring the guys in for half an hour. Jack the Ripper could come in for a half hour and sit in front of his own brother Ben, and how can you screen fellows!

Having to go to bed at 12 o'clock on weekends, instead of watching a movie until one. Things like that ... [expletive deleted], I was 18 years old!

Ten girls perceived a lack of warmth and caring on the part of staff members. Of these girls, seven directed their criticism at the staff generally and three specified interactions with the housemothers.

The lack of warmth and humanness, you always got the feeling that everyone there, except Mrs. M___ [the housekeeper], like there was something. It was just their job, they were getting paid to watch you.

They didn't take the time to understand ... the time that I took drugs, it was bad--all she knew was it was wrong. She didn't really take the time out to understand why, but, "You'll see a psychiatrist tomorrow at 2 o'clock."

My personal needs are to be understood. My personal needs were more like having someone to care about you, not someone to say you're doing well in school or you're doing poorly--anything having to do with school they were interested in.

In order for people not to do that [engage in manipulative power struggles] there has to be a certain kind of affection that happens. And an affection really boils down to time to deal with you.... I felt that I had to make sure that people had that time. It wasn't inherent somehow.

Five girls felt there was too much emphasis on living up to society's norms.

I think also a more individual approach ... would be in order. I think a little more personal freedom to develop a life style. A little less emphasis on socially approved methods of accomplishment, such as school.

What's in the residence a great deal [is] you've got to fit in with society, in with society, this is what you've got to do. Well, I think some of the girls weren't ready for that. I felt that some of them had to go back with some of their problems first. Before they can even work with society, they had to work with themselves.

Four girls spontaneously noted their dissatisfaction with the psychotherapy they received while at the residence.

Another four regretted intermittent fighting between girls and a perceived lack of group cohesion.

I guess they tried to make it as much as a family type thing as possible, but it didn't work out. I mean different types of girls from different types of backgrounds, with different types of problems--It was hard to get them all together where everyone would like each other and feel at home and want to take care of things.

Three girls felt there should be more structured peer group activities to promote constructive interaction. Two girls felt there was a lack of privacy at the residence and that each girl should have her own room. Finally, two girls remarked upon the need for a male staff member.

I think they should have men. I really do.... A guy who you could talk to like an old fashioned G.P., or something, because there are just not enough men involved there.

Descriptive Analysis of Thematic Content of Elicited Recollections

Statistical analyses of elicited memories centered on the evaluation of affective tone. Although a more extended formal investigation of actual thematic content was beyond the scope of this study, a simple coding procedure was employed to provide an indication of the specific types of interactions girls found most salient in recalling particular staff personalities and the peer group. In classifying memories an effort was made to stay relatively close to the manifest content and to employ as many major categories as necessary to faithfully convey all themes.

The Director Figure

As indicated in Table 29 15 of the 20 memories regarding the director figure were concerned with conflicts arising out of her authority role. Examples of specific incidents included requiring a girl to reclean her room, reprimanding a girl who had gotten poor grades, admonishing girls for misbehaviors during a group meeting,

reproaching a girl who had cut school to attend a social action function and a girl's fear that the director was aware of her misdeeds.

Table 29

Thematic Content of 20 Elicited Memories
of the Director Figure

Theme	Number of memories with specific theme
Conflicts arising out of authority role	15
Director reprimands girl for misdeed	7
Director reprimands girl for misdeed during group meeting	4
Fear of director's reprimand	3
Resentment at director's reprimand	1
Director's perceived lack of empathy with girl's feelings	2
Others:	
Director's perceived inability to be physically affectionate	1
Director expresses acceptance of girl	1
Director and girl enjoy pleasant outing	1

Of the five memories not related to the director's authority role, two girls recalled incidents where they felt the director failed to understand their feelings (one in regard to her mother, another concerning her philosophical musings).

Memories of the director included many features described by Mayer (1960) as characteristic of children's perceptions of the institutional "power parent". She was seen as fearsome, omnipotent and all-knowing.

I would come home from work in the spring. I would look for her car and if there was a white Volkswagen nearby, I'd get scared too. I finally realized when I knew her license plate it helps a lot. Another began 14V297, and hers was [gives number].

[The director] used to come over. We'd all sit around looking at her and she'd be there looking at everybody, saying what everybody is doing but not mentioning names.... She'd bring up different things that people were doing. You're cutting school and you're doing that. We know how you met him.

Conflicts between the girls and the director figure were often discussed in dramatic language and the director figure was portrayed as emotionally reactive.

The first thing that came to mind was sitting at one end of the desk when she was telling me all about, you know, she yelled at me one time, then I explained to her that she wasn't scaring me.... Though she did. She made me nervous all the time.

I remember ... [girl relates misdeed she committed] thinking that I wasn't getting caught. I had to see the caseworker that day and ... [the caseworker] said your hour's up and you have to see someone else now. And I sat in the chair and thought uh--uh.... [The director] called me into her office. She had this bright red dress on and she screamed so loud.

Despite the conflictual and emotional tone of many recollections, the director figure was rarely seen as capricious or acting out of ill will. In fact, with the exception of a few, most girls spontaneously expressed liking, admiration and respect for the many responsibilities she carried within the residence program. From girls who gave predominantly negatively toned memories came the following comments:

She had a knack of doing stuff like that [girl had related a negative incident] despite her general goodwill.... I guess she gets too upset too easily sometimes where something isn't just the way it should be.

[The director] really tried hard... If she had less to do with the actual discipline it would have been a lot better off, because she is a very nice person and when she gets disciplinary you could hardly see it.

I was scared to death of her. I liked her a lot.... She was a good person.

I think the variety of functions that [the director] fills is marvelous.

Finally, the director appeared to be a highly prominent figure for the girls. Whereas girls sometimes hesitated or failed to contribute memories concerning other components, they easily recalled experiences with the director.

I look at her as she's the personification of the whole agency. She was like Godmother of everything.

The Psychiatrist Figure

Table 30 indicates the thematic content of elicited memories concerning the psychiatrist figure. Three girls related incidents wherein they had been confronted by the psychiatrist figure: one in regard to suspected use of drugs, another concerning a tendency to take advantage of others and the third regarding sexual matters.

Three girls recalled occasions when the psychiatrist had confided aspects of his personal life. One girl felt this was indicative of caring, another held a more neutral opinion and the third felt the communication had a critical intent and was designed to teach her a lesson.

Two girls recalled the difficulty they experience in discussing concerns with the psychiatrist. Another two, both in therapy with psychiatrists affiliated with other institutions, remembered incidents where the psychiatrist had supported their view against that of the agency's. (These issues involved the necessity of a temporary hospitalization and readiness for discharge.)

Thematic Content of 15 Elicited Memories
Concerning the Psychiatrist Figure

Theme	Number of memories with specific theme
Confrontation by psychiatrist	3
Psychiatrist confides aspect of own personal life	3
Inability to communicate problems to psychiatrist	2
Support of girl's viewpoint by non-agency affiliated psychiatrist	2
Others:	
Disagreement over interpretation of dream	1
Perceived manipulation by psychiatrist	1
Psychiatrist labels girl's anatomical body type	1
Visual image of psychiatrist's dress	1
Psychiatrist lends support during crisis	1

In approximately half of the memories girls were depicted as either in conflict with the psychiatrist concerning an interpretation or direct confrontation or unable to communicate with him. A feeling of being out of touch, or of not utilizing sessions in a beneficial manner, was frequently expressed in spontaneous remarks accompanying recollections.

I felt that we were just not communicating and she was getting very much different impressions of what I was saying than of what I thought I was saying.

All he would say is what are you thinking, what are you thinking. I would say nothing, nothing. He kept saying to me, you have to be thinking of something.

In noting a lack of communication some girls emphasized the idea that they had been pressured into treatment.

I had to go to a psychiatrist and it was a duty. I chose Dr. [agency psychiatrist] so I wouldn't have to go way out to city line [where a cooperating clinic was located].

I couldn't see going to her, and I couldn't see why I had to.

Four of the 15 girls who contributed memories of psychiatric contacts were in treatment with therapists associated with outside institutions. These girls' memories and direct evaluations of treatment were generally more positive than those of girls seeing agency therapists. Only three out of 11 agency treated girls gave positive recollections as compared to three out of four non-agency treated girls. Similarly, four out of six non-agency treated girls felt psychiatric contacts were at least moderately beneficial in comparison with only one of 10 agency treated girls.

Finally, it is important to note that despite the overall trend, a few girls found psychiatric contacts essential to their well being. Interestingly, all three girls diagnosed as schizophrenic were in this category.

I had it in my mind to kill myself. He talked to me. He didn't pamper me and he didn't really get so involved with me that it would make me feel uneasy with him. He really did help me.

She was really absolutely wonderful.... She really became a buffer for a lot of the tortures that I was having.

The Caseworker Figure

Table 31 reveals that five girls related incidents wherein the caseworker figure was depicted as interested and sensitive to their concerns. In this category two girls recalled the support they received during temporary psychiatric hospitalizations, two remembered help received in relation to specific problem areas and one recalled the caseworker's empathy towards her.

Table 31

**Thematic Content of 19 Elicited Memories
Concerning the Caseworker Figure**

<u>Theme</u>	<u>Number of memories with specific theme</u>
Caseworker's sensitivity and interest in the girl's concerns	5
Pleasant outing with caseworker	4
Caseworker's ability to tolerate criticism without retaliation	2
Conflict concerning postdischarge plan	2
Perceived breach of confidentiality	2
Caseworker criticizes aspect of girl's dress or bearing	2
Others:	
Inability to communicate with caseworker	1
Lending book to caseworker	1

Four girls remembered pleasant outings with the caseworker. These included such activities as purchasing seeds for planting and attending a movie and play.

Negative recollections concerning the caseworker figure involved all agreement over postdischarge plan (two girls), perceived breach of confidentiality (two girls) and being criticized by worker (two girls).

Compared to the director and psychiatrist figures, the caseworker figure was generally seen as less powerful and threatening.

I always thought she was there. I could yell at her, but I couldn't yell at Mrs. [director], but I could yell at her.

I always told her she was going to be skinny and that she would never get married, but, you know, sometimes she would take me to lunch.

Whereas these qualities enabled some girls to more easily express their feelings, many were disturbed at what they perceived to be the caseworker's

lack of autonomy. Specifically, over half the girls seen by the present worker spontaneously expressed the view that she lacked independence in decision making and forcefulness in carrying out requests. Some attributed this to personality characteristics, others viewed the problem in terms of staff hierarchy.

I always had the impression that she didn't make her own decisions, but maybe I didn't understand the whole hierarchy. She was the social worker and had other people to answer to. It always seemed that any decision she made was brought down from higher ups like Mrs. [director] or somebody rather than her own decisions.

It was useless because she really didn't have any power. It was all mainly Mrs. [director] and I resented that.

The Child Care Figures

Positive memories concerning the child care figures fell into two major categories. As indicated in Table 32 four girls recalled a private talk they had had with the housemother (three of these talks occurred during crisis periods and one was more casual.). Three other girls remembered being invited to the housemother's room to watch television.

Table 32

Thematic Content of 17 Elicited Memories Concerning Child Care Figures

Theme	Number of memories with specific theme
Private talk with housemother	4
Invitation to visit housemother's room to watch television	3
Conflict over food	3
Perceived infringement of rights by housemother	2
Attack upon housemother	2

Table 32 (cont'd)

Thematic Content of 17 Elicited Memories
Concerning Child Care Figures

Theme	Number of memories with specific theme
Others:	
Housemother's perceived desire to distance self from girl	1
Housemother's perceived inability to understand girl's need	1
Visual image of housemother's hard visage.	1

Of negatively toned memories, three concerned conflict over food (i.e., not liking food housemother prepared, being urged by housemother not to snack before meals and being urged by housemother to eat (or at meals), two involved perceived infringement of rights (housemother eavesdropping on conversation, housemother refusing access to storage area) and two concerned attacking (one verbally and one physically) the housemother.

The number of memories concerning food, private conversations and personal invitations suggested that the girls did look towards the housemothers for fulfillment of nurturant needs. In commentary accompanying memories, a majority of girls noted that they could talk to at least one of the housemothers with whom they had contact. Unfortunately, such talks were most commonly described as monologues wherein the housemother served as an "ear". Lacking was a significant relationship and meaningful exchange of ideas.

I remember Mrs. [housemother]. One time I took amphetamines and I was talking all day long and I went up to her and talked her ear off. She was always saying [girl repeats housemother's stereotypical remark].

[Specific housemother] was much older and much more sedentary and nicer in terms of everyday living. You could talk to her, but you couldn't really function closely with her.

If there was a traumatic situation, maybe I could go to her and talk to her. But there really wasn't an affectional kind of daily conversation of being involved with my life with either of these people.

They were just sort of there and you asked them permission for things or hid from them at certain times. But there wasn't what you'd call a relationship in that sense.

Finally, there were no apparent major differences in the girls' perceptions of the three specific housemother figures who had the most intensive, long-term involvement in the residence program.

Peer Group Figures

Table 23 reveals that most positive recollections of the peer group involved joint leisure time activities such as watching television while eating popcorn, attending a play and walking in the rain. Other positive memories concerned receiving special recognition from peers (e.g., being allowed to use a girl's valued art supplies) and recalling an especially esteemed friend.

With respect to negative recollections, three girls remembered arguments with peers (e.g., regarding sharing a dress), two recalled misbehaviors committed in the company of peers (e.g., shoplifting) and two remembered their uneasiness upon witnessing the emotional difficulties of another girl.

A sense of comradeship was suggested in the relatively high proportion of recollections (11 out of 19) depicting girls in pleasant interaction. Language employed was reflective of high positive regard and a feeling of identification.

I think I felt very positively toward all of them. I think that was probably the most rewarding thing: just being around girls my own age.

I received a measure of love from them and gave it in return and, as I said, I felt this contact with my peers on an honest relationship type basis was very helpful to me.

My closest friends that I ever had have been at the residence. You live with girls for four years, you get pretty close to them.

Compared to their comments regarding staff, the girls usually spoke in more enthusiastic terms of their peers and manifested a tendency to deemphasize difficult interactions. Although over half the girls mentioned at least one troublesome peer relationship, in most instances complaints were presented as tangential to a generally positive account. Even where girls concentrated on negative aspects, they frequently either blamed staff for indirectly causing the conflict (e.g., as in not adequately structuring activities) or rationalized the interaction as a useful learning experience.

Table 33

Thematic Content of 19 Elicited Memories
Concerning Peer Group Figures

Theme	Number of memories with specific theme
Engages in pleasant leisure time activity with peer(s)	6
Receives special recognition from peer(s)	2
Interaction with a particularly esteemed friend	2
Verbally aggressive interaction between peers	3
Misbehavior committed in company of peer	2
Anxiety induced by other girl's emotional difficulties	2
Others:	
Fear of rejection by peers	1
Safety jeopardized by peer's poor judgment	1

DISCUSSION

Introductory Remarks

Weighty factors mediate against success in residential treatment. These include the degree of pathology already present (residential placement is commonly viewed as the "last resort" effort to help disturbed children), the capacity for marked change past the "formative years", the relatively short time available for treatment, and the possibility of a stressful postdischarge milieu which may undermine newly acquired gains. To overcome such odds and promote improved social and emotional development in children requires considerable money and human effort in a program of residential services:

The agency and the community invest a great deal of time, energy, and money through a coordinated program of residential services. About \$13,000 a year is spent on each child in care. (Taylor & Albert, 1973, p. 25)

Some have suggested that the cost of residential treatment, although seemingly high, is cheaper in the long run than the alternative of providing no, or less than ideal, care. For example, Bettelheim (1971) relates the grim story of a boy who did not receive treatment at the Orthogenic School because the community thought the \$50,000 cost was too high. Shortly thereafter, this very disturbed boy set a fire which resulted in three deaths and damages of \$350,000. Whereas such anecdotes are always a valid point, it nevertheless behooves individual agencies and institutions to demonstrate to the community that the money spent and effort expended is, indeed, leading to significant improvement in the clients involved. Furthermore,

different facets of the treatment effort must be scrutinized to allow for the most efficient channeling of resources.

In the group home, which is our present focus, resources have been directed toward providing most of the inputs considered desirable by standard setting and accrediting organizations such as the Child Welfare League of America. Features, which are described in greater detail in a previous section, include an attractive, well maintained physical plant, a high staff-patient ratio, staff with varied professional backgrounds providing intensive psychological and educational services, and community volunteers with long association to the program.

Although impressive, a listing of program attributes does not validate the functioning of the institution, for they fit together on their effectiveness in fulfilling the stated objectives of the program. As Sarason, Zitnay and Grossman (1971) point out, technical adequacy of a program does not necessarily guarantee that the wants and needs of residents and staff are being met.

In practice, the creating of settings is viewed primarily as a technical problem in which delivery and efficiency of services are in central focus. Inputs, outputs, feedback, cost benefits, division of function, and systems analysis are only a few of the terms which reflect the technical way of thinking.... This view ... permits one to too easily bypass some important issues.

The kinds of questions that are too easily bypassed [are] ... How clearly does a setting face the issue of how those who are part of it want to live with one another? How does the answer to the first question affect how the setting wants to live with the larger community?... The key word in both questions is want. (p. 92-93)

The purpose of this research was to investigate how well the group home program, and its component systems, met clients' needs and promoted improvement in social development and emotional well

being. Although untreated or matched controls were not available, this study sought to achieve a level of objectivity lacking in most previous work in this area by employing procedures recommended by the literature on evaluation (e.g., behaviorally defined multiple criteria, reliable instruments, "blind" judges, evaluation from more than one vantage point). Such an effort constitutes what Meltzoff and Kornreich (1970) see as the third step in appraisal research.

The natural progression of appraisal is the selected case presentation, the case survey with gross subjective criteria, the uncontrolled but more objective outcome survey and finally the controlled experiment. A phenomenon is observed and reported. A series of similar observations is systematically recorded. This is repeated with more careful measurements and the introduction of procedures to reduce error and bias, finally leading up to a rigorous study with appropriate controls. (p. 65)

Although admittedly not the final word, studies such as the present one make important contributions not only to the specific program involved, but to the field of residential treatment as a whole. In addition to providing fresh data regarding the relationship between relevant pre-admission, treatment and postdischarge variables, such studies, in interpreting their findings within the context of existing knowledge, seek to clarify and further define previously studied relationships while highlighting emerging new issues.

Review of Findings

Outcome Results

Changes in overall adjustment from intake to follow-up.

Utilizing scale definitions to characterize the girls' adjustment, it was found that at intake five girls (21%) manifested "slight overall adjustment", eleven (46%) "some adjustment", and eight (33%) were "average". At follow-up there was a shift upwards with five

girls (21%) having "slight adjustment", six (25%) "some adjustment", eleven (46%) "average adjustment", and two (8%) "very good adjustment". An analysis of variance indicated that differences between intake and follow-up scores for the girls as a group were significant at the .01 level.

Unfortunately, the impact of such positive results was somewhat mitigated by findings yielded by the predicted outcome technique¹. It appears that for this group as a whole judges predicted significant gains to occur over time, without benefit of intervening therapy. The actual gains made did not differ significantly from predicted gains; in fact, the two levels were quite close. (For the girls as a group, the mean overall predicted adjustment score was 5.72, $SD = 1.58$; the actual follow-up adjustment score was 5.77, $SD = 1.59$.) In over two thirds of the 119 judgments made, predicted and actual follow-up scores were identical or differed by only one point. Finally, girls predicted to make large gains did, in fact, significantly exceed the gains of girls predicted to make small gains ($p < .05$).

The predicted outcome results would seem to suggest that factors unrelated to the treatment program were responsible for gains manifested. Such factors might include growth, the passage of the

¹It will be recalled that this method, employed for experimental purposes in the present research, involves an attempt to use the subjects as their own controls. Here judges predict, on the basis of intake histories, the growth potential of each girl in the five criterion areas for a time period equal to the length of time from admission to follow-up. Judges have no knowledge of the girls' involvement in the residence program and make predictions under the assumption of no therapeutic intervention. A comparison of predicted versus actual change provides an indication of the impact of the residence.

difficult teenage period, a lessening of situational stress as girls move out of troubled home environments into settings of their own choosing and the possibility of achievement in a broad range of areas other than academia. Unfortunately, given the lack of validation studies on the predicted outcome technique, it is not yet possible to draw any definitive conclusions. The possibility of alternative explanations remain. (As an example of such an alternative hypothesis, it may be maintained that the judges were "too optimistic" in assigning predicted ratings. Since social workers have long-term experiences primarily with youngsters in care, they may have subtly allowed the variable of "care" to intrude upon their assessments.)

The problem of defining "success" in residential treatment has been a difficult one as evidenced by the number of papers dealing with this subject (e.g., Alt, 1963; Feinstein, 1975; Matsushira, 1964; Newman & Turem, 1974). Even in highly controlled studies a major obstacle to the evaluation of overall success derives from the multidimensional character of change. Well known investigations by Cartwright and Poth, 1957; Lewinsohn and Nichols, 1967, and Nichols and Beck, 1960 have indicated that various criterion measurements applied to the same cases yield several uncorrelated factors. Rather than seek an overall index of success, which would require the summation of essentially nonadditive units, it has been suggested (e.g., Meltzoff & Kornreich, 1970; Strupp, 1971) that the best that can be accomplished is to test for specific gains with specific methods from specific vantage points:

A fundamental question in outcome research is whether change is unitary or multidimensional. Is it meaningful to attempt to assess "success" or "improvement" in a general sense, or would

it be better to hypothesize and test for specific gains.
(p. 34)

The weight of evidence ... suggests that change is multidimensional rather than unitary. There is reason to believe that it may also be sample specific, "vantage point" specific, and to a certain extent, specific to the method used to assess it. (Meltzoff & Kornrieck, 1970, p. 36)

Thus, before returning to a discussion of the issue of "success" findings will be reviewed regarding the more narrowly defined questions of this study with respect to performance in specific adjustment areas, functioning of particular program facets and evidence from the vantage point of the girls themselves.

The nature of change in specific criterion areas from intake to follow-up. The girls as a group performed significantly better in the Job/School area than in Peer Relationships: Male ($p < .01$) or Self-Attitudes ($p < .01$).

At intake a majority of girls were below average (i.e., defined as receiving a scale score below 6") in each of the five criterion areas. By follow-up significant gains had occurred in all areas, with the exception of Self-Attitudes. Whereas a majority of girls were now functioning adequately in Job/School Adequacy, Adjustment to the Living Situation and Peer Relationships: Female, only somewhat over a third were adequate in the areas of Peer Relationships: Male and Self-Attitudes.

Despite the above noted significant gains in heterosexual relationships, the absolute level of the girls' functioning in this area remained inadequate. This was confirmed by sociological data. Of 11 girls who married, 7 were subsequently separated or divorced. Of the three remaining marriages, one was considered highly unstable

by the judges. Whereas eight girls bore children, by follow-up only one was married to and rearing her children with the natural father. Two girls had already placed their children (one for adoption, the other in foster care), and another two were maintaining themselves on welfare. The inability of these girls to fashion stable environments within which to rear their children forbodes possible future reliance on social service agencies.

The only area where overall gains failed to occur was Self-Attitudes. Here, although 11 girls did manifest gains, a majority either got worse (7 girls, 29.2%) or remained the same (5 girls, 25%). However, anecdotal data indicated that the more extreme manifestations of a pathological self-image (e.g., self-hatred, or gross self-stigmatization) were not present in this sample.

The finding that the girls as a group had the most difficulty in the areas of heterosexual relationships and self-attitudes is reasonable within the context of both psychoanalytic and learning theory. With reference to analytic theory, an individual's sense of self-worth, as well as the nature of sexual identification, are related to experiences occurring during early psychosexual development. Because of the remoteness of crucial experiences and their unconscious nature, marked personality change in these areas is believed to be difficult to accomplish, especially in the absence of a lengthy and in-depth analysis.

A learning theory approach would emphasize the lack of models in these girls' background from which to learn appropriate heterosexual relationships. Almost all were from broken homes or families with considerable marital friction; only 6 of 28 girls were from intact homes.

at admission.) Whereas the residence situation provided ample corrective learning experiences in living adjustment (attention to personal hygiene, participation in routine, consideration for living-mates), relationships with female peers, and school related tasks, there were no male staff members with whom girls could interact on a firsthand basis. (That group and individual discussions regarding relationships with boys were helpful is suggested by the significant gains manifested from intake to follow-up. However, more immediate types of experiences may be necessary for the eventual attainment of long-term, stable relationships.)

Adjustment to the Residence

An analysis of various conditions of adjustment revealed no significant differences between the girls' functioning in the three areas of residence adjustment: relationships with adults, relationships with peers and task performance. In each of these areas approximately half the girls were considered to be functioning adequately and half manifested either variable or inadequate functioning. In addition, there was a highly significant positive association between level of adjustment in each area for individual girls ($p < .001$).

Process Findings

Subject of spontaneous recollections. Of 60 spontaneous recollections (it will be recalled that 20 girls related three spontaneous memories each), nearly three quarters concerned the peer group. The next most frequently mentioned components were the director (cited in 17 out of 60 memories) and the housemothers (13 out of 60). The psychiatrist was mentioned only twice and the caseworker was not cited at all.

One likely factor in accounting for the saliency of peers and housemothers is the relatively great amount of contact with these figures in daily living. Frequent reference to the director would also be expected in view of the importance of her supervisory and decision making role. The relative lack of reference to the psychiatrist and caseworker is somewhat surprising as these figures hold major responsibility for promoting psychological growth and emotional understanding. Whereas it is true that contact with the psychiatrist and caseworker is not as frequent as with peers and housemothers, sessions are, nevertheless, held on at least a weekly basis. The caseworker, especially, has many additional contacts with girls seeking assistance in handling unforeseen events in their lives. One other factor, in addition to the amount of contact, might be relevant in explaining the infrequent mention of these figures. This latter possibility will be discussed in the section on content of memories.

Affective tone of spontaneous and elicited memories. Ratings of affective tone of spontaneous recollections revealed that 39 (65%) were negative, 18 (30%) were positive, and 3 (5%) were variable. Regarding elicited memories, a majority of girls related positive experiences about the residence building, the neighboring community, the peer group and the caseworker. For the remaining components, that is, housemothers, psychiatrist, and director, a majority of elicited memories were negative. Especially striking was the finding that 17 out of 20 elicited memories concerning the director were negative.

Girls' evaluations of overall program and specific program components. A majority of girls, 13 out of 22 (59.1%) indicated that they felt participation in the residence program was of at least moderate benefit to them. Concerning specific components, the percentage of girls indicating at least moderate benefit were: 3% (1 girl) for the director, 71% (15 girls) for the peer group, 62% (10 girls) for the caseworker, 31% (5 girls) for the psychiatrist, and 17% (4 girls) for the housemothers.

If "significant benefit" is defined in terms of ratings in the top two categories only (that is, "could not have gotten along without help received" and "considered helpful") then the peer group emerges as the most helpful component. Significant benefit was reported for 61% (13 girls) judged peer contacts as significantly helpful for 41% (9 girls) for the overall residence program, 12% (3 girls) for the director, 22% (4 girls) for the psychiatrist, 36% (8 girls) for the caseworker and 9% (2 girls) for the housemothers.

An analysis of variance on the girls' responses indicated that contact with the child care staff (housemothers) was seen as significantly less beneficial than contact with the peer group ($p < .01$), the director ($p < .01$) and the overall residence program ($p < .05$). In addition, the peer group was related to a significantly more positive impact than the psychiatrist service ($p < .05$).

Correlations between self-reported positive psychological evaluation and specific components of the results of correlating the girls' affective responses for a specific component (as a result of an analysis of their reactions) with their own evaluation of that component indicated a significant correlation is found for the peer group, caseworker,

child care staff and psychiatric service. Only in the case of the director were memories (primarily negative in tone) and overt evaluations (primarily positive) uncorrelated.

Content of elicited memories of the director figure. An informal investigation of the thematic content of elicited memories concerning the director figure revealed that three-quarters of the recollections concerned conflict with authority. The director was depicted as enforcing regulations, restricting or reprimanding girls. Whereas the director figure was portrayed as overly concerned with discipline and emotionally reacting to misdeeds, in their spontaneous comments many girls expressed liking, respect and admiration for the many responsibilities she carried within the residence framework.

Thus, a possible explanation for the finding that 85% of memories of the director were negative, whereas 73% of evaluations were positive, is that while girls resented the director's disciplinary actions, they were able, to some extent, to view this within the context of her role and, otherwise, recognize her dedication to the program and efforts on their behalf. The relatively frequent use of the "moderately beneficial" category to describe contacts with the director may reflect this dual attitude: displeasure with the director's disciplinary manner on the one hand and recognition of her efforts on the other.

(Another factor which should be noted as possibly influencing the girls' evaluations of the director was the idea, stated by a few, that the interview would not be confidential and that the director would read their comments. The fact that the "moderately beneficial" category was chosen relatively often in comparison with the girls' evaluations of other components, may reflect a tendency to be cautious,

or less committal. Comments by girls indicated that where a postdischarge relationship is maintained with the agency, contact is most often with the director. Girls may have been hesitant to jeopardize this relationship, a sign of value in itself.

Content of elicited memories of the psychiatrist figure. Six of the 15 recollections regarding the psychiatrist figure were positive in tone. Positive features included support received during periods of emotional stress, agreement between girls and non-agency affiliated psychiatrists regarding appropriate placement, and receiving an elucidating interpretation from the psychiatrist. Of the nine negative recollections, almost all depicted girls as disagreeing with the therapist's viewpoint (regarding a confrontation, interpretation, perceived manipulation, etc.) or being unable to communicate with him. In spontaneous commentary accompanying memories 16 girls stated that they did not perceive sessions as beneficial to them.

Content of elicited memories of the caseworker figure. As noted above, there were slightly more positive than negative recollections concerning the caseworker figure. Girls recalled the worker's interest in their concerns, her companionship on residence outings and her tolerance for the expression of aggression. Conflictual interactions concerned disagreements over future planning, criticism by the worker and failure of confidentiality.

Most girls viewed the caseworker figure as less powerful and threatening than the director or psychiatrist figures. Whereas this more easily enabled some girls to express their feelings, one half of the girls seen by the present worker spontaneously expressed the

view that she lacked independence in decision making and forcefulness in carrying out requests. Although some attributed this to personality characteristics, many viewed the problem in terms of the caseworker's position with respect to the director and psychiatrist, on the staff hierarchy.

Above, the relatively infrequent mention of psychiatrist (mentioned twice) and caseworker (mentioned not at all) figures in the spontaneous memories of the girls was noted. It will be recalled that one possible explanation raised to account for this involved the comparatively less contact these figures had with the girls. However, in view of the findings that most girls found therapy sessions to be unproductive and that the caseworker was seen as having limited say within the residence hierarchy, the possibility must also be raised that these contacts lacked sufficient impact to have a place among the girls' most immediate recollections.

Content of elicited memories of the housemother figure. Of the 17 memories concerning the housemother figure, only seven were positive in tone. All positive recollections depicted girls receiving special attention from the housemother in one-to-one interactions. Girls were portrayed as talking to the housemother during periods of crisis or visiting, upon special invitation, the housemother's living quarters. Negative recollections concerned conflict over food, aggression toward the housemother and disappointment over the housemother's failure to understand.

The fact that the majority of housemother memories concerned either food, private conversations, or personal invitations revealed

that girls did look towards the housemother figure for fulfillment of nurturant needs. However, the conflictual nature of some related interactions as well as spontaneous comments by the girls indicated that whereas housemother figures were generally perceived to be available to listen when a girl had a need to talk, they did not actively initiate meaningful interactions or form significant relationships with most of the girls.

Content of elicited memories of the peer group. Eleven of the 19 elicited memories of the peer group depicted girls in pleasant interaction with residence-mates. Girls recalled recreational activities, an especially close friend, or receiving special attention from their peers. Negative aspects included the arousal of anxiety by observation of another girl's difficulties, aggressive interaction between peers, girls behaving in a disobedient manner together and fear of rejection by peers.

In general, the girls' memories as well as spontaneous comments conveyed a sense of positive regard and identification with the peer group. Even where difficult peer relationships were acknowledged (over half the girls admitted having had at least one troublesome peer relationship) there was a tendency to gloss over problems, blame staff for not better organizing the group or claim that such relationships, nevertheless, constituted a useful learning experience.

Relationship Between Preadmission Variables and Later Adjustment

Findings regarding preadmission and treatment variables and their relationship to later adjustment will now be reviewed. The consistency between present results and those of previous investigations as well

as the significance of these findings for the present program will be reserved for the below sections on theoretical and practical implications, respectively.

Psychosocial adjustment at intake. Level of psychosocial adjustment at intake was significantly related to postdischarge adjustment. Girls with initially high adjustment functioned significantly better at follow-up than girls with initially low adjustment ($p < .01$). However, there was no significant difference between relative gains made by initially high and low adjusted groups.

With respect to fulfilling residence role demands, it was found that high adjusted girls at intake functioned significantly more adequately ($p < .01$) than initially low adjusted girls.

Finally, initially high and low adjusted girls were not found to differ in their overall assessment of the residence program or its individual components.

Age at admission. There was no significant interaction between age at admission and level of intake or residence adjustment. However, the follow-up adjustment of girls older at admission ($M = 15.8$ yrs.) significantly exceeded ($p < .01$) the adjustment of initially younger girls ($M = 14.0$ yrs.) In addition, girls older at admission manifested significantly greater gains from intake to follow-up than younger girls ($p < .05$). (It should be noted that the younger and older groups at admission corresponded almost exactly to the short and long residence stay groups. Thus, it was unfortunately not possible to separate out the effects of age and length of stay.)

IQ. At intake girls with above average intelligence (i.e., 110 or above) manifested significantly better overall psychosocial

functioning than girls with average IQs ($p < .05$). However, average and above average IQ groups did not significantly differ with respect to residence adjustment, follow-up adjustment or degree of change manifested from intake to follow-up. The above average group did evaluate the residence program as having been significantly more helpful than did girls with average intelligence ($p < .05$).

Intactness of home. Girls from intact homes at admission did not differ significantly from girls from non-intact homes with respect to intake, residence, follow-up adjustment, or degree of change from intake to follow-up.

Relationship Between Treatment Experience and Later Adjustment

Residence adjustment. Girls high and low in overall adjustment to the residence did not differ significantly with respect to follow-up adjustment, degree of change from intake to follow-up, or in self-evaluation of benefit derived from participation in the residence program.

Psychotherapy. A definitive investigation of the variable of psychotherapy was impossible as only six of the 24 girls did not receive treatment. (It will be recalled that of the six, three did not receive therapy because they were seen as not requiring it, whereas the remaining three were viewed as representing too great risks in a setting which could not guarantee long-term care.) Nevertheless, a trend analysis of individual cases revealed that positive psychosocial growth could occur without benefit of psychotherapy (all six girls made gains) and that the magnitude of change may be at least equal to change manifested by girls in treatment. (Four of the six girls were in the top half of the total group with respect to gains

made from intake to follow-up. Five of the six were in the high adjusted group at follow-up.)

The only positive finding concerning the role of psychotherapy in the present study was a result which indicated that girls who manifested greater positive change from intake to follow-up evaluated contacts with the psychiatrist as significantly more helpful than girls demonstrating lesser change ($p < .05$). Similarly, there was a significant positive correlation between degree of change and perceived value of psychiatric ($p < .05$) and casework ($p < .05$) services. (Although such findings appear reasonable in view of the role of these components in promoting psychological growth, a note of caution must be interjected. As pointed out in the results section, since the above positive finding regarding the psychiatric service was the only one of 15 t tests to prove significant, the possibility of it being a spurious finding must be acknowledged.)

Type of discharge. Nineteen girls had a planned discharge from the residence, three left precipitously (i.e., without agency planning: two runaways, and an elopement) and six by default (i.e., girls who could no longer be contained in the residence, either due to behavioral difficulties or practical considerations, but for whom no other resource was available). All girls who left precipitously or by default were found to have been in the low adjusted group at admission. (The difference between intake adjustment of planned versus precipitous/default groups was significant at the .001 level.) At follow-up (with information available on only six of the nine girls in the precipitous/default group) there was a significant difference in adjustment ($p < .05$) in favor of the planned discharge group. However,

there was no significant difference between the groups with respect to degree of change manifested from intake to follow-up.

Girls' Evaluations of Beneficial and Detrimental Aspects of Residence Program

Approximately half the girls spontaneously stated that they had received some help with emotional difficulties while at the residence. This took the form of increased awareness of self and/or others or help in a specific problem area (e.g., interpersonal relationships, knowledge of sex, etc.). Other areas of benefit most frequently mentioned were satisfying peer relationships (six girls), exposure to new cultural experiences (five girls) and good physical care (five girls).

Regarding detrimental aspects, over half the subjects (13 girls) spontaneously criticized what they felt was a regimented approach with too much emphasis on rules and regulations. Ten girls felt the staff manifested too little warmth, understanding, and concern. Other negative features included too much stress placed on living up to society's norms (five girls), dissatisfaction with psychotherapy (four girls) and lack of peer group cohesion (four girls).

Theoretical Implications

The Notion of "Success"

Rather than attempt to evaluate overall success in a broad multifaceted program, findings indicating the multidimensional character of change suggest that it is more meaningful and legitimate to evaluate functioning in specifically defined areas. The results of the present study form a well delineated picture highlighting program strengths as well as areas where modification appears desirable.

Encouraging were findings suggesting overall satisfaction with such basic qualities of group home living as the setting (both the home itself and the community in which it is located) and the physical care (nutritious meals, accessibility of medical, dental personnel) provided. On an interpersonal level, peer contacts were recollected with much warmth and affection. It appeared that these interactions were of benefit in providing a sense of cohesiveness and belonging and in further developing skills necessary for more sustained, meaningful relationships.

Whereas it was not clear whether gains manifested in academic and occupational endeavors were entirely attributable to the program's intervention, it did appear that the residence milieu was supportive of intellectual growth. Remarks by the girls suggested that they were impressed with the program's readiness to provide such opportunities as special tutors, vocational training, lessons in the arts and similarly enriching experiences.

Finally, the spontaneous comments of the girls indicated that the program was successful in broadening psychological awareness of self and others. Although indications of marked emotional change were lacking, the program evidently did present the girls with a new way of thinking about themselves which took into account inner motivation and dynamics of family relationships.

Perhaps one of the most serious deficiencies of the program was reflected in the failure of most girls to acknowledge at least one significant relationship with an adult staff figure. Of 22 girls evaluating their contacts with staff, slightly over half failed to perceive a "considerably helpful" relationship with either the

director, caseworker, psychiatrist or housemothers. Similarly, approximately half the girls spontaneously claimed that a detrimental aspect of the program was a lack of warmth, concern or understanding on the part of staff. Such findings appear serious since it is usually within the context of a meaningful, accepting relationship that behavior necessary for significant personality change (e.g., expression of feelings, identification) occur.

Most criticized was the child care service. The girls perceived housemothers as failing to provide stimulating, aware interactions in which one could express concerns and explore various points of view. Similarly, with respect to the psychiatric service, most girls complained of a lack of communication between themselves and the therapist.

A further area of general dissatisfaction was the number and types of rules structuring residence living. Common complaints were that the general application of rules ignored individual needs and that the number of restrictions unduly interfered with the development of autonomy required for independent living.

Finally, although the girls did evidence growth with respect to heterosexual relationships, the number of girls continuing to function inadequately, the separation and divorce rate, and the frequency with which girls were raising children without husbands, suggested that further intervention is required if the residence program is to reverse long standing patterns of disturbance in this area.

It is clear that given the diversity of present findings, the combination of criteria into a single outcome index would be unjustified. In similar studies where an overall judgment of success is inferred, conclusions are debatable and dependent upon the individual

reviewer. This is illustrated below by reference to the two most widely quoted studies in this area.

Allerhand, Weber and Haug (1966)² defined success in terms of overall number of subjects functioning adequately on various outcome criteria (i.e., staffs', child's and parents' view of outcome, adaptability and adaptation at follow-up, and socially valued achievement at follow-up) and the extent of agreement between these criteria. No attempt was made to evaluate success by comparison to initial status. (Whereas there was a staff estimate of improvement, there was no pre-post comparison of such "hard" data as adaptability and adaptation.) Thus, it was not known to what extent the boys' follow-up functioning represented an improvement over intake status and, lacking a control group, whether such levels would not have been obtained in the absence of treatment. Furthermore, even if such difficulties are overlooked, question arises concerning the manner in which data was evaluated, noting that different presentation techniques may leave varying impressions. For example, among the hardest data in the Allerhand et al. study was an evaluation of "socially valued achievements", a rubric including such varied behavior as "participation in family functions other than meals", "consummated friendships within the postdischarge period" and "performance in school". Each boy was evaluated in each area as "successful" or "unsuccessful" and success in 7 out of 11 areas was taken as indicative of overall success. However, the technique of weighting all areas equally and deriving one overall global measure (a method which is of questionable

²The Allerhand et al. study was reviewed in detail in the introductory section of this study.

validity since subareas may be uncorrelated) has the effect of obscuring certain distressing results which another reviewer might interpret as quite significant. For example, more detailed scrutiny reveals that in the area of school achievement only one-third of the boys were in appropriate grade levels and of 41 boys who were attending school, either full or part-time, 19 (46%) were achieving an average grade of below "C". In the area of antisocial behavior, 13 of the 50 boys (just over a quarter of the sample) were involved in disciplinary experiences, and in only three of these instances were such experiences confined to school. Among other negative results was the finding that the boys as a group demonstrated a lack of success with respect to economic responsibility and frequency of changes from one productive situation to another.

Similarly, in the Taylor and Alpert study (1973) (also reviewed in detail in the history section) the authors conclude that the Children's Village (CV) boys' postdischarge adjustment, as measured by the Community Adaptation Schedule was "relatively good" and "encouraging". However, they failed to discuss the implications of the finding that there was no significant difference between the CV boys' and a psychiatric hospital sample with respect to adaptation to work, family and the larger community. Furthermore, with regard to behavior, the Children's Village group scored significantly more poorly than the psychiatric hospital sample!

The point to be emphasized is that in the absence of control groups and given the multidimensional character of change, overall evaluations of "success" in broad therapeutic programs are apt to be subjective and very much dependent upon the viewpoint of the reviewer.

Preadmission Characteristics and the Prediction of Postdischarge Adjustment

Taylor and Alpert (1973), after studying 18 preadmission characteristics and finding only four related to outcome, drew the following conclusion:

For the most part, the findings of the study indicated that pre-admission characteristics were not significantly associated with post-discharge adaptation; as measured by the CAS, the findings support those of the Bellefaire study, which indicated that it is not possible to predict a child's post-discharge adaptation on a given set of pre-admission characteristics! (p. 35)

Although the authors of the Bellefaire study acknowledged the absence of a "magic formula" by which to predict follow-up adjustment their findings were more encouraging than the quote by Taylor and Alpert would suggest. It will be recalled that Allerhand et al. (1966) found adaptability at admission (i.e., one of the two major variables of the study; derived from a combination of intelligence, psychometric and casework accessibility scores) was significantly related to post-discharge adaptability. In addition, the staff decision to assign a child to casework, made shortly after admission, was significantly associated with adaptability at follow-up. In the words of Allerhand et al.:

[The findings] indicate that certain staff judgments about children in residential treatment can forecast with some degree of accuracy the future adaptability and adaptation of the children, and that these judgments combined with research measurements can enhance the accuracy of prediction. (p. 19)

Results of the present study further indicated that preadmission characteristics can predict postdischarge adaptation. Girls high in psychosocial adjustment at intake significantly exceeded initially low adjusted girls at follow-up ($p < .01$). In addition, girls

predicted, on the basis of intake information, to make large gains significantly exceeded the gains of girls predicted to make small gains ($p < .05$).

One possible reason why Taylor and Alpert failed to obtain more impressive results regarding the relationship between pre- and post-discharge characteristics, is that they did not employ any complex measure of psychological and behavioral adaptation at admission. The closest these researchers came to such description was the admission diagnosis and whether a child manifested aggressive versus withdrawn modes of responding. Other variables investigated (e.g., birth order, sex, religion, etc.), although easily quantified and convenient for statistical study, may have been, in themselves, too isolated and limited in scope to have a marked influence on future adjustment.

Overall, the further definition of prognostic variables appears to be a productive area for research. If hitherto un verbalized and intuitive ideas regarding the determination of prognoses could be recorded, tested, and systematized, they may eventually provide actuarial methods of considerable practical benefit.

If factors indicative of potentialities and liabilities in the emotionally disturbed boy could be isolated, then the accuracy of such forecasts would be heightened considerably with important implications manifesting themselves in regard to admission policies and decisions on appropriate discharge timing. (Allerhand et al., p. 89)

Age at admission. It is interesting that almost all the major studies on the residential treatment of emotionally disturbed children reveal a significant association between age at admission and later adjustment. Unfortunately, the specific nature of this relationship varies with different investigations.

Taylor and Alpert (1973) found that youngsters below the median age of 9.5 years at admission had better outcomes than children above that age. Allerhand et al. (1966) reported that boys 13 years of age and above at admission were initially better adjusted and continued to be so upon discharge. However, the younger group evidenced greater strides from intake to discharge. Weiss and Weiss (1969) reported a trend (formal statistics were not applied to the data) for children over 13 years old to more often be in the successful group at follow-up than children under that age.

In the present study girls 15 years of age or above at admission manifested significantly better follow-up adjustment than initially younger girls ($p < .05$). In addition, older girls made greater relative gains from intake to follow-up ($p < .05$).

In part, apparently conflicting results concerning the influence of age on outcome result from an overly simplified, inadequate formulation of the research question. For clarity studies must investigate both absolute levels of adjustment at specific time periods as well as rate of change. In the Taylor and Alpert and Weiss and Weiss studies information is given on the follow-up status of young and old groups, but it is not known whether these groups differed significantly at admission or whether one group made greater relative gains than the other. Confusion results if one set of authors compares their findings, based on absolute levels of adjustment, to the results of other investigators, based on relative gains.

As a concrete illustration, Taylor and Alpert cite the Allerhand et al. study as finding that, "The younger children are at intake the better is the level of their adjustment to the institution"

(p. 6). However, it will be recalled that Allerhand et al. found older children to be better adjusted to the institution both at intake and discharge. Where the younger children excelled was in relative gains made.

Nearly every child who passed through Bellefaire made some progress; but the younger ones, those who entered before the age of 13, evidenced the greatest growth in areas of adequate performance in school and cottage and in relationships with adults, peers, and tasks. Those who entered after puberty, however, were usually at higher levels of role performance by the time of discharge than the younger boys. This situation seemed to be partly related to the fact that the older boys were usually more adequate in role fulfillment at the outset. (p. 138)

To further increase comparability between studies the concepts of "young" and "old" should be more uniformly described in terms of specific age. At first glance it may appear that the Allerhand et al. and present studies are contradictory since, with respect to relative gains made, the former favors younger children whereas the latter suggests older ones do better. However, consistency appears greater when it is recognized that in both investigations it is the early adolescents (Allerhand et al.'s "older" group and the present study's "younger" one) who manifest the least positive change. By comparing studies with reference only to "younger" versus "older" the implicit assumption is made that age bears some linear relationship to outcome. It may not.

Even if there was agreement regarding formulation and definition of the research question, different investigations might still reach varying conclusions regarding the effect of age at admission on outcome. This is feasible since settings differ with respect to nature of demands placed on clients, program strengths and weaknesses,

staff preferences, etc. For example, one possible hypothesis concerning the present finding in favor of middle versus early adolescents, is that residence living requires sufficient independence and maturity to achieve in the community without reliance on a close parent child relationship. Perhaps, younger girls are more needy of a family type atmosphere with increased individual attention and involvement. At present, such suggestions remain possibilities in need of elucidation through further research.

Severity of maladjustment. As with the variable age at admission there are various possibilities concerning the relationship between severity of maladjustment and outcome. Meltzoff and Kornreich (1970) have stated some of them:

(1) The initially better and more poorly adjusted patients both improve, but the rate and/or amount of gain is greater in the initially more maladjusted who do or do not reach the level of the initially better adjusted. (2) Both improve but the rate and/or amount of gain is greater for those who are initially better adjusted. (3) Only the less maladjusted improve; the more maladjusted remain the same or get worse. (4) Only the more maladjusted improve; the less maladjusted remain the same or get worse. (5) The progress of the groups is parallel and not a function of initial level, with those who are better adjusted at the start still better adjusted at the end. (p. 218)

The findings of the present study are most consistent with the above noted fifth possibility. That is, at follow-up the initially better adjusted group still significantly exceeded the adjustment of the initially low adjusted group ($p < .01$). However, there was no significant difference between gains manifested by each group. (The slight trend which existed favored the low adjusted group.)

Comparison with the results of other studies in the area of residential treatment of the emotionally disturbed is impeded as most

often the research question has only been partially formulated; absolute levels at follow-up are reported with no indication of initial levels or rate of change.

Allerhand et al. (1966) reported a significant positive relationship between adaptability at admission and follow-up. In addition, youngsters judged to be neurotic at discharge did significantly better in postdischarge adaptation and adaptability than youngsters with other diagnoses (e.g., character disorder, psychotic, organic damage).

In comparing the intake symptomatology of children having good versus poor outcomes, Davids, Ryan and Salvatore (1968) found that the better functioning group had evidenced phobic behaviors, were stubborn and were described as being easily upset.

Mora, Talmadge, Bryant and Hayden (1969) reported a significantly negative association between severity of diagnosis and outcome.

By contrast, studies by Weiss and Weiss (1969) and Taylor and Alpert (1973) found no relationship between admission symptomatology or diagnosis and follow-up adjustment.

A diversity of findings regarding the severity of maladjustment variable is also found in the more general literature on the effects of psychotherapy (Meltzoff & Kornreich, 1970). In addition to inadequate formulation of the research hypothesis, another factor accounting for confusion is varying definitions of the concept of "severity".

Severity of maladjustment can be looked at clinically in terms of symptom intensity, duration, pervasiveness, or extent of interference with contemporary life; or it can be viewed more broadly as the balance of functional assets and liabilities in an individual's life compared to some estimate of potential. (Meltzoff & Kornreich, p. 218)

Once a consensus is reached regarding formulation and definition of the severity hypothesis, the field will be in a better position to investigate certain treatment variables (e.g., type of therapy employed, staff preferences for working with certain types of patients, etc.) which also bear on this issue.

Relationship Between Treatment Variables and Outcome

Adjustment to the residence. In reference to their investigation, Allerhand et al. (1966) stated:

Perhaps the most striking finding of the study is that none of the measurements of within-Bellefaire performance at discharge, either in casework or in cottage and school roles, were useful in themselves in predicting postdischarge adaptability and adaptation. (p. 140)

Taylor and Alpert (1973) concurred:

The degree of change children achieved in residential treatment was not significantly related to post-discharge adaptation.... This lack of association between improvement in residential treatment and functioning after discharge presents further evidence that social and behavioral adaptation is in large part a function of the environmental situation and is not transferred from one dissimilar situation to another. (p. 45-46)

The present study also supported the view that adjustment to the treatment milieu is not significantly associated with adjustment at follow-up. Although a trend was noted for girls who were better adjusted to the residence to be better adjusted at follow-up, the relationship failed to attain statistical significance. In addition, there was no difference between better versus poorly adjusted girls with respect to size of gains manifested from intake to follow-up.

Despite the agreement between these studies, it should be noted, as in the case with certain preadmission variables discussed above, that investigations vary with respect to formulation and definition

of the research hypothesis. (For example, regarding formulation, the possibilities are numerous: one could examine overall residential adjustment, adjustment at discharge only, degree of change in residential treatment from intake to discharge, etc., and relate it (them) to follow-up adjustment and/or degree of change from intake to follow-up.)

Nevertheless, the consensus among investigations cannot be ignored and researchers must address themselves to the question why those youngsters who are well adjusted to the institution are not significantly more frequently among the better functioning at follow-up.

Allerhand et al. suggest that the nature of the postdischarge environment is an important intervening variable which has the effect of either reinforcing or extinguishing gains made during treatment:

Only when the situation to which the child returned was taken into account were performances at Bellefaire related to post-discharge adequacies. In a stressful community situation strengths nurtured within the institution tended to break down, whereas in a supportive situation, these strengths tended to be reinforced. (p. 140)

Lending credibility to this hypothesis is the finding of Taylor and Alpert that the greater the degree of family support in the post-discharge environment, the greater the degree of the child's adaption to the environment.

Whereas the nature of the follow-up milieu may be the critical variable with younger clients (this has not yet been conclusively proven), it is questionable whether its impact was as great in the present case where subjects were older and not as reliant on parents for provision of a healthy, supportive setting. (Most girls entered independent situations of their own and agency fashioning.) Furthermore, a lessened susceptibility to subsequent environmental events was

suggested by the finding that girls who left the residence precipitously or by default (presumably entering more stressful settings) did not differ in gains manifested from girls who left according to plan.

A second hypothesis maintains that residential and postdischarge adjustment are unrelated as success in the former requires a more limited set of behaviors than does success later on. Children who appear to be functioning well within the confines of the institution may falter when confronted with new, more varied environmental demands. In this connection, Allerhand et al. found that the future was less predictable for boys having no community contact while at Bellefaire than for those having prior halfway experience in the form of leaving the grounds for school or work. Since, in the present case, the residence is located in the community, institutional and postdischarge demands are more nearly analogous. Nevertheless, at follow-up there were some areas (e.g., financial responsibility and independence, heterosexual adjustment, quality of child-rearing, etc.) where performance played a much more essential role in defining adjustment than it did formerly.

In addition to the above, other hypotheses have been raised to account for the lack of association between institutional and subsequent adjustment.

Perhaps it is as Goffman offers that adaptation to a total institution is of a different genre. And in an ex post facto attempt at explanation one can recall and cite cases where a patient's ties outside the hospital continue to be of paramount importance to him; consequently, there is little investment in relationships with peers in the hospital. Others are model patients and have poor relationships with their families and society at large. (Sinnott, Stimpert & Straight, 1965, p. 577-578)

Clearly, this is another area ripe for research.

The effect of psychotherapy. Allerhand et al. (1966) found that involvement in casework was not significantly related to success at follow-up. Furthermore, only 37% of the boys in the sample were rated as "highly involved" in casework by the time of their discharge from the institution. Citing similar findings in an investigation by Meyer, Borgatta and Jones (1965), where only 27% of potential problem adolescent girls receiving social work services on an outpatient basis were judged to be "very much or quite a bit in a treatment relationship", Allerhand et al. concluded:

A heavy emphasis upon psychological aspects of treatment has prevailed in social work and the mental health field, with great value attached to the inner workings of the individual, long-term treatment, verbal expression of the problems, development of self-awareness, and so on. Yet all of these seem to be unrealistic demands for the majority of clients served. (p. 151)

The authors suggested a deemphasis on the highly intrapersonal approach and more stress placed on community relationships.

Our findings made us realize that an internally-oriented approach to the child is insufficient. The community must be brought into the institution; increased social demands on the child through accelerated exposure to community experiences are essential. (p. 142-143)

The additional two studies of residential treatment which investigated the psychotherapy variable, provided little encouragement. Davids et al. (1968) reported no relationship between extent of participation in psychotherapy and outcome. Taylor and Alpert (1973) found a significantly negative association between continuity with a Children's Village therapist after discharge and postdischarge adjustment. This finding was especially surprising since there was no evidence that the children who continued in therapy had severer

problems at admission, had less family continuity and support, or benefited least from treatment.

In the present study a definitive test of the effects of psychotherapy was not possible as only six girls were in the no treatment group. Nevertheless, the available evidence was generally discouraging. Only 31% of the girls felt they had benefited from psychiatric contacts (a figure comparable to the 37% "highly involved" in the Allerhand et al. study and the 27% judged involved in the Meyer, Borgetta & Jones investigation). To briefly review other relevant results, girls perceived the psychiatric service as having significantly less positive impact than contacts with the peer group ($p < .05$). Of 60 spontaneous recollections, only four concerned the psychiatric figure. Nine of the 15 elicited memories regarding the psychiatric figure were negative in tone. Finally, a trend analysis of individual cases revealed that positive psychosocial change could occur without benefit of psychotherapy and that the magnitude of change may be at least equal to change manifested by girls in treatment. (Four of the six girls who received no therapy were in the high change group. Five of the six were in the better adjusted group at follow-up.) The only positive finding concerning the effects of psychotherapy was that girls who made greater gains from intake to follow-up evaluated contacts with the psychiatrist as significantly more beneficial than girls who made small gains ($p < .05$). (Unfortunately, as noted above, this latter finding was the only one of 15 t tests which proved significant. Thus, the possibility of it being a spurious finding must be acknowledged.)

The reasons why psychotherapy has not been successful in involving a majority of youngsters in residential care is not clear. Allerhand et al. suggest that therapy may constitute too difficult a cognitive task for the child.

There is a tendency to assume that, on a certain intellectual level, a child can understand the intricacies of interactions and comprehend abstractions--e.g., the concepts of time and orientation. In our opinion if we act on such an assumption, we cause the child to pass over the event or pay minimal attention to it. The cognitive complications may be so disorganizing that the child remains in a confused, untouched state, particularly in regard to the major source of his generalizations about future interaction. We, as practitioners, have called this apparent disregard on the part of the child a kind of defensive behavior or "denial." (p. 144)

Although such an argument may be applicable to Allerhand et al.'s younger clients, it would appear of lesser significance in the present sample of older girls having at least average intelligence.

Another possible explanation for the disappointing performance of psychotherapy in residential settings concerns the nature of the child's transference reaction. Compared to children attending guidance clinics, those in residential care are less likely to benefit from close parental involvement in the treatment program. Mayer (1960) feels that the relative absence of the parent represents a considerable handicap to the development of transference.

In the process of psychotherapy [in residential treatment] the therapist must often use detours and byways in order to reach the essential area of child-parent relationship, which while the major original source of the child's trauma, is somewhat anesthetized by the separation. (p. 283)

Another view is that although transference takes place it is primarily of a negative or ambivalent nature. This is related to the fact that most children in residential care come from homes

wherein the parents were incapable of eliciting trust.

Further hypotheses concern the contact the psychotherapist had with the patient's every day living situation. Unlike his counterpart in private or clinic practice, the residential therapist has direct involvement and firsthand knowledge of the child's environmental experience.

In a residential center the psychotherapy is part of the social atmosphere of the total treatment program. (Greenwood, 1955, p. 694)

Whereas some have viewed this close relationship as an asset (e.g., the therapist is aware of important experiences, he can structure the environment to support therapeutic efforts, etc.), certain possibly negative implications are worth noting.

First, the child is aware that the therapist receives and most likely shares some information with other staff members. As Herstein (1964) suggests this may interfere with the child's willingness to deal with highly personal matters. Similarly, the fact that the psychotherapist frequently plays an important role in making decisions on issues in which the child may be highly invested (e.g., when to have home visits, be discharged, etc.) may result in the child placing undue emphasis on this function to the detriment of the therapeutic process. A further possibility is that the close interrelationship between psychotherapy and the living situation may serve to heighten anxiety regarding impulse expression and retaliation. For example, a child might be afraid to express his rage concerning a staff member with whom he knows the therapist has an independent relationship. Similarly, in therapy groups children might hesitate to express strong

feelings towards each other if, in addition to being group-mates, they must also live together. In this connection it is interesting to note that the private practitioner's lack of contact with persons in the patient's environment, his dimly lit, distantly located office may lend a sense of security in its apparent separateness from the client's ongoing world. Such a division may encourage verbalization of fearful feelings and fantasies since the outside world appears remote.

Finally, the close relationship between therapy and the living situation may pose a special problem for adolescents concerned with developing needs for independence and autonomy. Just as teenagers rarely pick members of their own families for confidants, they may prefer for a psychotherapist, an individual outside of the residential family.

These considerations raise the issue of whether or not it is preferable to have as the therapist's main affiliation the residential center or another agency or clinic. Whereas the former is more common and may be best for younger clients being treated at facilities separated from the broader community, it bears scrutiny to determine whether the latter arrangement may not be advantageous for adolescents living within the community. (Some preliminary support for this idea comes from the present study where of the five girls who claimed at least moderate benefit from psychiatric contacts, four were being seen by therapist's affiliated with outside agencies or clinics.)

Other issues concerning the apparent lack of success of psychotherapy in residential treatment should also be explored. For example, do youngsters in care feel coerced into entering therapy? Are specific personality attributes of special importance in therapists engaged in

residential work? Of particular interest would be the characteristics of youngsters who do become involved in psychotherapy. One hint from the present study is that the more seriously disturbed children value such intervention. (Six girls in the present sample were diagnosed as schizophrenic. Although two were not located for follow-up, and one did not receive therapy, the remaining three found therapeutic contacts of at least "considerable benefit". Only one of the other 13 girls who contributed evaluations gave therapy as high a rating.) Overall, this appears to be one of the more fascinating and worthwhile areas for research.

Practical Implications

In this final section practical recommendations concerning program modifications will be presented. It is important to stress that these ideas constitute suggestions rather than final verdicts. Although in every case recommendations are based on research findings, such evidence almost never constitutes absolute proof. Instead, it is hoped that present evidence will be weighed alongside the valuable clinical observations and thoughts of those intimately involved in staffing and administering the program. Such a fusion of ideas should result in modifications of significant benefit to the girls who enter the residence in the future.

Client Selection

With respect to psychosocial effectiveness, the results of this study indicated that at follow-up initially better adjusted girls continued to exceed the adjustment of initially poorly adjusted girls. However, the amount of change manifested by both groups was similar.

Thus, since the program had a comparable impact on both groups, no major revision in current intake procedure regarding level of psychosocial effectiveness is indicated.

In this connection there is, however, one area meriting continued observation. Although the relatively small number of subjects precluded a statistical test, inspection of individual cases in the initially low adjusted group revealed that gains were primarily made by girls in the upper half of this group. More specifically, of the five lowest ranking girls, all of whom initially manifested "slight adjustment" (defined as a general adjustment score of under 4.0), only one made a noteworthy gain, as compared to four out of six of the upper ranking girls. Furthermore, the one girl who made a sizable gain was distinguished from the four other lowest ranking girls by unusual intellectual and artistic aptitude. Thus, a hypothesis worthy of examination in the light of future data is that initially minimally adjusted girls (i.e., those with an adjustment score of under 4.0), lacking compensatory creative or intellectual abilities, benefit least from participation in the residence program.

Age at admission was the only preadmission variable investigated which bore a significant relationship to both follow-up adjustment and degree of change manifested from intake to follow-up. In both instances girls 15 years of age or above at admission exceeded the performance of younger girls. Although a definitive explanation regarding the effect of age on outcome was not possible, a reasonable hypothesis would be that older girls more likely possess the emotional and cognitive maturity necessary to separate from family and undertake increased responsibility for own functioning in the community.

Of the remaining two preadmission variables studied, neither intelligence, within the range investigated, nor family intactness bore a significant relationship to outcome. Thus, these factors should not be heavily weighted in the selection procedure.

The routine use of research scales in the intake procedure.

Intake staff might find it useful to apply the psychosocial scales employed in this research to future clients upon admission and periodically thereafter. Such a procedure would serve to sharpen staff awareness of a client's ongoing functioning in critical role areas. In addition, by carrying out predictive ratings at admission, and comparing these to actual functioning at discharge, staff would also have the opportunity to make explicit and informally test out their own prognostic hunches. Of course, in such an undertaking staff would have to be aware of the danger of fostering the specific changes they predict, that is, the so-called "Rosenthal effect" or the self-fulfilling prophesy. However, even if this bias could not be completely eliminated, the process of openly detailing prognostic ideas would still represent an improvement over the situation in most agencies where such judgments remain covert and beyond the reach of more objective consideration.

Finally, a routine evaluation of girls on the psychosocial scales at predetermined intervals could be of benefit to future research efforts. Use of the scales would both insure the availability of information in areas of integral importance to an assessment of adjustment as well as making explicit the criteria by which functioning was assessed. Even if formal research projects were not undertaken, the availability of such information would allow,

perhaps even encourage, any staff member with a hypothesis to informally test it out.

The Child Care Staff

A striking finding of this research was that only four out of 22 girls (18.2%) felt they benefited from contact with the housemothers. An analysis of variance indicated that contact with the housemothers was seen as significantly less beneficial than contact with the peer group ($p < .01$), the director ($p < .01$) and the overall residence program ($p < .05$). In addition, a majority of elicited memories regarding the housemother figures was negative in tone. These findings suggest a need to re-evaluate the child care role as presently articulated in the residence program.

Residence housemothers were selected according to the following criteria:

We did not conceive of this staff as treating the children. We sought people who could provide youngsters with daily nourishment of self, who would supervise the day-by-day routine, who could support what the treating people did, and who could tolerate the volatile actions of troubled adolescents. (Goldstein, 1966, p. 504)

Thus, there was an emphasis on nurturance, support, supervision and the ability to tolerate disturbed behavior. Child care staff were not seen as treating children nor was emphasis placed upon strengthening peer group ties or promoting group activities. Employing the useful fourfold classification of Polsky and Claster (1968) concerning child care functions, emphasis was on the two functions of monitoring (carrying out external tasks set by the administration, such as enforcing rules) and support (satisfying the girls' own individual needs) as opposed to guide (initiating group activities with the

children) and integrator (promoting group cohesion). This division was reflected in the analysis of the content of elicited memories where the greatest number of recollections depicted the housemother figure in the supportive function. (This included both positive and negative memories.) There were a few memories portraying her as monitor and none at all as guide or integrator.

Concerning the supportive function, whereas most girls found at least one of the housemothers with whom they had contact likeable and available to listen when they had a need to unburden themselves, the majority expressed the view that a meaningful give and take was not possible. Most often housemothers were portrayed as rather passive bystanders, rarely expressing a novel point of view, and usually unable to assist girls in exploring new ideas or gaining deeper insights. The problem received dramatic emphasis in the recollection of one girl:

I can remember the first day I went to the residence house. I had this social worker named Mr. ___ who took me there. I found out the day before that I was coming there, so I was pretty shaken up. I was being split up with my family.... They gave me a grand tour of the whole place. And then Mr. [social worker] was on his way out and I just sat down in the office and Mrs. [housemother] was sitting there and I just started crying, you know. Just my lot in life ... and she said, "Don't worry you will see him again." She thought I was crying because he was leaving. Like, I hated him, and he put me there, you know. If I never saw him again I would be happy. She said, "Don't worry you will see him again" and I just started laughing. I had uncontrolled laughter, you know. I couldn't believe someone could be that unconscious of what was really happening, where I was at, you know.

Thus, in emphasizing the need for nurturant individuals who would not intrude upon the treatment function, housemothers may have been recruited who lacked sufficient skills and abilities necessary to promote meaningful interactions with the girls. In addressing

themselves to this issue many girls suggested that the agency hire younger women who would understand them better and play a greater role in organizing group activities. Whereas the validity of placing major emphasis on age as a criterion for selecting child care workers may be questioned, it does appear that more energetic, psychologically astute persons, possibly with a background in group work, could make a significant contribution to the program.

In the last decade a great deal of attention in the field of residential treatment has been focused on the child care role (e.g., Bettelheim, 1966; Dick, 1966; Hromadka, 1964; Mayer, 1973; Polsky & Claster, 1968; Schwartz, 1971). For the most part this reflects the problems other treatment facilities have also experienced with this role. The bulk of this literature calls for a more expanded, active and responsible version of the child care function. Specific recommendations take several forms. Many have urged professionalization, including the acquisition of college degrees in child care.

In any human services program affection and warmth in personal relationships are necessary components, but "love is not enough." Recognition of interpersonal attitudes and feelings and their significance and management require special training and awareness in order to utilize the interaction between child and adult productively.... It is urgent that we begin now to create appropriate settings for the training of professional personnel in the child care field.... Our tasks are 1) to upgrade the level of present personnel; 2) to develop a profession of child care based on formal training; and 3) to develop career lines directed at attaining full professional status. (Mayer, Goldsmith, Baxter, Doten, Engel, Fliegel, Fogel, Matek, Schulze, Sherman, & Emanuel, 1972, p. 100-101)

Polsky and Claster (1968) envision the future child care worker as a group specialist. They view the above noted functions of guide and integrator as the most crucial since they believe the essential aspect of the curative process in residential treatment is the

organization of the peer group to plan and execute goals stemming from their own interests and needs.

Perhaps the most adamant in advocating greater treatment responsibility for the child care worker is Bettelheim (1966) who believes that an institution cannot be effective if those persons most intimately involved with the children have the lowest status.

Since professionalization takes time, interim steps to improve the functioning of present staff have been suggested. Mayer et al. (1972) make recommendations for changes which would acknowledge and reflect the importance of the profession (in terms of salary, work week, fringe benefits, etc.) and improve the skill of its members (Suggestions are made concerning individual supervision, Inservice group training and a program of learning conducted outside of the institution.). Schwartz (1971) outlines what he feels present child care workers can be realistically trained to accomplish in the absence of professionalization. His suggestions include learning to talk to the children, suspending the temptation to moralize, widening the range of symptom-tolerance, increasing empathy and widening knowledge of human behavior and psychological mechanisms. Nevertheless, he reaches the following overall conclusions:

Although much more can be done with proper training and supervision of present personnel, it is clear that such work **must** still be regarded as making the best of a poor bargain. It cannot, I believe, ever bring the level of child care to where we say it is or to the point where it can live up to the real and pressing needs of residential treatment. To turn the job of residential child care into an accountable discipline, with a professional self-image and teachable expertise, will require some formal preparation, some scholarship, some practice in separating the self from the client. (p. 71)

The Distribution of Authority

Levy (1969), director of the adolescent girls' unit at Menninger Clinic, has written most amusingly and sympathetically about the problems besetting those courageous enough to undertake direction of a group with as few as even eight teenage girls.

To have learned about schizophrenia, the biochemistry of depression, psychoanalysis, or ward administration is fine, but to have charge of a group of teenage girls with severe emotional difficulties, can be something else. It can be quite wild, in fact. (p. 3)

He elucidates:

The unique feature of adolescent girls is their particular kind of development, or flowering, as sexual beings. The distortions of this development into patterns of illness, and the responses of staff to the girls' normal and distorted sexual development form an important part of the work. As treaters, then, and as persons in loco parentis, we get involved in the darndest things. When is a mini-skirt just a mini-skirt, and when an invitation? Just what is the difference between what we have come to call handholding with a "little h" and with a "capital H?" ... In what way is staff responsible when a girl is thirteen, eighteen, psychotic, promiscuous or in love? When sex is involved a common idea is that a girl should be confined until she knows better.... But if she is confined how is she to learn? Is confinement punishment in disguise? Is confinement just the easiest and most comfortable thing for staff?... The girl may perceive us as convinced she is bad, untrustworthy.... Our very need to watch her closely means we are focusing in our minds on her sexuality. (p. 4-5)

Sexual issues are not the only ones with which staff must continually grapple and for which each seeming solution presents a dilemma.

Stubbornness, aggression, depression, violence, wrist cutting, refusal to do homework, hating women--all kinds of things.... Let us take reluctance to go to school as an example. On a given morning a girl stays in bed. Taking into account the concatenation of psychiatric diagnosis, physical ailments, menses, spats with boyfriends, a glaring pimple, family visits, a vacationing therapist, what does the worker (or doctor) do? When to let her stay in bed? Rub her back? When to cajole? To encourage? To command to get up? (p. 7)

Levy's paper has been quoted at length in an effort to convey some sense of the difficulty and extent of responsibility involved

in directing such a program. The multitudinous possibilities for "acting-out" at this volatile age group and the absence of sure solutions no doubt lead to a sense of apprehension in those responsible for the girls' well being. Thus, it is understandable that in such settings there may be a tendency for those in charge to watch too closely, to structure living with too many rules, and to take upon oneself responsibility which could, and perhaps should, be delegated to others. The application of such factors to the present program will be discussed under three headings: (a) distribution of power among staff, (b) rules and regulations, and (c) the weekly group meeting.

Distribution of power among staff. The caseworker role in the present setting is theoretically defined as follows:

Major treatment responsibility is vested in the caseworker, who works with all of the girls in the residence.... It is the caseworker who deals with the expressed feelings directed against the placement itself, the rules, the expectations, the child care staff, the auxiliary staff, and the director. (Coldstein, 1966, p. 505)

Thus, a chief responsibility of the caseworker is to help girls handle their feelings regarding the authority structure of the residence. The evidence suggests that a factor detracting from the current worker's effectiveness in this particular regard is the girls' perception of her as having failed to sufficiently establish her own autonomy within that structure. A spontaneous comment typical of approximately half the girls seen by this worker was as follows:

She was very nice but I always got the impression that she was rather ineffectual, but she would have liked to have done a lot more ... and become a lot involved but unfortunately by the time she got there, there were so many policies that were set down by [Mrs. Director] and the Board that she really didn't have much room to move around in, and I felt very sorry for her on account of it.

Perceiving the caseworker as lacking independence in decision making and forcefulness in handling issues many girls stated that it was more reasonable to go immediately to the director with a request rather than follow the circuitous path of first conferring with the caseworker.

Whereas this research underlines the need for greater personal autonomy on the part of the caseworker, it does not elucidate the nature of the obstacles impeding the achievement of this goal. For example, it is not known to what extent the problem results from personality attributes of the worker, forces operating within the power hierarchy or a combination of both these factors. (For example, a subtle influence in staff selection may be the choice of compliant personalities who will not challenge the system.)

Whereas suggestions regarding the functioning of the child care role in the present setting have been discussed in detail above, one aspect deserves mention here. Although not definitive, the evidence suggests that the director, in comparison with resident staff, may be assuming a disproportionately high degree of responsibility in enforcing residence rules and regulations. More specifically, although it is the housemothers' job to "supervise the day-by-day routine" very few recollections depicted her in such a "monitoring" function. (In observing houseparents at Lawthorne, Polsky and Claster, 1968, found that the great majority of their time was spent in "monitoring" institution tasks, that is, enforcing rules regarding cleanliness, school responsibilities, etc.) By contrast, approximately three quarters of related incidents regarding the director portray her in such activities as reprimanding a girl for not adequately cleaning her room, enforcing proper standards of

dress, disciplining girls who cut school to attend a social action function, and confronting a girl who had met a friend without obtaining prior approval.

Whereas it is recognized that the director is the major authority figure, the relative lack of incidents depicting housemother authority as well as the routine nature of some issues handled by the director raise the question of whether child care staff were exercising sufficient autonomy in enforcing institutional demands. In further support of this possibility were the remarks of numerous girls which indicated that the director was the person to reckon with in the case of misdeeds. Few girls considered the housemothers' reactions and some scoffed at what were viewed as impotent threats to record misbehaviors in the weekly log.

Herstein (1964) notes that the relatively small size of group homes permits greater contact between supervisory staff, resident staff and clients. While advantageous in some respects, the danger exists of too much responsibility being handled by supervisory personnel. He believes such a possibility is particularly serious in adolescent facilities where a sharing of power is essential if the institution, in its own internal operations, is to set an example of autonomy.

The extent to which the group home achieves autonomy in its internal operations has a direct bearing upon the image the adolescent forms of the possibilities for his own autonomy. I mean in part a certain self-containment in the process of living, whereby the adolescent may develop self-reliance and self-direction in acquiring skills for independent living. (p. 412-413)

In an effort to promote increased independence, Herstein, himself a director of a group home, voluntarily limited his contacts

with staff and clients. He recounts his experience.

In the beginning the staff tended to turn to the director for direct intervention in situations in which firmness, exercise of authority, and unity of approach were essential. The youngsters also tended to appeal to this "higher authority".... The director's consistent policy has been to place upon the resident staff the responsibility to work out relationships and clarify policies.... Resident staff have developed habits of self-reliance and have grown markedly in their capacity to take on this responsibility in a unified manner. The adolescents, in turn, have been mobilized to work out their problems with staff members directly and with notable success. (p. 413)

As part of an attempt to foster increased initiative, administrators of the present program might consider restructuring authority relationships to provide greater decision making power to casework and resident staffs.

Rules and regulations. The results of this study indicate the need for a reevaluation, on an individual basis, of rules governing residence living. The girls' considerable resentment was reflected in the fact that the number of regulations was the most frequently mentioned and vehemently criticized aspect of the program. Particularly irksome were such rules as having perspective dates visit the residence to obtain prior staff approval, the need to obtain permission when leaving the house, the curfew and study hour. (Specific comments are quoted above in the results section.)

It would appear that in setting up a broad structure of regulations a possible danger would be to obscure the values and purposes the rules were originally intended to serve (values no doubt, in the girls' self-interest) and to emphasize, instead, feelings of resentment and a preoccupation with subverting or eluding disliked policy. Indeed, in their comments almost all girls focused on the latter, omitting in great part, statements implying recognition of values

underlying the rules. It was as if they felt the regulations existed for the agency's sake, rather than their own.

Another possible negative implication of a wide system of rules is that girls are unprepared for more independent living. Among those who stressed this point was a girl who became a wife and mother and who complained that she did not know how to cook or sensibly shop for food. Another was shaken by the contrast between residence living, where she could not walk in the halls at night, and her college dorm, where even male visitors were permitted at any hour.

If only they would loosen the hold and give you some freedom, then you could deal with it when you got out.... They go crazy [when they get out], they don't know where to run to. You get yourself into all sorts of hot water because you don't know what to do with yourself first. (comment by girl)

Levy (1969) makes the analogy to an unopened warm bottle of champagne.

Only through allowing them to try will growth occur. Opposed to this would be "hammering a cork in the bottle" and only taking it out after a long time or at time of release from the hospital, a process which may then resemble opening a warm, shaken bottle of champagne." (p. 12)

Reassessment of a rule need not result in major revision. Sometimes even small changes may have a salutary effect as is illustrated in the example given by Levy.

We unearthed a substructure of "rules" that were relics of practices designed for patients long since discharged. We became able to change rules, to experiment with more liberal policy, and to gain the girls' cooperation when we needed to clamp down.... I would give as an example a tiny thing that had a degrading effect on everyone. Our style had been such that a girl who was able to go outside by herself and wanted to go would ask a worker "May I go outside?" The worker, all other things in accord, would answer "Yes." This stylized transaction caused much bitterness. The girls felt they had to ask for something that was their right.... The child care staff were always feeling as if they were being asked for

things; giving permission to go outside was like doing a girl a favor,... We changed it to "I'm going outside," and "O.K.," if it is, or "No, because ...," if it is not. (1969, p. 12)

Finally, Levy reports that an effort to liberalize rules, undertaken within the context of group meetings attended by staff and girls, resulted in greater staff awareness of girls' activities.

One major effect has been a liberalization in many minor areas of procedure, such as "study hour" and bedtimes. We are not as tightly in control as we once were. However, we know more of what goes on. There is much less sneaking and much less staff suspicion of sneaking. (p. 12)

The group meeting. Recently much has been written concerning the weekly group (or cottage) meeting as an arena where residents can achieve a sense of autonomy through an open discussion of issues relating to group living and participation in a plan of action designed to achieve common goals. Working with such a group of adolescent girls at Bellefaire, Esther Appelberg (1965) makes the following observation:

They learned through the meetings that as a group they had meaning and the power to achieve goals and that in this respect they resembled the adults around them. Adult authority was no longer something undependable, unreasonable, hostile, distributing and withholding without reason. It was an authority that could be challenged and questioned. (p. 149-150)

Whereas the present program utilizes a weekly meeting, its emphasis appears more on increasing individual self-awareness and social skill than on group problem solving of issues arising out of the placement. Broadening the scope of meetings to include the latter would appear useful in view of the girls' dissatisfaction and lack of identification with certain residence policies.

As presently structured the residence group meeting has the following goals:

The director had made conscious use of the peer group in regular group counseling meetings, where there is opportunity for the girl to express her thinking against the opinion of others. It is here that the seeds for change are frequently sown. It is here that the girls may begin to realize and to face the common base of their placements and to struggle with goals and concepts for the future. It is here that they tackle some of their most vexing troubles. (Goldstein, 1966, p. 504)

Although an investigation of the functioning of the group meeting was not a formal part of this research, over half the subjects spontaneously eluded to it. Seven girls contributed recollections and seven made general comments. Six of the seven memories were negative in tone as were four of the seven comments. The most frequent criticism (expressed by eight of the 14 girls) was that the director utilized meetings to express her dissatisfaction concerning certain aspects of the girls' behavior. Although tentative, these results suggest that as presently structured, many girls do not perceive the meeting as a forum wherein resident and staff grievances are given equal consideration and where residents can share fully in decision making processes.

The Need for a Male Staff Member

Although, as a group, the girls made significant gains in heterosexual relationships from intake to follow-up, the absolute level of their adjustment remained unsatisfactory. During the postdischarge period 15 of the 24 girls (62.5%) were judged as functioning below average in this area. Sociological information, reviewed above, confirmed the need for further improvement.

In view of these findings, the addition of an appropriate male figure to the currently all female staff should constitute a considerable asset to the residence program. Schwartz and Kaplan (1961)

report that in the group homes with which they are affiliated the presence of the housefather served to mirror the distorted images girls had of father or husband figures and to clarify father-child and husband-wife relationships. Furthermore, for girls who grew up without fathers (many of the current sample did) the housefather provided warmth and security, which might have otherwise been sought in overly intense, intimate relationships with boys.

The housefather can also be of tremendous importance in helping the girls have a better relationship with boys and men. Girls who have been deprived of a father in their own family relationship often search for a substitute in a dependent, intimate and all-encompassing relationship with a boy. If she can avail herself of the warmth, protection and security of the housefather, often needed in extra doses because of extreme deprivation, boy-girl relationships usually remain just that, instead of serious relationships for which they are too young. (p. 11)

It is recognized that AJC staff have been aware of the need for a male staff member for sometime.

In the beginning, it has been our plan to have houseparents for the group home.... Since we were not able to find a couple we sought two individuals as housemothers. (Goldstein, 1966, p. 504)

The present research findings should serve as an impetus for a renewed effort to accomplish this plan. Should it prove impossible to find a housefather who can share full-time residence duties, alternative approaches may be explored. For example, Maloney and Noyes (1958) suggest a design wherein the wife is the house director and the husband works elsewhere. His responsibilities at home are primarily yard care and small repairs, as most men do in their own homes. To assist the wife in the home, a full-time "relief" house director, a live-in cook and occasional day help for cleaning are employed.

Also worthy of exploration would be the possibility of having men fulfill other staff positions, e.g., groupworker, caseworker, etc.

A Possible Alternative in the Assignment of a Psychotherapist

In the above theoretical section findings were reviewed concerning the effectiveness of psychotherapy in residential treatment of emotionally disturbed children. Various possible hypotheses were advanced to explain generally disappointing results. However, since these ideas have not yet been researched, it is not possible to make definitive recommendations concerning modification of present practice.

One tentative proposal receiving some support from this research concerns the utilization of outside personnel (i.e., individuals not affiliated with AJC) as psychotherapists. Of the 16 girls who contributed evaluations concerning their contacts with AJC affiliated therapists, only one rated the experience as worthwhile. In comparison, four of six girls being treated by outside therapists evaluated contacts as beneficial.³ Concerning the amount of change manifested between intake and follow-up, eight girls being seen by AJC psychiatrists were in the low change group and three in the high change group. Comparative figures for girls treated by outside therapists were two in the low change group and five in the high change group. Whereas these figures do not represent proof of the greater effectiveness of outside personnel (such a test would require greater numbers of girls and assignment to therapists on a controlled basis), they are sufficiently suggestive to merit further consideration.

³Two girls, one treated by an AJC therapist and one treated by an outside therapist, did not contribute evaluations.

The reasons why a less intimate relationship between psychotherapy and the living situation may be desirable have been discussed above. Here, it will simply be noted that Herstein (1964), working with a similar patient population to the AJC sample, also called for a reevaluation of the practice of assigning youngsters to group home affiliated therapists.

The degree to which it is actually desirable for the therapist to be looked upon as a "participating member of the team," however, bears close examination. There are dangers that he may become too involved in environmental issues, either pro or con, and avoid working through interpersonal and intrapsychic elements in the transference. Moreover, I do not know the degree to which the therapist's knowledge of environmental events, and the fact that he shares certain information with the resident staff, adversely affects the child's ability to form a confidential relationship with him. (p. 407)

Increased Therapeutic Utilization of the Peer Group

Mayer (1972) notes that although the literature is replete with references to the peer group as a major treatment vehicle, many settings lack a planned program of group interaction which is based on a clearly articulated clinical philosophy and led by a specially trained group worker. It is to the present program's credit that some attempt has been made to employ the group for therapeutic purposes.

The director has made conscious use of the peer group in regular group counseling meetings.... By less conscious action, but implied within the atmosphere and abetted by suggestions from the director, the child care staff and the caseworker, the girls have been encouraged to use the residence in the broadest sense. Friends, male and female, are asked to come for visiting and dinner. Parties for special occasions and "just for entertaining" are held. (Goldstein, 1966, p. 504)

Given present findings concerning the high degree of positive affect directed towards peers and the perception of benefit gained through such interaction, it would appear worthwhile to even more thoroughly

utilize this resource by increased elaboration and intergration with the total program.

A specific suggestion would be the addition of a trained groupworker who could fulfill a variety of functions:

We originally conceived of the groupworker as one whose specialized groupwork skill could be employed in direct work with adolescents as a group to facilitate peer group relationships, to instill a sense a democratic participation in the life of the group home, and to enhance the development and utilization of talents, skills, and interests of the adolescents in residence. The evolution of the groupworker's function has expanded to include applying groupwork skills in the coordination of staff members with each other and with the adolescent group. (Herstein, 1964, p. 406)

Polsky and his collaborators (1965; & Claster, 1968) have emphasized the groupworker's role in providing a sense of democratic participation in the management of the residential center. In what is viewed as the essential curative process, that is, the organization of the peer group to achieve common goals arising out of problems of institutional living, the worker provides both "expressive" and "instrumental" leadership. In the former role, the groupworker is sensitively attuned to disruptive factors in the internal relationships of youngsters in the group. Instrumental leadership involves helping the group to survey opportunities within the environment that the youngsters can utilize and helping youngsters concentrate on goals they can achieve. According to this theory a groupworker's efforts to help residents define dissatisfactions and constructively influence policy would contribute to group cohesiveness, feelings of autonomy and self-esteem.

A groupworker could also make a contribution in planning recreational and cultural experiences. The fact that special skill may

be required to successfully involve adolescent girls in group activities has been suggested by practical experience. Those in charge of the present setting have noted that attempts to bring personnel into the residence for such group functions as dance or make-up lessons have failed (Goldstein, 1966, p. 506-507). They speculate that perhaps activities were not sufficiently built into the program or the personalities of the leaders did not fit. Appelberg (1965) working with adolescent girls at Bellefaire, experienced a similar phenomenon. Subjecting this observation to further experimental study she found that compared to boys, girls were less interested in group activity, were inclined to be less active and were not as interested in activities involving only their own sex. In general, whereas boys preferred group involvement, girls gravitated towards the individual "best girl friend". Therefore, she suggests that in working with girls less stress should be placed on cottage-wide activities and more attention paid to forming small special interest groups consisting of perhaps two, three or four girls. Her description of the success of such an attempt at Bellefaire is encouraging:

In the adolescent girls' cottage, staff worked successfully with a group of four who showed a common interest in music and travel.... At the outset it was feared that this might become a status group, and to offset this the whole cottage was invited to participate in the activities of this quartet from time to time. For example, they were asked to attend an "Israeli Night" at which the main attraction was Israeli food.... It soon became evident that the other girls were neither interested nor jealous and the quartet continued its activities. Some of the other girls found satisfaction in sports on a regular basis.... A number of girls showed an interest in the theater and worked on campus to earn money for tickets to performances they wanted to attend. (p. 153-154)

Considering the intellectual level of the AJC girls and the artistic gifts of quite a few, such small group endeavors might be similarly successful in the present setting.

In helping fulfill recreational needs, the groupworker's position as an integral staff member is advantageous.

In order to carry out her functions effectively, the groupworker's role has been perceived as that of an integral member of therapeutic community in the home, not simply as a "recreational" worker or "organizer" from the outside. (Herstein, 1964, p. 406)

Indeed, in the present setting whereas many girls thoroughly enjoyed outings with agency volunteers, some appeared self-conscious and resentful of the person from the "outside".

We were forever being taken out by friends of the Association who were nice women but it always felt like patronizing unless you ... unless the person was so skillful at not making you feel this way, that you didn't, but most of the time you did. (comment by girl)

Another aspect of the groupworker's recreational function would be to help plan activities during holidays and summer vacation.

In the summertime, unless you go to camp, or unless you have another family that has befriended you ... you could stick in the house all summer. (Comment by girl)

Finally, a groupworker might be especially useful to girls experiencing particular difficulty in interacting with peers. It was interesting that the three girls who were most vehement in expressing a need for structured group activities, were rated by judges as having had unsuccessful peer relationships while at the residence. These girls may have been issuing a plea for help in an area where they were unable to be successful on their own. In the words of one of these girls:

You were told to interact as a group to each other and you had to do it in a certain way or it didn't go over. But there were no constructive steps taken as to how you could interact in a more fruitful or a more beneficial way.

Rabinow (1964) notes that although some settings employ other staff members to fulfill the groupworker's role, this alternative is usually less effective since regular staff often lack necessary skills.

Whenever possible, a groupworker should be used to provide this service. A caseworker can function in this role, but his usual duties demand so much of him that he has little time to acquire the special competence of the groupworker about group processes, about evaluating the individual's use of group activities, and about what resources are available and how to make best professional use of them. (p. 421)

An Aftercare Program

It will be recalled that a lack of association between adjustment to the treatment institution and postdischarge adaptation prompted Allerhand et al. (1966) to suggest the need for an aftercare program. Such a service was seen as helping to create a positive milieu which would support therapeutic gains.

Since this investigation yielded a similar result, the idea of an aftercare facility providing counseling, psychotherapy or other postdischarge services, merits consideration in the present case. For girls returning to their families such a service would be useful in easing family readjustment and promoting an environment conducive to growth. Another function, perhaps more important for this older sample, would be to help girls accomplish the new and varied tasks of independent living. As noted above, it is usually in the twenties that a girl sets up her first apartment, begins to practice her chosen occupation, becomes self-supporting, marries, and has a first child. Present findings indicating that at follow-up 63% had inadequate

heterosexual relationships, 46% were unadjusted to their living situations and 38% had occupational difficulties underline the need for ongoing contact during the time such weighty responsibilities must be implemented.

Personalized Interactions Within the Group Setting

Among the most striking positive elicited memories were those which depicted one-to-one girl-staff member interactions. These recollections portrayed the staff person as "giving" to the girl in a manner which was viewed as beyond the requirements of duty and indicative of warmth and caring. For example, memories might take the form of the director visiting the residence in the evening and taking a girl out for a snack, a housemother inviting a girl to her room to watch television, a caseworker accompanying a girl to an evening movie or a psychiatrist sharing an anecdote from her private life. The saliency of such moments was reflected in the affectionate, sometimes moving manner in which they were recounted.

One day she [the director] wanted to come over and take the girls for a ride and no one wanted to go. I was the only one who wanted to go. Just like that she came over. We went for a ride in the car. We talked about things in general, about a special diet, I was on a hard boiled egg kick. We talked awhile on this. We talked about hard boiled eggs, fried eggs. I felt good. I felt like, [pause], I was glad to see her there. I felt, well, this is the woman who brought me up. (Comment by girl)

The positive response to such nurturant acts is not surprising given the past emotional deprivation of most of these girls. The girls' sensitivity to the feelings of staff was indicated by the finding that approximately half spontaneously stated that the program would be improved if staff demonstrated increased warmth and understanding. That the program could benefit from closer girl-staff relationships

was further emphasized by the finding that slightly over half the girls failed to perceive a single staff relationship as significantly beneficial. The importance of such relationships was underscored by Balbernie's (1966) finding of an association between improvement during treatment and the ability of form a close bond with a residence adult:

In cases where a special and secure relationship on a primitive emotional level existed, children were more free to move in and out of the classroom and other situations and respond to roles appropriate to different settings. (p. 129)

In addition to promoting relationships supportive of emotional growth, the above types of personalized interactions would seem to have added value in a residence setting where so much of daily experience takes place within a group context.

SUMMARY

The present study explored the nature of functioning and effectiveness of a group home program for disturbed adolescent girls.

The subjects were 28 girls who lived at the residence between 1959 and 1969. Most girls were middle adolescents at the time of admission (mean age 15.1 years), remained an average of 2.5 years and were followed up in their early twenties (mean age, 22.6 years). At admission the most frequent diagnosis (60.1% of the cases) was personality disorder. Almost all girls possessed average or above average intelligence.

The investigation of outcome involved a comparison of initial, predicted and follow-up adjustment. Specifically, "blind" judges made the following three sets of ratings on each girl: (a) Initial ratings on various psychosocial criteria reflected the level of functioning manifested at admission. These and the predicted outcome ratings were based on detailed intake histories. (b) Predicted outcome ratings, undertaken in an attempt to have subjects serve as their own controls, involved an estimate of the growth potential of each girl in each criterion area for a period of time equal to the length of time from admission to follow-up. Since these judgments were completed without knowledge of the girls' participation in the program and under the assumption of no intervening treatment, they served to establish a baseline by which to compare actual growth. (c) Follow-up ratings on the same adjustment criteria were based on transcripts of extensive personal interviews conducted in the girls' own homes.

The process study constituted an examination of the impact of particular components of the treatment program (e.g., the peer group, child care staff, the director, casework and psychiatric services). Each girl contributed 10 recollections of experiences which occurred to her while she lived at the residence. Three memories were "spontaneous" in that the interviewer specified no particular subject. In the remaining seven instances memories were "elicited" regarding each of the program components (e.g., "Could you give me a memory concerning the caseworker?... the director?"). Recollections were rated and classified along dimensions of subject, affective tone and overall thematic content. In addition, girls directly evaluated their contacts with specific program components and the overall program on a scale ranging from "would have been better off without contact" to "could not have gotten along without help received".

The results indicated that the girls made significant gains in overall psychosocial functioning from intake to follow-up ($p < .01$). However, the finding that actual gains did not significantly exceed those predicted to occur without treatment raised the possibility that factors unrelated to the treatment program (e.g., the passage of the difficult adolescent period, diminished situational stress as girls moved out of troubled home environments into settings of their own choosing) may have been responsible for gains manifested.

Lack of adequate control is a problem which has plagued all previous investigations of the outcome of residential treatment. The predicted outcome technique was devised as an alternative to more traditional methods of control which are often infeasible in residential settings. As employed in the present study, the technique

demonstrated the ability of mental health professionals to assess growth potential on a relative basis (i.e., girls predicted to make large gains did, in fact, exceed the gains of girls predicted to make small gains ($p < .05$). However, in the absence of extended validation studies, it is not possible to reach a definitive conclusion regarding the causes of presently observed changes.

As a group the girls were most adequate in academic and occupational pursuits as compared to relationships with men or self-attitudes ($p < .01$). Although significant gains occurred in heterosexual relationships from intake to follow-up, the percentage of girls continuing to function inadequately (63%), the separation and divorce rate (8 out of 11 marriages disbanded) and the frequency with which children were being reared within non-intact homes (of the eight girls who bore children, only one was married to and rearing her children with the natural father) suggested the need for new approaches to reverse long standing patterns of disturbance in this area. (Noting that the present residence staff is entirely female, a specific suggestion was the addition of a housefather, or other male, to help clarify the girls' distorted images of male-female relationships.) Self-attitudes was the only one of the five variables surveyed where significant gains failed to occur. The most "intrapsychic" variable, it is often considered more likely to be altered by deep psychotherapy rather than a casework approach. Nevertheless, it was encouraging that the more extreme manifestations of a pathological self-image (e.g., suicide, drug or alcohol addiction, mental hospitalization) were largely absent in this sample.

In an attempt to better define criteria for client selection, the relationship between selected preadmission characteristics and outcome was investigated. Initially better adjusted girls continued to function more adequately at follow-up than initially low adjusted girls ($p < .01$). However, there was no significant difference between the size of gains manifested by both groups. With respect to age at admission, girls 15 years old or above were better adjusted at follow-up ($p < .05$) and demonstrated greater gains ($p < .05$) than initially younger girls. Neither IQ nor intactness of family was associated with outcome.

Previous investigations have often been conflicting in their findings regarding the relationship between particular preadmission variables and outcome. In part, such diversity may result from bona fide differences in treatment programs (e.g., Whereas some studies have reported better outcomes for younger children, the present results in favor of older adolescents may reflect the fact that the group home is a community based institution possibly requiring greater independence and maturity on the part of residents.). However, two additional factors were emphasized as contributing to the confusion. These included (a) the failure of most previous studies to relate the variables under consideration to both follow-up adjustment and change and (b) the lack of unanimity regarding definition of terms (e.g., severity of maladjustment has been alternately defined in terms of diagnosis, selected aspects of symptomatology and overall behavioral adequacy).

When girls spontaneously recollected their residence experiences the most prominent figures were those involved in the day to day living experience (i.e., peer group, director, child care staff) rather than those serving a primarily therapeutic function (i.e., psychiatrist and caseworker). A majority of girls contributed positive memories of the residence building, the neighboring community, the peer group and casework service. Most recollections of the child care staff, the psychiatric service and the director were negative in tone.

Fifty-nine percent of the girls indicated that participation in the residence program was of at least moderate benefit to them. Their evaluations of the program components were generally consistent with impressions derived from the more subtle memory technique. Specifically, contacts with the housemothers were assessed as less beneficial than contacts with the peer group ($p < .01$), the director ($p < .01$) and the overall residence program ($p < .05$). In addition, the peer group was seen as having had a significantly more positive impact than the psychiatric service ($p < .05$).

The fact that only four out of the 22 girls rated interactions with the housemothers as useful added additional evidence to the already substantial literature supporting the need for professionalization of this role. In the present setting the child care staff were perceived as lacking awareness and skills necessary to promote meaningful interactions with the girls. It was suggested that selection criteria, which in the past emphasized the need for nurturant individual who would not intrude on the treatment function, be amended to recruit more energetic, psychologically astute persons, possibly with a background in group work.

The discouraging findings regarding psychotherapy were also consistent with results of previous evaluation studies. Although a few acutely distressed girls valued psychiatric contacts, the most common view (11 out of 16 cases) was that therapy was unproductive. A hypothesis receiving tentative support suggested that the therapist's position as a residential staff member unduly interfered with his ability to form a trusting, confidential relationship with the adolescent. Of the 10 girls in treatment with staff psychiatrists, only one rated the experience as worthwhile. By contrast, four of the six girls being treated by outside therapists evaluated contacts as beneficial.

The director was the only figure for whom recollections (85% negative in tone) and evaluations (73% positive) conveyed a seemingly conflicting impression. This duality reflected a view of the director which emphasized both dissatisfaction with her disciplinary manner and an awareness of her dedication to the program. A highly conspicuous figure, the director was portrayed as involved in all facets of residence living. At times her prominence seemed to intrude upon the functions of other staff members. Specifically, the caseworker's efforts to help girls deal with authority issues were undermined by the girls' perception of the worker as having failed to establish her own autonomy in relation to the director. Furthermore, the director, in comparison to the child care staff, apparently assumed considerable responsibility in supervising the daily routine. Whereas few memories depicted housemother authority, the director was frequently (15 out of 20 memories) portrayed as enforcing regulations and handling even minor infractions. Such findings suggested the

need to restructure authority relationships to foster increased autonomy and self-reliance on the part of the caseworker and resident staffs.

Present results indicated that the peer group may be an especially significant treatment vehicle in residential facilities for adolescents. Given the high degree of positive affect directed towards peers and the perception of benefit gained through such interaction (i.e., two thirds of the girls rated peer contacts as at least "considerably helpful") it was suggested that this resource be even more thoroughly utilized by increased elaboration and integration with the total program. A specific proposal was the addition of a trained groupworker who could facilitate peer group cohesion, organize the peer group to achieve common goals arising out of the problems of institutional living and help youngsters develop cultural and recreational interests.

Even if control groups were available, it would still be questionable whether the present study could legitimately assess overall "success". Many investigations have disclosed that in broad therapeutic programs dealing with complex individuals various outcome criteria applied to the same cases yield several uncorrelated factors. This was currently confirmed by the finding that girls' self-estimates of help received were unrelated to judges' ratings of follow-up status and change. What this research can hope to accomplish is to provide greater specificity in defining the types of clients served, their progress towards various objectives and the actual impact of particular program features. This effort would be worthwhile if it resulted in a more realistic awareness of treatment capabilities and facilitated the program modifications necessary to most efficiently achieve them.

Appendixes

Appendix A: Introductory Letter to Subjects

each other. Of

I am writing to tell you about a special project at the Association in which your help is needed. You know we have always been concerned about the services given to children who are in care and we are now trying to get some ideas about it from those of you who have been in the Girls' Residence. Very shortly, you will be hearing from Mrs. Elaine Kasowski describing in more detail what will be asked of you and explaining the study more fully to you.

We hope you will be willing to participate and share fully in this study. If you have any questions before you hear from Mrs. Kasowski, please let me know.

Best wishes as always.

Sincerely,

Assistant Director

Appendix B: Explanatory Letter to Subjects

102 Dorchester Building
600 W. College Avenue
State College, Pa. 16801

Dear Miss _____

A short while ago you received a letter from Mrs. _____ telling you about a study we are doing concerning the Girls' Residence. As Mrs. _____ mentioned, we are asking all the young women who lived at the residence to tell us about some of the things that have happened to them since they left the agency. We would very much appreciate your cooperation.

In case you have any questions, let me explain our purpose. Mainly we would like to know such things as where the girls are living now, what kind of education they had since they left, what kinds of jobs they have had, are they married and how they spend their time. We would also like to hear the girls' thoughts about their experiences at the residence as they look back on it. We think your information will give us some good ideas about the Girls' Residence, and in this way you will be helping many girls in the future. This is especially true since residence programs are relatively new in the social work field, and we are eager to hear the thoughts of young women like yourself who have experienced this type of program.

You will be interested to know that your information will be strictly confidential. No one in the agency will see any of the girls' answers, and no girl will be mentioned by name in the report. Therefore, you should feel free to say anything that would be in your mind.

In the near future I will telephone you to answer any questions you may have. I would also like to arrange for you to fill out a questionnaire and schedule a personal interview. The interview can be held in your home at a time that is convenient for you or, if you prefer, I can arrange to meet with you elsewhere.

I hope you will be able to help us. The information you could give us would be a valuable contribution towards helping the agency improve their services for future girls.

I look forward to speaking with you shortly.

Very truly yours,

Elaine Kasowski
Project Coordinator

Appendix C: The Questionnaire

QUESTIONNAIRE DIRECTIONS

Many of the items on this questionnaire can be answered by simply placing an "X" in the space next to the appropriate answer. In other cases it is necessary for you to write out your answers. Space has been provided for this on the questionnaire.

Please use ink in filling out the questionnaire.

You will notice that a code number has been used on the questionnaire instead of your name. This is to help protect the confidentiality of your answers. The information you give us will be held in strict confidence.

CODE NUMBER _____

1. Birth Date _____ 2. Age _____

3. Present Address _____
Street City State Tel. No.

4. Length of time living at above address _____

5. With whom are you living at the present time? (Check as many as apply)

by yourself _____	with child(ren) _____	with your relatives _____
with father _____	with in-laws _____	with woman friend(s) _____
with mother _____	with brother _____	with man friend(s) _____
with husband _____	of sister _____	other (explain) _____

6. How many places have you lived since leaving the Girls' Residence?
Number _____7. List all previous addresses since leaving the Girls' Residence.
Please indicate for each address the length of time you lived there and the people with whom you lived. Begin with your first address after leaving the Girls' Residence.

ADDRESS	DATES	RELATIONSHIP TO PEOPLE WITH WHOM YOU LIVED (e.g. parents, husband, girl- friend, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(IF MORE SPACE IS REQUIRED CONTINUE ON BACK OF PAGE)

ABOUT YOUR MARITAL STATUS (check one)8. Are you now single? _____ married? _____ divorced? _____
separated? _____ widowed? _____If you are single, have not been married before, and have no children, skip to Question 15.

9. If you are not single:

(a) How many times have you been married, including your present marriage?

once _____ times

(b) If you have been married more than once, please state here how each previous marriage ended: (e.g. separation, divorce, etc.)

10. If your husband is living now, what is his age? _____ years

11. If you are divorced or separated, give the year of your divorce or separation. _____

12. Do you have any children? (Your own as well as step-children).
yes _____ no _____

13. If you have children:

(a) How many children do you have? _____

(b) List here all of your children in the order of their ages and write next to each whether a boy or girl. If any children are from a previous marriage or are your mate's children and not yours, or if any of your children are not presently living with you, explain under "comment".

Oldest:	age _____	sex _____	comment _____
	age _____	sex _____	comment _____
	age _____	sex _____	comment _____
	age _____	sex _____	comment _____
	age _____	sex _____	comment _____

(If additional space is needed, use back of page)

14. Have any of your children died? (Do not include children who died because of premature birth). yes _____ no _____

ABOUT YOUR EDUCATION

15. Check the highest grade of schooling you have completed (Check one)

some high school _____	give highest grade _____
some college _____	number of credits completed _____
some graduate school _____	completed graduate school _____
high school graduate _____	college graduate _____

16. List schools attended beginning with high school.

SCHOOL	DATES	DID YOU GRADUATE?	TYPE OF DIPLOMA
--------	-------	-------------------	-----------------

(if additional space is needed, use back of page)

17. What other schools have you attended? Give dates. (Include type of school. For example: art, fashion design, business machines, etc.).

Did you graduate?	yes	no
-------------------	-----	----

18. Are you attending any school now? yes _____ no _____

If yes, what is the name or type of school?

For what degree are you a candidate?

When do you expect to graduate?

ABOUT YOUR WORK

- [illegible]

20. If working full or part-time

(a) What kind of business or organization do you work for?

(b) Describe the kind of work you do.

(c) What is your title, if any?

21. Check your weekly salary range:

Less than \$20	_____	\$100-119	_____
\$20-39	_____	\$120-139	_____
\$40-59	_____	\$140-159	_____
\$60-79	_____	\$160-179	_____
\$80-99	_____	\$180 or more	_____

22. List here the jobs you have held since leaving the Girls' Residence, beginning with your present (or last) job; give the type of business - not the firm name -, the type of work you did, the approximate time in each job and your reason for leaving.

TYPE OF BUSINESS	TYPE OF WORK	DATES	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(if additional space is needed, use back or page)			

IF YOU ARE SINGLE AND HAVE NOT BEEN MARRIED BEFORE, SKIP TO QUESTION 30

ABOUT YOUR HUSBAND'S EDUCATION AND WORK

The following questions concern your mate. Please give data for your present mate; if separated or divorced, for your separated or divorced mate; if widowed, for your deceased mate.

23. Check the highest grade of schooling completed by your mate.
(Check one).

some high school _____ give highest grade _____
 some college _____ number of credits completed _____
 some graduate school _____ completed graduate school _____
 high school graduate _____ college graduate _____

24. List any degrees or diplomas (including high school diploma) held by your husband.

degree/diploma _____ year _____
 degree/diploma _____ year _____

25. What other schools has your husband attended? Include type of school. (For example, business, electrician, mechanical, etc.).

Did he graduate or complete the course of study? yes ___ no ___

26. Is your husband presently attending school? yes _____ no _____
 If yes, what is the name or type of school? _____
 For what degree, if any, is he a candidate? _____
 When does he expect to graduate? _____
27. Is your husband working at the present time?
 yes, full time _____
 yes, part-time _____
 no, unemployed _____
 no, student _____
 no, armed forces _____
28. If your husband is working full or part-time
- (a) What type of business or organization does he work for:

- (b) Describe the nature of his work.

- (c) What is his title, if any? _____
29. What is his weekly salary range?
- | | | | |
|----------------|-------|---------------|-------|
| Less than \$25 | _____ | \$125-149 | _____ |
| \$25-49 | _____ | \$150-174 | _____ |
| \$50-74 | _____ | \$175-199 | _____ |
| \$75-99 | _____ | \$200-224 | _____ |
| \$100-124 | _____ | \$225 or more | _____ |

ABOUT YOUR FINANCIAL STATUS

30. Please check the range of your income in 197 . (If you are married check the range indicating your joint income; if you are single include only your own earnings, omit loans or gifts from others).

\$3,000 or under	_____	\$9,000 - \$10,999	_____
\$3,001 - \$4,999	_____	\$11,000 - \$12,999	_____
\$5,000 - \$6,999	_____	\$13,000 - \$14,999	_____
\$7,000 - \$8,999	_____	\$15,000 or more	_____

31. What are your present sources of financial support? (Check as many as apply),

own salary _____
 husband's salary _____
 gifts or loans from parents _____
 gifts or loans from relatives other than parents _____
 bank loans _____
 savings _____
 government pension _____
 welfare _____
 other (please explain) _____

ABOUT YOUR RELATIONSHIPS WITH FEMALE FRIENDS

32. (a) Approximately how many female friends do you have? _____ number
 (b) How many of these would you describe as "close friends"? _____ number
 (c) How long have you known your closest friends? _____
 33. How much social contact do you have with your friends? (Check one)

no contact _____
 slight contact (telephone or visit less than once a month) _____
 occasional contact (telephone or visit once or twice a month) _____
 moderate contact (telephone or visit approximately once a week) _____
 frequent contact (spend approximately 5 hours a week visiting or speaking on the telephone) _____
 very frequent contact (spend approximately 10 hours or more a week visiting or speaking on telephone) _____

ABOUT YOUR HEALTH

34. How many times have you consulted your physician in the last year? _____ times
 35. Have you had any physical illness(es) since leaving the Girls' Residence? yes _____ no _____
 If yes, please explain _____

36. Do you currently suffer from any of the following:

- (a) gastrointestinal disorders such as stomach pains, frequent indigestion, ulcers, colitis, etc. yes _____ no _____
If yes, please state the nature of your disorder _____
- (b) respiratory disorders such as asthma, frequent common colds, hyperventilation, etc. yes _____ no _____
If yes, please state the nature of the disorder _____
- (c) circulatory reactions such as high or low blood pressure, dizzy spells, fainting, etc. yes _____ no _____
If yes, please state the nature of the disorder _____
- (d) muscular reactions such as headaches, spasms, tensed or lax muscles, etc. yes _____ no _____
- (e) skin disorders yes _____ no _____
If yes, please state the nature of the disorder _____

ABOUT YOUR PSYCHOTHERAPY

37. (a) Have you been in psychotherapy since the time you left the Girls' Residence? yes _____ no _____
- (b) If yes, for each psychotherapist you saw since the time you left the Girls' Residence please state the dates of your therapy, the training of your therapist (for example, social worker, psychologist, psychiatrist, etc.), and the setting within which you saw him (for example, clinic, hospital, private practice, etc.)

DATES OF THERAPY	TRAINING OF THERAPIST	SETTING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (c) For each psychotherapy listed in (b) above indicate the nature of the therapy--whether individual, group, or family therapy--and the number of hours in therapy per week. (Please list in same order as (b) above).

NATURE OF THERAPY

HOURS PER WEEK

-----	-----
-----	-----
-----	-----

- (d) Please indicate how you were referred to the psychotherapist (s) noted above.

- (e) When you left the Girls' Residence did you request or receive a referral to a psychotherapist from the Association for Jewish Children? (Please check one).

Yes, I requested and received a referral. -----

Yes, I received a referral although I did not request it. -----

Yes, I requested a referral but did not receive one. -----

No, I neither requested or received a referral. -----

- (f) If you recieved a referral from the Association for Jewish Children did you subsequently contact the psychotherapist?

yes _____ no _____

ABOUT YOUR PLANS FOR THE FUTURE.

38. Please use the rest of this page to briefly describe your life as you expect it will be five years from now. Include your plans concerning marriage and a career.

arl

3-26-71

Appendix D: The Interview

I. Spontaneous Account of Major Events and Current Life Situation

1. Can you briefly describe what has happened to you since leaving the residence? What major events have occurred during this time?
2. I'd like to get an idea of how you spend a typical week-day. I wonder if you would pick such a day (yesterday, perhaps) and describe what you did and what happened from the time you got up in the morning?
3. Would you describe a typical week-end? For example, could you describe what you did and what happened beginning with last Saturday or Sunday morning?

II. Questions on Specific VariablesWork

1. In your description of your typical week-day you spoke about your job. I wonder if you could tell me more about it, for example, what you like and dislike about it?
2. In which ways do you feel you have been particularly successful on your job? In which ways, if any, would you like to improve?
3. Has your supervisor or boss ever commented on your work or otherwise indicated his evaluation of it, e.g., by giving you a raise or a promotion?
4. How often have you had to be absent from work due to illness or other reasons during the past year?

School

1. In your description of your typical week-day you mentioned your schoolwork. I wonder if you could tell me more about that, for example, what you like and dislike about school?
2. In which ways do you feel you have been particularly successful as a student? In which ways, if any, would you like to improve?
3. What grades have you received?
4. How often have you missed classes due to illness or other reasons in the past year?

Adjustment in Living Situation

For married women:

1. In your description of your typical day you mentioned your household chores. I wonder which of your household duties; shopping, cooking, housecleaning, laundering, decorating, you enjoy most? (Inquire into

responses, e.g., if she says "cooking" ask where she learned to cook, what she makes for dinner, etc.) What aspects of your household duties do you least enjoy? (Again inquire, e.g., if she says "laundering" ask if she has her own machine or how she gets her laundry done.)

If a woman has children ask:

2. How much time do you get to spend with your children? What sorts of things do you do together?
3. Have you had any special problems or difficulties with _____ (child's name)?
4. Are there any aspects of your present living situation with which you are not satisfied?

For girls living with roommates:

1. Since you live with roommates you must be responsible for your own household chores; shopping, cooking, housecleaning, laudering, etc. Which of these tasks do you enjoy most? Least?
2. Could you describe your relationship with your roommate(s), for example, how long you've lived together, the sorts of things that go on?
3. Are there any specific types of problems which frequently come up between you and your roommate(s)?
4. Are there any aspects of your present living situation with which you are dissatisfied?

For girls living alone:

1. Since you live alone you must be responsible for your own household chores such as shopping, cooking, housecleaning, and laundering. Which of these tasks do you enjoy most? Least?
2. Are there any aspects of your present living situation with which you are dissatisfied?

For girls living with parents or relatives:

1. Do you have your own room here at your parents' (mother's, aunt's, etc.) home?
2. Could you describe your relationship with your parents (mother, aunt, etc.), for example, how much time you spend together, the sorts of things that go on?
3. Do you share in the household chores, that is, the housecleaning, cooking, shopping, laundering? What are your responsibilities?
4. Are there any specific problems which frequently come up between you and your parents (mother, aunt, etc.)? (If the girl does not respond to this she can be asked "Has living with your parents caused any problems for you? For them?")
5. Are there any aspects of your present living situation with which you are dissatisfied?

Peer Relationships: Female

1. Could you describe your relationships with your girlfriends, for example, who your friends are, how often you see them and the sorts of things that go on?
2. How long have you known (name (s) of close friend (s))? What aspects of your relationship with _____ do you find particularly satisfying? What aspects of your relationship would you like to change?
3. Do you experience any difficulty in developing relationships with other women? Are there any specific types of problems which frequently come up?

Peer Relationships: Male

For married women:

1. Could you describe your relationship with your husband, for example, how you spend your time together, the sorts of things that go on?
2. What are the satisfying aspects of your relationship with your husband? What aspects of your relationship would you like to change?
3. Concerning what sorts of things do you and your husband disagree? How do you attempt to resolve these differences?
4. Who makes the major decisions in your household?

For single women:

1. Could you describe your relationship with men, for example, who your men friends are, how often you see them and what sorts of things that go on?

For girls with a boyfriend:

2. How long have you known (boyfriend's name)? What aspects of your relationship with _____ do you find particularly satisfying? What aspects of your relationship would you like to change?

For girls who do not mention a boyfriend:

3. Have you ever had a long term relationship with a man, that is, dated a man for a few months at a time?
4. Do you make any special effort to meet men, for example, by attending parties, dances, etc.?
5. Do you experience any difficulty in developing relationships with men? Are there any specific types of problems which frequently come up?

Self-Attitudes

1. Could you describe the kind of person you think you are? That is, give me some examples of how you think about yourself.
2. How would you describe your most common moods?
3. a. How often do you feel depressed, sad, blue? If the girl indicates that she is depressed moderately often, ask the following:

- b. Can you describe the last time you were depressed (sad, blue)? That is, what upset you, how did you feel, what were your thoughts, how long did the sadness last?
- c. Do you ever have physical symptoms when you are sad (blue, depressed)? (e.g., weakness, tiredness, slowed down thoughts and movements)
- d. When you are depressed (sad, blue) have you ever thought of suicide?
4. a. How often do you feel tense, nervous, anxious? (if girl indicates that she is anxious moderately often ask the following:)
 - b. Can you describe the last time you were nervous? For example, what upset you, how did you feel, what were your thoughts, how long did the nervousness last?
5. Do you ever experience shortness of breath, palpitations, weakness, pressure in your chest or head?
6. In the questionnaire you filled out you stated that you are in (were in) psychotherapy. For what reasons did you seek therapy?

III. Spontaneous and Elicited Recollections

I am interested in hearing some of your memories of your stay at the Girls' Residence. I don't want you to actively search for memories in which you think I'd be interested. Instead, just sit back, relax, get into a comfortable position--perhaps, close your eyes--and let an incident or experience you had at the residence come to mind. Would you try that now? (Pause while girl attempts this.) Could you tell me what occurred to you?

Elicit three such memories.

1. I wonder if you could give me a specific memory or incident about the building itself?
2. What memory occurs to you concerning the housemothers?
3. What memory occurs to you concerning the caseworker, Miss _____?
4. What memory occurs to you concerning the psychiatrist, Dr. _____?
5. What memory occurs to you concerning the director, Mrs. _____?
6. What memory occurs to you concerning the other girls at the residence?
7. Finally, what memory occurs to you concerning the community in which the residence is situated?

IV. Evaluation of the Residence Experience

1. Can you give me some examples of the ways in which you feel the residence experience was beneficial to you?

2. Can you give me some examples of the ways in which you feel the residence experience was detrimental to you?
3. How do you think the residence program could be improved? Can you suggest any changes which would have made the experience more beneficial to you personally?
4. What is your evaluation of your contacts with the housemothers (the caseworker, psychiatrist, director, other girls)? Administer scale.
5. What is your overall evaluation of the residence program? Administer scale.

V. Present Psychological Outlook

Before we finish I'd like to briefly mention certain problems people sometimes have when they are under pressure. Let me know if you have experienced any of them during the time since you left the Residence.

1. Do you have any sleeping difficulties: not being able to fall asleep, waking too early, frequent nightmares, etc.?
2. Do you have any excessive fears, for example, a fear of the dark, being left alone, a fear of bridges, tunnels, trains, buses, crowded places, etc.?
3. Do you ever worry about your physical or mental health?
4. Have you ever feared that you were seriously ill or dying?
5. Ask about medical symptoms responded to in questionnaire. Ask duration of symptoms, whether she had these symptoms while at the residence, and any noted changes.
6. Have you been troubled by any other physical symptoms or complaints? (Gear this inquiry to possible hysterical complaints.)
7. Do you ever find that you can't stop thinking about certain ideas or thoughts?
8. Do you ever find yourself doing things like, checking and rechecking the stove burners at night, stepping on all the cracks on the sidewalks, placing things in a certain order, etc.?
9. Do you smoke too much? Do you have any other addictive habits, e.g., alcohol or drugs?
10. Do you have any eating or weight problems?
11. Do you have any special sexual difficulties or concerns?
12. Have you had any difficulty with the police since leaving the residence?
13. Have you had any physical or mental difficulties since leaving the residence for which you were hospitalized?

Appendix E: Scoring Manual and Psychosocial Adjustment Scales

I Description of Scales

1. There are five scales as follows: (1) Job or School Adequacy; (2) Adjustment to Living Situation; (3) Peer Relationships: Female; (4) Peer Relationships: Male; and (5) Self-Attitudes.
2. Each scale has eleven steps with illustrative profiles depicting each odd numbered step.
3. Step 11 illustrates "excellent adjustment"; Step 9, "good adjustment"; Step 7, "average adjustment"; Step 5, "some adjustment"; Step 3, "slight adjustment"; and Step 1, "no adjustment".
4. Graded adjective or adverb phrases are often used within the test of the illustrative profiles to differentiate steps in the scale. (For example, "frequently", "usually", "more often than not", "as often as not", "less often than not", "almost never".)
5. Each scale is made up of two or three weighted dimensions. Judges must consider these relative weights when assigning ratings. (The dimensions and their relative weights are discussed in detail in V below.)

II Types of Materials to Which Scales Are to Be Applied

There are two types of materials to which judges will apply scales. These are (1) Case Reports and (2) Interview Reports.

1. Case Report: Each case report is made up of three subsidiary reports concerning a specific client. These include a social worker's narrative, a psychological and a psychiatric interview summary. The entire case report is about 11 single spaced pages.

2. Interview Report: This is a verbatim transcription of an interview with a client. The interview report is approximately 22 double-spaced pages.

III Current and Predictive Ratings

Judges will make two types of ratings: Current and Predictive ratings.

1. Current Ratings: On the basis of information contained in the case or interview report judges are to rate the current status of the client on the five scales.

2. Predictive Ratings: Based on their professional knowledge and experience with similar cases, judges will predict the growth potential of individual clients in the five areas surveyed by the scales. More specifically, judges will answer the question, "Given the psychological and situational factors described: where would I expect this

client to be on this scale two years from now (the actual length of time for which predictions will be made may vary.) In making predictions judges should assume that there has been no therapeutic intervention of any sort.

Whereas the diagnosis a client receives has some prognostic significance, judges will also want to assess other psychological and situational factors in making predictions. They will take a close look at the type of disruptive or self-defeating behavior the girl manifests, her social, cognitive and educational status, her family background and her likely situational prospects for the future. As an example, one can predict that a girl with a history of disrupted family, much anti-social activity, slightly below average I.Q., minimum education, and no evidence of vocational aptitudes, will have less likelihood of attaining the same final level as a girl from an intact, if temporarily disrupted family who is above average intelligence, shows good secretarial skills, and has had a recent onset of phobias and anxiety.

The importance of situational factors in determining predictions is worthy of reiteration. Judges should carefully assess what situational possibilities are likely to confront a girl and take these into account in making predictions.

Predictive ratings are made on case reports only. Thus, a total of ten ratings (five current and five predictive) are made on each case report. Five ratings (current only) are made on each interview report.

IV Steps for Use of Scales with Case or Interview Reports

It is suggested that judges follow the procedure outlined below when applying scales to case or interview reports.

- (1) Read entire report through.
- (2) During second reading of report record all facts relevant to specific scales under space provided on work sheet.
- (3) Considering one variable at a time, locate approximate range of scale which best describes adjustment depicted in report.
- (4) Carefully read scale profiles in approximate range and decide on specific rating according to guidelines described in V and VI below.
- (5) Enter rating in space provided on work sheet.

V Scale Dimensions

Each scale is made up of two or three weighted dimensions which judges must consider when assigning ratings.

(1) Job or School Adequacy Scale

This scale includes three basic dimensions:

(1) attendance; (2) work habits; and (3) personal motivation, corresponding to paragraphs one, two and three, respectively. Of these dimensions the second and third, that is, work habits and personal motivation, should be given greater weight. Thus, a girl may claim regular attendance at school or work yet may receive a low rating if her other statements reveal that she is lax in her responsibilities and shows little personal ambition.

(2) Adjustment to Living Situation Scale

(a) This scale includes two basic dimensions: (1) management of household responsibilities and (2) relationship with living-mates, corresponding to paragraphs one and two respectively. Of these two dimensions, the first, management of household responsibilities, should be given greater weight.

(b) The fifth sentence of the scale, identified on the scale by an asterisk, concerning manner of execution of household chores is especially important and should be given adequate consideration.

(3) Peer Relationships: Female Scale

(a) This scale includes two basic dimensions: (1) extent of interaction with others and (2) quality of interaction, corresponding approximately to paragraphs one and two, respectively. Of these two dimensions the second, relating to quality of interaction, is to be given greater weight. Thus, judges should not interpret too literally or rely too heavily on words in the scale describing the exact extent of interaction. (For example, "She contacts friends...frequently, regularly, moderately often, occasionally, infrequently, almost never." Similarly, "She maintains some friendships, a few friendships, one or two friendships, etc.") In summary, a girl may claim regular contact with a number of friends but may receive a low rating if her other statements reveal that the nature of these relationships is highly superficial, competitive, etc.

(b) The last sentence of this scale, identified on the scale by an asterisk, relating to quality of interaction is considered especially important and should be given adequate consideration.

(4) Peer Relationships: Male Scale

(a) This scale includes two basic dimensions: (1) attitudes towards relationships with males and (2) quality of actual interaction, corresponding to paragraphs one and two, respectively. In the case of younger girls (approximately 16 years of age or below) who have developed only platonic or casual relationships with boys, judges may give the two dimensions equal weight. However, in the case of older girls (approximately 17 or above) who might be expected to have begun romantic dating, judges should give emphasis to the second dimension, quality of actual interaction.

(b) Judges should not interpret too literally or rely too heavily on words in the scale describing the exact extent of interaction. (For example, "The girl sees her boyfriend....frequently, regularly, moderately often, occasionally, etc.") Similarly, the amount of interest a girl shows in establishing relationships with males (for example, "active interest", "considerable interest", "moderate interest", "some interest", etc.) should be evaluated within the context of the actual quality of interaction. A girl can be "boy crazy" yet have highly disturbed relationships with males.

(5) Self-Attitudes Scale

(a) This scale has two major dimensions: (1) self-image and (2) personal care, corresponding to paragraphs one and two, respectively. These dimensions are to be weighted equally.

(b) The tenth sentence on this scale, identified by an asterisk on the scale, concerning habits harmful to health is especially important and should be given adequate consideration.

VI Guidelines for Assigning Ratings "5" "6" or "7"

In assigning ratings judges may often find that the middle range of a scale best describes the adjustment depicted in a report. A decision will then have to be made whether to assign a specific rating of "5", "6" or "7". As this is an extremely important decision, the following guidelines are provided to assist judges in making reliable ratings.

(1) All scales were constructed so that a rating of "7" implies average adjustment. If a girl receives a rating of "5" this means that a judge assesses her adjustment to be somewhat below average in comparison to her peer group. Therefore, as a start, it may be helpful for a judge to ask herself the general question, "Is this girl functioning moderately well in this area or is her functioning somewhat below that which would be expected for a girl of her age?"

(2) In section V above each scale is discussed in terms of two or three major dimensions and their associated weights. In general, it can be stated that if the heavily weighted dimension falls solidly into one rating category and the less heavily weighted dimension falls into an adjacent rating category (e.g. if the heavily weighted dimension is a "5" and the less heavily weighted dimension is a "7" or vice versa) the overall rating should be the same as the rating assigned the more heavily weighted dimension. If, however, the heavily weighted dimension has one or two elements from the same rating category as the less heavily weighted dimension, (e.g. if the heavily weighted dimension is basically a "5" with one or two elements of "7" when the less heavily weighted dimension is "7" or vice versa) the overall rating should be "6".

To illustrate, it was stated above that the scale, "Adjustment to Living Situation" had two dimensions: (1) management of household responsibilities and (2) relationship with living-mates. The first

dimension, management of household responsibilities, was more heavily weighted. As an example of a specific case, a judge may evaluate a girl as a "5" on management of household responsibilities and a "7" on relationship with living-mates. Since the former is the more heavily weighted dimension, the overall rating would be "5". However, if a judge felt a girl was basically a "5" on household responsibilities, but had some elements of "7" on this dimension, and if she was a "7" on relationships with living-mates, the judge should assign the rating of "6".

(Where there is a greater difference than two scale steps between the scores a girl earns on two dimensions, the overall score should be closer to the score earned on the more heavily weighted dimension. For example, a girl might claim she has a good relationship with her roommate ("8"), but might further indicate that she and her roommate are content to neglect household chores, live in unkempt surroundings, etc. ("3"). In this case a judge might assign an overall rating of "4". It should be noted, however, that such extreme differences between dimension scores will occur only rarely.)

Because of the existence of weighted dimensions judges cannot assign ratings by simply counting the number of sentences in profile 7 which best fit a specific client and compare them to the number of best fitting sentences in profile 5. Instead, it is important that judges be familiar with the dimensions and their associated weights and on this basis assign ratings.

Note: The rating of "6" should be used sparingly and in accordance with the above guidelines.

VII Location of Relevant Passages in Case and Interview Reports For Making Specific Ratings.

Information relevant to specific scales may be found at any place in the case or interview report. For this reason it was suggested that each report receive two thorough readings.

In addition to such important random sentences, there are specific passages or paragraphs in both the case and interview report relevant to specific scales. The placement of these passages is briefly outlined below:

(1) Case Report

- (a) Job or School Adequacy - Section III in social worker's narrative under heading "School Adjustment"; psychologist's assessment of intellectual functioning, especially results of IQ and Wide Range Achievement Test, comments throughout report.
- (b) Adjustment to Living Situation - Section III of social worker's narrative under heading "Relationship to Parents and Family", comments throughout report.

- (c) Peer Relationships: Female - Section III in social worker's narrative under heading "Child's Personality" also heading "Social Relationships"; psychologist's statements concerning effectiveness in social situations; comments throughout report.
 - (d) Peer Relationships: Male - Section III in social worker's narrative under heading "Child's Personality" also heading "Social Relationships"; psychologist's statements about sex-role identification and attitudes towards men; comments throughout report.
 - (e) Self-Attitudes - Section III in social worker's narrative under heading "Child's Personality"; psychologist's statements concerning self-image; psychiatrist's impressions; comments throughout report.
- (2) Interview Report (See Appendix D for outline of interview)
- (a) Job or School Adequacy - Girl's account of typical week-day; specific questions concerning job or school adjustment; questionnaire items 15-22, also 30, 31 and 38; comments throughout report.
 - (b) Adjustment to Living Situation - Girl's account of typical week-day and week-end; specific questions concerning living adjustment; questionnaire items 4-14, also 38; observations on living situation given as background information by interviewer; comments throughout report.
 - (c) Peer-Relationships: Female - Girl's account of typical week-day and week-end; specific questions concerning relationships with female friends, questionnaire items 32 and 33; comments throughout report.
 - (d) Peer-Relationships: Male - Girl's account of typical week-day and week-end; specific interview questions concerning relationships with males; questionnaire items 8-14, 23-29 also 38; comments throughout report.
 - (e) Self-Attitudes - Specific interview questions concerning how client perceives self, most common moods, frequency of anxiety and depression; specific interview questions concerning physical and psychological symptomatology; interviewer's observations given in background information; questionnaire items 34-38; comments throughout report.

It should be reiterated that judges be thoroughly familiar with the entire case or interview report before assigning specific ratings. Information gleaned from passages not listed above is often crucial in determining ratings.

JOB OR SCHOOL ADEQUACY

11. Excellent Adjustment

Attends school or work very regularly and consistently. Rarely absent without a sound reason.

Very dependable and consistent worker. Sets goals and strives to attain them by following a self-imposed schedule of activities. Almost always perseveres in tasks and is not easily distracted. When frustrated almost always strives to overcome obstacles and succeed. Shows a high degree of imagination and inventiveness in job or school-work. Indicates that work is a considerable source of satisfaction to her.

Shows marked drive, ambition and desire for personal achievement. Has rarely changed jobs or schools and when this has occurred it has been due to necessity (e.g. moving to a distant neighborhood) or for advancement. Sees her present efforts as definitely relevant to her future.

9. Good Adjustment

Has a fairly regular attendance record at school or work with less than the usual amount of absenteeism. Is infrequently absent without a sound reason.

Usually a dependable worker. Usually sets goals and strives to attain them by following a self-imposed schedule of goal-directed activities. Usually perseveres in tasks and can usually resist distraction. In the event of failure or frustration usually strives to overcome obstacles and succeed. Shows a considerable degree of imagination and inventiveness in job or school-work. Indicates that her work is usually a source of satisfaction to her.

Displays considerable drive, ambition and desire for personal achievement. Has changed jobs or school infrequently. When this has occurred it has usually been due to practical necessity or for advancement. Sees her present efforts as relevant to her future.

7. Average Adjustment

Has a fairly regular attendance record at school or work with no more than the usual amount of absenteeism. On infrequent occasions is absent for unsound or not clearly understood reasons.

At times, is a conscientious worker; at other times seems to hold back and be slack in her responsibilities. Sometimes sets goals and strives to attain them. As often as not, follows a schedule of goal-directed activities, whether this schedule be self-imposed or externally directed. Is capable of persevering in tasks but can be distracted. In the event of failure or frustration shows some evidence of striving to overcome obstacles and succeed. Shows a moderate degree of imagination and inventiveness in her job or schoolwork. Indicates that she derives a fair degree of satisfaction from her work.

Displays a moderate amount of drive, ambition and desire for personal achievement. Has changed jobs or schools no more than average. May not have shown much notable advancement. Sees her present efforts as somewhat related to her future.

5. Some Adjustment

Has a fairly regular attendance record at school or work, yet there is more than the usual amount of absenteeism. At times, is absent for unsound or not clearly understood reasons.

Is a somewhat inconsistent worker who sometimes tries to expend effort, but cannot sustain it unless has direction. Usually does not set goals. Only occasionally will follow a schedule of goal-directed activities, but the schedule is more often externally directed than self-imposed and not adhered to with any degree of regularity. Is somewhat distractable and does not persevere too well in tasks. In the event of failure or frustration tends to give up or react emotionally rather than try to overcome the obstacles. Usually relies on the work and example of others rather than on her own creative flare, although she may show occasional ingenuity. Indicates variation in her satisfaction with her job or schoolwork; at times, she is pleased, at other times quite displeased.

Displays some drive, ambition and desire for personal achievement. May have changed jobs or school more frequently than average. At times, moved from a higher to slightly lower position or school program. (For example, from an academic to commercial course.) Sees her present efforts as slightly related to her future.

3. Slight Adjustment

Has an irregular school or work attendance record. May be absent for periods of time, usually with unsound or not clearly understood reasons.

Is rarely a dependable worker. Seldom sets goals or tries to attain these goals. Will rarely follow a schedule of goal directed activities, even if it is structured for her. Shows little perseverance in tasks and is easily distracted. Usually gives up or reacts emotionally in the face of failure or frustration, and makes little effort to overcome obstacles. Shows little imagination and inventiveness in her job or schoolwork. Indicates that she usually finds her work distasteful and dissatisfying.

Displays very little drive, ambition or desire for personal achievement. Has had frequent job or school changes. (May have failed in school or may have been dismissed by employers.) Sees present efforts as minimally related to her future.

1. No Adjustment

Has a highly irregular school or work attendance record. At intervals may be absent for extended periods of time with unsound or not clearly understood reasons.

On the occasions when she does attend, is very undependable and shows no sense of responsibility. Will hardly ever follow a schedule of goal-directed activities even if it is structured for her. Shows practically no perseverance in tasks and is very easily distracted and unable to attend. In the face of failure or frustration almost always gives up or reacts emotionally, and makes no constructive attempts to overcome obstacles. Shows very little imagination or inventiveness in her work. Indicates that she finds work very distasteful and dissatisfying.

Shows no drive, ambition or desire for personal achievement. Tried a number of jobs or schools unsuccessfully. Does not see work as relevant to her future.

ADJUSTMENT TO LIVING SITUATION

11. Excellent Adjustment

Has achieved an excellent adjustment in her living situation. Is an active participant in ongoing household activities. In personal habits, such as eating, sleeping and bathing, behavior is congruent with household standards and fits into an orderly routine of such activities at home. Keeps her living quarters attractive, clean and orderly. Willingly takes responsibility for household chores (*) (For a younger girl this would include keeping her room clean and neat and doing other regularly assigned tasks. For an older married girl this includes full household responsibilities including cooking, shopping, house cleaning, laundering, etc.. An older, single girl would be expected to fulfill these same duties or to cooperate in sharing them with a roommate.) and often makes an extra effort to do a special job (e.g. redecorate her room, prepare a special dish, etc.)

Shows an awareness of the needs of her living-mates and does not infringe upon their rights. Seeks out the company of living-mates and regularly engages in mutually satisfying conversations and activities with them.

9. Good Adjustment

Has achieved a good adjustment in her living situation. Most of the time is an active participant in ongoing household activities. In personal habits, such as eating, sleeping and bathing, behavior is congruent with household standards, although occasionally experiences difficulty in following a routine. Most of the time keeps her living quarters attractive, clean and orderly. Occasionally complains, but usually takes responsibility for household chores (*).

Is usually considerate of the needs of her living-mates and only occasionally infringes on their rights. Most often seeks out the company of living-mates and is able to engage in mutually satisfying conversations with them.

7. Average Adjustment

Has made a moderate adjustment to her living situation. More often than not, is a willing participant in ongoing household activities. Maintains proper eating, sleeping and bathing habits (also for her family, if she is married), but experiences some difficulty in following a routine (For example, a younger girl may sometimes prefer to eat alone at odd hours.) Makes some attempt to decorate her living quarters and keep them fairly neat and orderly. Sometimes complains but, more often than not, takes responsibility for household chores (*).

Is moderately considerate of her living-mates although sometimes infringes upon their rights. Seeks moderate contact with her living-mates and is sometimes able to engage in mutually satisfying conversations with them.

5. Some Adjustment

Has made some adjustment to her living situation. As often as not, is a willing participant in ongoing household activities. For the most part maintains proper eating, sleeping and bathing habits (also for her family, if she is married) although has considerable difficulty following a routine. Makes some attempt to decorate her living quarters but they usually have an untidy appearance. As often as not, takes responsibility for household chores, although may perform them in a superficial, cursory manner (*). (For example, a younger girl might superficially clean her room every few weeks. An older, married girl might meet her family's needs with a minimum effort, that is, serve T. V. dinners, launder only when she has no more clean outfits, etc.)

Shows some consideration for her living-mates, but as often as not, infringes on their rights. (For example, she may not clean up after herself, monopolizes the phone, fails to inform living-mates when she intends to be away from home and approximately when she will return, etc.) Seeks some contact with her living-mates and is occasionally able to engage in conversations with them.

3. Slight Adjustment

Has made a slight adjustment to her living situation. Most often is unwilling to participate in ongoing household activities. Experiences considerable difficulty in maintaining proper eating, sleeping and bathing habits (also for her family, if she is married) or in following a routine in these areas. Makes infrequent attempts to decorate her living quarters which usually have a disordered appearance. More often than not, neglects household chores or performs them in a highly superficial cursory manner (*).

Shows slight consideration for her living-mates and more often than not, infringes on their rights. Only occasionally seeks contact with her living-mates and engages in conversations with them.

1. No adjustment

Has made no adjustment to her living situation. Is almost always unwilling to participate in ongoing household activities. Makes no effort to maintain proper eating, sleeping and bathing habits (also for her family, if she is married) or to follow a routine in these areas. Takes no interest in decorating her living quarters, which almost always have a disordered appearance. Almost always neglects household chores (*).

Shows very little consideration for her living-mates and usually infringes upon their rights. Rarely seeks contact with her living-mates and usually avoids conversations with them.

PEER RELATIONSHIPS - FEMALE

11. Excellent Adjustment

Shows an active interest in her peers. Seeks out friends and is very responsive to the overtures of others. Makes friends readily and can maintain these friendships over an extended period of time. Has girlfriends whom she contacts frequently.

Is able to develop and share personal and organizational interests with friends. Indicates that her relationships with other girls are enjoyable and mutually helpful, with a great deal of sharing and understanding (*).

9. Good Adjustment

Shows a considerable interest in her peers. Initiates interactions regularly and readily responds to the overtures of others. Manages to make friends and to maintain these friendships over a considerable period of time. Has girlfriends whom she contacts regularly.

Is usually able to develop and share personal and organizational interests with friends. Indicates that her relationships with other girls are usually enjoyable and mutually helpful, with considerable sharing and understanding (*).

7. Average Adjustment

Shows a moderate interest in her peers. More often than not initiates interactions and responds to the overtures of others. Occasionally has difficulty in making friends, but can maintain some friendships over a moderate period of time. Has girlfriends whom she contacts moderately often.

Develops and shares organizational interests with acquaintances, and can also share some personal interests with friends. Indicates that more often than not her relationships with other girls are moderately enjoyable and mutually helpful with some sharing and understanding (*).

5. Some Adjustment

Shows some interest in her peers. As often as not initiates interactions and responds to the overtures of others. Has some difficulty in making friends, but can maintain a few friendships over some period of time. Contacts her friends somewhat occasionally.

Uses the formal structure of an organization to develop and share organizational interests with acquaintances. Can also share a few personal interests with friends. Indicates that the nature of her relationships with other girls is variable; at times finds their company enjoyable and mutually helpful, at other times, may react in a somewhat competitive or negative manner or may withdraw (*).

3. Slight Adjustment

Has a slight interest in her peers. Most often, fails to initiate interactions and only occasionally responds to the overtures of others. Has considerable difficulty in making friends, but can maintain one or two friendships or acquaintanceships for short periods of time. Has infrequent contact with her friends or acquaintances.

Most often uses the formal structure of an organization to develop and share organizational interests with acquaintances. Is only rarely able to share personal interests with friends. Indicates that she rarely finds relationships with other girls enjoyable or mutually helpful. Most often, either reacts in an unduly competitive or negative manner or may withdraw (*).

1. No Adjustment

Has no interest in her peers. Does not initiate interactions and avoids overtures of others. Is unable to maintain contact with peers for any period of time. Has almost no friends or casual acquaintances.

Is usually unable to use the framework of a formal organization to develop friendships or acquaintanceships and cannot share personal interests with others. Indicates that almost never finds relationships with other girls enjoyable or mutually helpful. Typically reacts in a highly competitive or negative manner or may remain distant and withdrawn (*).

PEER RELATIONSHIPS - MALE

11. Excellent Adjustment

Shows an active interest in establishing and maintaining relationships with male peers. Seeks out the company of boys similar in age to herself by attending parties, social clubs, etc. Has a differentiated perception of male peers and is able to relate to them as individuals. Makes friends and can maintain these friendships.

The girl may have a boyfriend or may enjoy platonic relationships with boys whom she sees frequently. (Although able to relate to many men, the young woman has a boyfriend or husband with whom she has been able to enjoy a special relationship over an extended period of time.) Is able to develop and share personal and organizational interests with her boyfriend. Is compatible with her boyfriend both educationally and intellectually. Indicates that her relationships with male peers are highly satisfying, with a great deal of mutual affection, respect and understanding (*).

9. Good Adjustment

Shows a considerable interest in establishing and maintaining relationships with male peers. Is often receptive to invitation to attend parties, social clubs, etc., where she might meet boys similar in age to herself. For the most part, has a differentiated perception of men and is able to relate to them as individuals. Manages to make friends with male peers and to maintain these friendships.

The girl may have a boyfriend or may enjoy casual relationships with boys who she sees regularly. (The young woman has a boyfriend or husband with whom she has been able to enjoy a special relationship over a considerable period of time.) Is usually able to develop and share organizational and personal interests with her boyfriend. For the most part, is compatible with her boyfriend both educationally and intellectually. Indicates that her relationships with male peers are satisfying with a considerable degree of mutual affection, respect and understanding (*).

7. Average Adjustment

Shows a moderate interest in establishing and maintaining relationships with male peers. Is sometimes receptive to invitations to attend parties, social clubs, etc. where she might meet males similar in age to herself. Has a moderately differentiated perception of male peers and is usually able to relate to them as individuals. Has some difficulty in making friends but can maintain some friendships over a moderate period of time.

The girl may have a boyfriend or may enjoy casual relationships with boys who she sees moderately often. (The young woman has had long term relationships with boyfriends or a husband.) More often than not, is able to develop and share organizational and personal interests

with her boyfriend. Although, for the most part, is compatible with her boyfriend, some slight differences in education or intellectual ability may exist. Indicates that her relationships with male peers are most often moderately satisfying, with an adequate degree of mutual affection, respect and understanding. (*) However, on occasion may react in a slightly aggressive or sexual manner or may withdraw (*). (For example, a slightly aggressive pattern may be depicted by a girl who is mildly critical of her boyfriend, leading to occasional arguments and disagreements. A slightly withdrawn pattern may be depicted by a girl who occasionally experiences difficulty accepting warmth or closeness from her boyfriend.)

5. Some Adjustment

Shows some interest in establishing and maintaining relationships with male peers. Is occasionally receptive to invitations to attend parties, social clubs, etc. where she might meet boys similar in age to herself. Has a somewhat differentiated perception of male peers, although at times, she tends to stereotype them. (For example, she may tend to view men as excessively domineering, primarily interested in sex, etc.) Has some difficulty making friends, but can maintain some friendships for some period of time.

The girl may have a boyfriend or casual relationships with boys who she sees occasionally. (The young woman has had some long-term relationships with boyfriends or a husband.) Is able to develop and share some organizational and personal interests with her boyfriend. While compatible in some areas, significant differences in education or intellectual ability may exist. Indicates that the nature of her relationships with male peers is variable; at times experiences some satisfactions, with some mutual affection, respect and understanding, at other times may react in an unduly aggressive or sexual manner, or may withdraw. (*) (For example, an unduly aggressive pattern might be depicted by a girl who is considerably critical of her boyfriend, leading to arguments and disagreements which are not readily resolved. An unduly withdrawn pattern might be depicted by a girl who has some difficulty tolerating closeness from a male and who may remain superficially committed to the relationship. She may explain this lack of commitment by finding fault with her boyfriend and expressing unrealistically high standards for what she is seeking in a man. Alternatively, the girl's complaints may appear justified, although she repeatedly becomes associated with men of the same type.)

3. Slight Adjustment

Has a slight interest in establishing and maintaining relationships with male peers. Rarely attends parties, social clubs, etc. where she might meet boys similar in age to herself. Has a slightly differentiated perception of male peers and often tends to stereotype them in a negative manner. Has considerable difficulty making friends and can maintain contact for relatively short periods of time.

Where she has been able to form a relationship, the couple are able to share only a narrow range of organizational and personal interests.

Considerable differences in education or intellectual ability may exist. Indicates that the nature of her relationships with male peers is quite variable; at times experiences slight satisfactions, however, most often interacts in a highly aggressive or sexual manner or may withdraw (*). (For example, a highly aggressive pattern would be depicted by a girl who continually criticizes her boyfriend, leading to numerous arguments and disagreements which are rarely resolved and which threaten the relationship. A highly withdrawn pattern might be depicted by a girl who has considerable difficulty tolerating closeness from a male and who participates in short-lived superficial relationships.)

1. No Adjustment

Has almost no interest in establishing and maintaining relationships with male peers. Usually avoids all parties, social clubs, etc. where she might meet boys similar in age to herself. Has a negative and undifferentiated perception of male peers and almost always stereotypes them. Is unable to maintain contact with individual boys for any period of time, but may have many indiscriminant, short-lived relationships.

Where she has been able to form a relationship, the couple are able to share only a narrow range of personal or organizational interests. Marked differences in education and intellectual ability may exist. Indicates that relationships with male peers provide very few satisfactions, with very little mutual affection, respect and understanding. Typically, interacts in a markedly aggressive or sexual manner or may remain distant and withdrawn (*). (For example, a markedly aggressive pattern might be depicted by a case where most of the interaction takes the form of verbal or physical battles. A markedly sexual pattern might be depicted by a girl who has many indiscriminant short-lived contacts in which her primary involvement is sexual. A markedly withdrawn pattern might be depicted by a girl who expresses no interest in men and avoids all interaction with them.)

SELF-ATTITUDES

11. Excellent Adjustment

Has a high degree of self-worth. Sees her strengths and weaknesses very realistically. Has high self-acceptance as to own traits, abilities and characteristics. Frequently judges self favorably compared to others. Possesses self-confidence as to outcome of her own efforts and her ability to overcome obstacles and solve problems. Very often feels loved, liked, wanted, respected, accepted and understood.

Keeps self in very good physical condition. Shows a decided respect of her body by having regular medical and dental check-ups. Follows recommendations for maintaining good health. Does not engage in habits harmful to health (*) (e.g. excessive eating, smoking, taking of drugs, etc.). Is evidently careful about grooming. Chooses appropriate combinations of clothes, keeps herself clean and neat, and cares for her personal appearance with regularity and thoroughness.

9. Good Adjustment

Has considerable self-worth. For the most part sees strengths and weaknesses realistically. Usually has self-acceptance as to own traits, abilities, and characteristics. More often than not judges self favorably compared to others. Usually possesses confidence as to outcome of own efforts and her ability to overcome obstacles and solve problems. More often than not feels loved, liked, wanted, respected, accepted and understood.

Keeps self in good physical condition. Usually has regular medical and dental check-ups and follows recommendations for maintaining good health. Usually does not engage in habits harmful to health (*). Is usually careful about grooming. More often than not chooses appropriate combinations of clothes, keeps herself clean and neat and cares for her personal appearance with regularity and thoroughness.

7. Average Adjustment

Has an adequate degree of self-worth. Has a moderately realistic awareness of her make-up, although may sometimes exaggerate her strengths and minimize limits or vice versa. Has an adequate degree of self-acceptance as to own traits, abilities and characteristics. As often as not, judges self favorably as compared to others. Possesses a moderate degree of self-confidence as to the outcome of her own efforts, and in her ability to overcome obstacles and solve problems. As often as not feels loved, liked, wanted, respected, accepted and understood.

Generally keeps self in good physical condition. Recognizes the importance of medical and dental check-ups but may sometimes neglect to schedule routine appointments. While not engaging excessively in habits harmful to health, in one area may sometimes exceed the limits recommended by professionals for maintaining good health (*) (For example, smoking a pack of cigarettes a week, being 10-15 lbs. overweight, etc.) Appears moderately well groomed. Is moderately successful in choosing

appropriate combinations of clothes, keeping herself clean and neat, and caring for her personal appearance.

5. Some Adjustment

Has some self-worth. Tends to waver between a realistic awareness of her make-up and an unrealistic view. Has some self-acceptance but as often as not expresses dissatisfaction with own traits, abilities and characteristics. As often as not, judges self unfavorably as compared to others. Has a somewhat lowered degree of self-confidence as to the outcome of her own efforts and in her ability to overcome obstacles and solve problems. Tends towards feelings of being unwanted, unloved, disliked, disrespected, rejected, and misunderstood. (Note: Alternatively, a girl may be assigned a rating of "5" if her confidence in herself appears somewhat exaggerated.)

There is some variation in her personal care. Sometimes carries through the recommendations of professionals about caring for herself. At other times neglects to schedule appointments for the treatment of existing conditions. Although recognizes some practices as detrimental to health, as often as not is unable to prevent herself from engaging excessively in one harmful habit (for example, she may be a chain smoker, may be excessively overweight, etc.) (*). Although makes some effort to appear well groomed, is not always successful. There is some variation in her ability to choose appropriate combinations of clothes, keeping herself clean and neat and caring for her personal appearance.

3. Slight Adjustment

Has a slight feeling of self-worth. Tends to an unrealistic self-view. Has slight self-acceptance as to own characteristics, traits and abilities. Usually belittles, downgrades and under-rates herself. Possesses only a slight degree of self-confidence as to the outcome of own efforts and, an ability to overcome obstacles and solve problems. Usually feels unwanted, unloved, disliked, disrespected, rejected and misunderstood. (Note: Alternatively, a girl may be assigned a rating of "3" if her confidence in herself appears considerably exaggerated.)

Tends to neglect physical condition. Rarely schedules routine check-ups and tends to ignore existing disorders. Is usually unable to prevent herself from engaging excessively in one or more habits harmful to health (*). Tends to be careless about grooming. There is considerable variation in ability to choose appropriate combinations of clothes, keep herself clean and neat and care for her personal appearance.

1. No Adjustment

Has marked feelings of personal unworthiness. Is very unrealistic in evaluating her strengths and weaknesses. Has very low self-regard as to own characteristics, traits and abilities. Characteristically belittles, downgrades and under-rates herself. Possesses a very low degree of self-confidence as to the outcome of own efforts, and is convinced of inability to overcome obstacles and solve problems.

Almost always feels unwanted, unloved, disliked, disrespected, rejected and misunderstood. (Note: Alternatively, a girl may be assigned a rating of "1" if her confidence in herself appears highly exaggerated.)

Neglects physical condition. Almost never schedules routine check-ups and ignores even serious existing disorders. Rarely follows recommendations for maintaining good health. Makes practically no effort to prevent herself from engaging excessively in harmful and dangerous habits (e.g. drug addiction) (*). Is careless about grooming. Makes almost no effort to choose appropriate combinations of clothes, keep herself clean and neat and care for her personal appearance.

Appendix F: Scoring Manual and Adjustment to Residence Scales

GUIDELINES FOR RATING ADJUSTMENT TO THE RESIDENCE - ADULTS, PEERS, TASKS

1. It should be emphasized that both the girl's behavioral manifestations and the value judgments of the recorder about the girl's behavior are being measured. Judgments should be made on evidence that is behaviorally rather than clinically or inferentially oriented.
2. The rater is asked to rate the girl's general or typical manner of relating to the various demands of the role situations while at the residence. Although the rater would want to consider any change in behavior which may occur over time, it is important not to give undue weight to behavior which appears to be a temporary reaction to admission, termination or situational occurrences beyond the girl's control. (For example, at admission a girl may appear especially disruptive, or conversely, may be on especially good behavior. Similarly, at termination symptomatology may temporarily increase or decrease. In addition to such reactions on the part of the girl, the rater should also be aware of possible recorder bias at these times, for example, a need to see the girl as almost "cured" at termination. Finally in regard to situational events, it is important to stress that these be beyond the girl's control and that she in no way be seen as fostering them. An example of such an event would be the death of a parent.)
- 3.a. Relationships with Adults - In evaluating the girl in this area the rater should consider her relationships with the following residence adults:

Housemothers - There are two housemothers who live with the girls at the residence. (Among the women who served as housemothers during the decade from 1959 to 1969 were ()).

Housekeeper - (Mrs.)

Residence Director - (Mrs.)

Caseworker - Each girl has periodic evaluations by the agency psychiatrist. In addition, some of girls (identified in the records) are in therapy with the agency psychiatrist or with psychotherapists at affiliated agencies or clinics. (Agency psychiatrist are Dr. or Dr. , Psychotherapists at affiliated institutions are identified in the record.)

In evaluating this variable it is important to assess relationships with residence adults only. Relationships with adults outside of the residence are not to be considered.

- b. Relationships with Peers - In evaluating this variable the rater should consider the girl's relationships with the approximately six other girls with whom she lives at the residence. It is important to assess relationships with residence peers only. Relationships with peers outside of the residence are not to be considered.
- c. Task Achievement - In evaluating this variable the rater should consider the following: care of room, participation in other household assigned tasks, attention to personal hygiene in cleanliness, make-up and dress, cooperation with residence rules and regulations (for example, in reference to phone use, visiting procedures, dating regulations, curfew, etc.), attention to school matters and use of designated study hours. Additional residence tasks which may be mentioned in the records should also be considered.

Additional Guidelines for Rating

Quantitatively, role fulfillment is measured by the amount and frequency of behavioral activity focused on object relationships and task achievement. Qualitatively, it is measured by the recorder's value judgments on the degree of the girl's success in achieving the goal or end in object relationships or task achievement, and by the social acceptability of the girl's method of achieving mastery in role demands.

In determining ratings it is suggested that the rater first carefully read the entire report and record all facts relevant to the specific scales under space provided on the work sheet. Secondly, considering one variable at a time, review work sheet notes and reread scale. Finally, on the basis of a synthesis of all the evidence concerning the specific variable being considered assign a rating and enter it in the space provided on the work sheet.

Score 4 on the scales is the midpoint and is not an indifferent or ambivalent rating, or one that indicates lack of information. Score 4 is to be used when there is either a balanced or a variable image of the girl's behavior in the aspect of role adaptation under consideration.

In the rare instances where there is not enough evidence in the record upon which to base a judgment the rater should use the letters "N.E."

ADJUSTMENT TO THE RESIDENCERELATIONSHIPS WITH ADULTSRELATIONSHIPS WITH PEERS

- Score 7: Recorder emphasizes the girl's ability to establish and maintain highly successful relationships with adults (peers).
Image: HIGHLY AND GENERALLY SUCCESSFUL.
- Score 6: Recorder stresses the girl's ability to establish and maintain highly successful relationships with adults (peers), although there is minimal mention of some difficulty in relationship with one adult (peer).
Image: HIGHLY BUT LESS GENERALLY SUCCESSFUL.
- Score 5: Recorder mentions the girl's ability to establish and maintain successful relationships with adults (peers) as a result of both a reaching out to her and the constant support of the relationship, with the predominance of evidence indicating accomplishment.
Image: PRIMARILY SUCCESSFUL.
- Score 4: Recorder indicates a balance or variable quality of achievement in relationships with adults (peers).
NO PREDOMINANT IMAGE EMERGES.
- Score 3: Recorder mentions the girl's difficulty in establishing and maintaining successful relationships with adults (peers). Although there may be some mention of success, the predominance of evidence is on the inability to accomplish the relationship.
Image: PRIMARILY UNSUCCESSFUL.
- Score 2: Recorder mentions the girl's difficulty in establishing and maintaining successful relationships with adults (peers). There is either no mention of positives, or there is minimal mention of some relationship.
Image: HIGHLY BUT LESS GENERALLY UNSUCCESSFUL.
- Score 1: Recorder emphasizes the girl's inability to establish and maintain successful relationships with adults (peers).
Image: HIGHLY AND GENERALLY UNSUCCESSFUL.

ADJUSTMENT TO THE RESIDENCETASK ACHIEVEMENT

- Score 7: Recorder heavily emphasizes the girl's ability to achieve success in a variety of tasks.
Image: HIGHLY AND GENERALLY SUCCESSFUL.
- Score 6: Recorder emphasizes the girl's ability to achieve success in most tasks, but there is evidence of lack of achievement in one task.
Image: HIGHLY BUT LESS GENERALLY SUCCESSFUL.
- Score 5: Recorder indicates the girl is predominantly successful in task achievement, but there is some evidence of lack of achievement.
Image: PRIMARILY SUCCESSFUL.
- Score 4: Recorder indicates variable task achievement, with no predominant image of success or lack of success emerging.
Image: VARIABLE OR BALANCED ACHIEVEMENT LEVEL.
- Score 3: Recorder indicates the girl is predominantly unsuccessful in task achievement, but there is some evidence of achievement.
Image: PRIMARILY UNSUCCESSFUL.
- Score 2: Recorder emphasizes the girl's inability to achieve success in most tasks, but there is evidence of achievement in one task.
Image: HIGHLY UNSUCCESSFUL.
- Score 1: Recorder emphasizes the child's inability to succeed in a variety of tasks.
Image: HIGHLY AND GENERALLY UNSUCCESSFUL.

Appendix G: Scoring Manual and Affective Tone Scale

TEN POINTS FOR EVALUATING AFFECTNumber and Arrangement of Memories in Protocol

1. Judges will assign ten separate affect ratings per subject. These ratings will relate to three spontaneous memories and memories concerning each of seven program components. (Components are residence building, housemother(s), peer group, caseworker, director, psychiatrist and neighboring community.)

2. During the interview an effort was made to allow each girl an opportunity to give an uninterrupted narration of each recollection. Explications requested by the interviewer generally follow uninterrupted presentations. In the case of spontaneous memories all three memories may be given by the girl before the interviewer intervenes with questions. Thus, in scoring spontaneous memories the rater should first read all three recollections and the following explication before rating them individually. In the case of elicited memories interviewer questions are asked immediately following the presentation of each recollection.

Scorable and Unscorable Responses

3. When asked for a specific memory regarding a program component some girls begin by giving an evaluation of that component. Such evaluations are not to be rated. Only descriptions of specific incidents or experiences are to be scored. (For example, a girl may begin by stating that almost all of the other girls at the residence were cruel, insensitive, had a detrimental effect on her, etc. Nevertheless, the specific incident she relates concerns another girl who behaved towards her in a kind, sympathetic manner. In this case the rater should assign a positive score typifying the nature of the incident rather than the nature of the evaluation.)

4. When asked for a specific memory regarding a program component, a girl will occasionally physically describe the component. When such descriptions have an obvious projective quality (no attempt is made by the girl to describe the component realistically in all its aspects, instead various features or qualities are stressed whereas others are ignored) they are to be scored.

5. Occasionally a girl may be unable to recollect a specific experience but may attempt to group a number of incidents together and give a general account of them. For example, she claims she cannot remember a specific meeting with a particular person but states that in general "Whenever we met I talked and talked and she listened." Such general memories are not scored.

Guidelines for Assigning Ratings

6. In assigning ratings judges should emphasize sign versus intensity of affect. For example, a memory in which the predominant affect is

warmth may receive the same rating as a memory in which the predominant affect is love. (Similarly, a memory in which the predominant affect is fear may receive the same rating as a memory in which the predominant affect is panic. As a further example, a memory in which the predominant affect is fear may receive a lower rating than a memory in which the predominant affect is panic if in the latter case there is also some evidence of the affect of gratitude for help received.)

7. In assigning affect scores judges should emphasize the girl's own viewpoint, that is, how she felt during the specific incident or experience. The judges' own conceptions of what is "good" or "bad" for the girl should not be heavily weighted unless there is evidence that the girl felt similarly. (For example, a girl may relate the good time she had accompanying some other girls to the movies without first receiving permission. As such, this recollection would be assigned a positive affect rating. If, however, the girl also expressed negative affect--for example, annoyance at having to report her whereabouts, or guilt at not having reported her whereabouts, etc.--the incident would receive a positive, negative or variable affect rating depending on the relative degree of unpleasant versus pleasant feeling expressed.)

Multiple Memories and Omissions

8. Occasionally, despite the fact that a single memory is requested, a girl will relate two detailed recollections regarding a specific component. In general the judges should endeavor to assign only one rating whenever possible. If the content or affect is similar (both in the positive range, both in the variable range, both in the negative range) only one rating should be assigned. If the affect differs (in differing ranges) two ratings should be assigned. (This rule applies mostly to multiple recollections regarding specific persons. In the instances of recollections concerning the residence building or the neighboring community it is more likely that multiple recollections will be given--partly a result of the interviewer's question sometimes being stated in the plural. Here the judges should try to assign one overall rating which takes into account the relative weighting of both positive and negative factors indicated in the recollection.)

9. Additional recollections given during the inquiry phase (that is, when the interviewer requests further information regarding a memory already presented) should not be scored.

10. If a girl is unable to relate a specific incident or experience in response to the interviewer's request, the judges should score "Girl Omit". If the interviewer fails to request a memory regarding a specific component, the judges should score "Interviewer Omit".

DEGREE OF POSITIVE VERSUS NEGATIVE AFFECT EXPRESSED

7. Almost total positive affect-Emphasizes almost total positive affect. (Positive affect: joy, delight, contentment, warmth, love amusement, etc.)
6. Considerable positive affect - Emphasizes considerable positive affect although mildly negative affect also present.
5. Primarily positive affect - Emphasizes primarily positive affect although some negative affect also present.
4. No predominant affect-Emphasizes a balanced or variable quality of affect.
3. Primarily negative affect - Emphasizes primarily negative affect although some positive affect also present.
2. Considerable negative affect - Emphasis considerable negative affect although mildly positive affect also present.
1. Almost total negative affect - Emphasizes almost total negative affect. (Negative affect: anger, sadness, fear, shame, guilt, disappointment, etc.)

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