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Follow-Up Study of Emotionally Disturbed Children to Assess Community Services Available After Treatment

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Follow up Study of Emotionally Disturbed Children

To Assess Community Services Available After Treatment

A. Introduction

The purpose of this research project would be to discover, by means

of a follow-up study, the kinds of community services most needed for

children returning to the community from residential treatment centres for

the emotionally distrubed, in their attempts to resume normal and im-

proved levels of functioning, and to maintain this improvement, if not

in fact stabilizing and bettering their adjustment still further.

The question for the study, which is an exploratory one, is as

follows:

"What gaps, (if any), are present in those community services

aiming to help 'returning' children maintain their improved functioning

and adjustment in the community?"

Other questions of equal importance could be raised about these

children,[1] but although they would doubtless shed additional light on

the factors influencing the degree of sustained improvement in returning

children, many of them would be extremely difficult to research with in

the scope of the proposed research design. However, the question of gaps

in community services would provide some valuable and constructive in-

sights for making the community environment ot which the child returns,

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[1] 1. Whether there is a common diagnostic category of children,
or a particular socioeconomic group, who fare better, or worse, than others;
2. Whether children returning to their natural homes show any common
overall differences from children placed in foster homes upon discharge;
3. Whether the degree of success in post discharge adjustment is corellated
with age, sex, or intelligence; 4. Whether length of stay in treatment or
level of initial post discharge adjustment is any predictor of long term
adjustment.

a place more likely to foster and encourage his maintained improvement,
rather than ignoring, and thus contributing to, his vulnerability to
relapse. Hence this question will be selected for study.

The question itself arises from the observed fact, confirmed
many times in practice, that, of all children who receive treatment and
improve, not all maintain this improvement upon return to the community;
some quickly regress or grow even more disturbed over a varying length of
time, while others do maintain themselves or improve even further. For
this study, the assumption will be made that, although part of this reg-
ression, where it occurs, may be due to higher residual distrubance in the
"backsliders" than in the "maintainers", this does not account for the
entire problem; and that, for groups of children who can be roughly matched
for severity and type of disturbance on admission and extent of improve-
ment upon discharge, the reasons for their differential degree of success
on returning to the community lies partially in a varying degree of nur-
turant and sustaining elements which each group encountered in the community
environment to which he returned.

A second assumption would be that both successful and relapsing
children would, on return, encounter to some degree any significant gap
or problem area in community service, though this would vary in its impact
from child to child. (Hence, there would be no need to select for study
only those deemed as "regressers", as the problem areas should appear for
both, with the difference being one of degree, if it is truly a problem
of community resources and not just individual factors.)

Thirdly, it would be assumed that, although the patient population
will be drawn from, and so return to, perhaps as many as half a dozen or
more communities, nevertheless (a) there will be some commonality of any

major service gap between various communities within a roughly homogeneous area; and (b) in the respects in which a given community is unique, there will be a common particularly common problem among all or most of the children from that community, which will become apparent in the results. Therefore, any conclusion drawn by the study about gaps in community services will not be invalidated by the fact that more than a single community will actually have been studied in following up the discharged patients; the conclusions will merely be applicable to the whole general area served by the treatment centre, rather than to a specific community alone.

In summary, a careful follow-up study of a specific sample of discharged children should yield a profile of the commonest areas of difficulty and breakdown in adjustment, and suggest gaps in community services which would have helped modify or ameliorate these problem areas for these children, and aided the maintenance of their clinical improvement.

A "residential treatment centre" will be defined as one in which the children live in the institution, and have the greater part of their daily activities, including school, either on campus, or, if off campus, as a group in themselves, e.g. excursions, church, shopping, etc. Thus their treatment and day-by-day life would not be very much influenced with, or participation in, the community, during their term of treatment, which for this study will be defined as a period of one to three years, and averaging around one and a half years.

This is felt to be a fairly typical range of residential treatment time, and in addition the setting of such limits will provide the study with children who have been removed from the larger society for a significant,

but not a massive, portion of their lives, who might then have had very

central problems in merely becoming accustomed to non-institutional life

itself, blurring the "maintenance of improvement" problems which this

study wishes to isolate.

The "child" for this study, will be defined as a boy or girl aged

eight to twelve, suffering from neurotic of psychotic disturbance, character

disorder, or lesser degrees of behavior problems, but excluding the more

than mildly retarded or the predominently brain damaged child. The rationale

for the exclusion of these last two categories is the fact that their prob-

lems, especially in education and in social relationships, are usually com-

plicated over and above those of the primarily emotionally disturbed child,

and would require a separate study to inquire the gaps in the community

resources, even though they share as well the problem areas that the child

as defined for this study, will encounter. Some of these special problems,

for example, include the need for special facilities for education, out-

side of the public school system, and the heightened frustration associated

with learning; and in the area of social and peer relationships, the higher

degree of social ostracism faced by retarded children, especially where

there is only one in the group, and the physiologically based problems of

impulse control, hyperactivity, low frustration tolerance and high dis-

tractibility, of many brain damaged children, that renders their social

behavior much less firmly under their own control than that of the

physiologically normal child. Thus the uniqueness of their problems places

these children outside of the range of this particular study the moreso

because the effects on behavior of these handicaps unfortunately cannot be

separated out from the effects or symptoms of purely emotional upset, which

is the problem of the child in question here.

"Community services" should also be specified, as any services
which, directly or indirectly, enhance and support the returning child's
adjustment; it will not be limited to those services, if any, which are
set up with his welfare exclusively in mind; social service agencies
as such, their ancillary services such as foster homes, voluntary programs,
health services, and homemakers, public institutions such as the school,
the church, recreational facilities, and even social planning bodies,
all could be included here.

Some attention should be given to defining or describing the
variables at this point. The independent variable will be the presense,
or degree of severity of, gaps or lacks in community services supporting
returning children. The dependent variable, will be the degree of prob-
lematic adjustment and failure to maintain the improved level of function-
ing achieved within the treatment centre, on the part of the backsliding
children. Thus the study will have the "ex post facto" quality of looking
after the event, so to speak, to deduce some of its causes.

B. Importance of the Study

The importance of this study is seen in relation to the terrible
waste of treatment resources and human potential, in those cases where
much of the hard-won improvement, gained in the treatment process, is
lost when the child leaves the institution and returns to the community.
By uncovering some of the factors contributing to this regression, efforts
could then be made at eliminating them, and thereby more effectively
helping the child maintain his improvement after discharge, in contrast to
the all too frequent present dilemma of helplessly watching a child's
progress deteriorate, with only the most general impressions of why, and
the most unspecific evidence to place before the community in trying to

press that something be done. It would be hoped that the results of this study would help to reveal or define more explicitly some of the community level problem areas, that they could then be reduced or eliminated. Thus treatment efforts in the future would less often be inadvertently counter-acted, or rendered largely ineffectual, by the environment to which the child returned, and his improvement would have more liklihood of being a lasting one, which he could look forward to enjoying on much more than a merely transitory basis.

C. Survey of the Literature

A review of the current literature reveals very little in the way of actual studies of the fate of children disc h arged from treatment centres, but does point up vividly several areas of problem adjustment for dis-turbed children in general, and over and over singles them out as trouble spots, for almost all children with emotional and adjustment problems. (A selection from this array of literature is included in the bibliography, but it is only representative of typical areas, as there is as immense amount of material available on the topic, of which this is merely a sample.) These areas specifically are (i) that of the need for, and desperate scarcity of, good foster homes, and (ii) the need for more enlightened and effective support of the child in the school setting, his biggest hurdle outside of the protection of the home. In discussing the foster home situation, I. W. Fellner,[1] mentions the frequent expedient of placing the disturbed child in an institution rather than embarking on the arduous search and upkeep or support involved in assigning him to a foster home, which, if done,

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[1] I. W. Fellner. "Selective Placement of Emotionally Disturbed Children" in Social Casework, Vol. 45, #6, p. 341. June '64.

might much better meet his needs, but which in most communities, is

difficult if not impossible because of the shortage of both foster homes

and supporting services in the community. A report of the study of

special foster homes for disturbed children,[1] emphasizes the importance

of carefully prepared transition from institution to foster home, an over-

lap period when a change of worker is involved, and the rapid establishment

of a good worker relationship between the worker and the foster parents,

again, factors which are too often overlooked, and causitive of many prob-

lems in the foster home settings of these struggling children. Still

another book,[2] discusses the hazards that both foster parents and foster

children face if the parents are not aware of their own actual or potential

conflicts as a family and as dynamic individuals, and emphasizes the need

to select foster parents who can both cope with and constructively support

the distrubed child, and also maintain thir own balance and integration

as a family, without allowing distortions and conflict to arise around

the child, or the agency itself.

Regarding school as a second major problem area, one representative

article[3] suggests that some of the most important considerations include

the quality of contacts with the school administrator, clarity of decisions

about information-sharing, the degree of involvment that is brought about

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[1] R. V. Fine. "Moving Emotionally Disturbed Children from Institution to Foster Family" in Children Vol. 13 #6, p. 221-226. 1966. Abstracts for Social Workers Vol. 3 #1 Spring '67, Art. #53.

[2] A. N. Maluccio. "Selecting Foster Parents for Disturbed Children" in Children Vol. 13 #2, p, 69-74 1966. Abstracts for Social Workers Vol. 2 #3 Fall '66. Art. #499.

[3] W. J. Ambinder and L. H. Falik. "Keeping Emotionally Disturbed Children in School" in Children Vol. 13 #6 p. 227-231, 1966. Abstracts for Social WorkersVol. 3 #1 Spring '67. Art #125.

of the foster parents in the child's school adjustment, and the inclusion

of foster parents in the planning and discussion of proposed special help

or other changes for the child. Another article [1] discusses the need for

large scale collaboration between schools and social agencies serving

children, stressing that this must be a true working relationship, and

extend throught all the phases of diagnosis, treatment, and termination.

It also suggests ways in which social workers may be more effective in their

collaboration with schools, both in attitude and in procedure. A more

specific study of cases,[2] representative of many field studies, reports

on an experiment with special classes for disturbed children, who could not

be contained in public school, which provided both teaching and therapy

aimed toward restoring these children to the public school system. The

emerging results and recommendations included the urgent need for early

intervention, (as one of the most important determinants of later re-

habilitation), and the intense need for, and scarcity of, community

resources to diagnosis and treat these children by spotting them in the

school, (the most likely area for detection), and for special school

facilities to prevent their education stopping completely, or to preclude

the need for many of them to be institutionalized at all in order to be

treated.

The search for strong and loving parents, who will both sustain

and nurture the child, and also limit and control him until he can do this

[1] F. M. Moynihan. "Family Service Agency Collaboration with Schools"
Social Casework, Vol. 47 #1 Spring '67, Art. #125

[2] R. J. F. Stepney "The Disturbed Child and the Public School"
Social Casework Vol. 6 #5, p. 287 May '65.

for himself, is one of the biggest challenges in the whole mental health field; and the availability of perceptive teachers, and an adequate network of communication and collaboration between agency worker and school, to guide and support the child in his school situation, is, according to the literature, the second biggest problem area for the borderline child trying to hold his own.

D. The Design of the Study

The design of the study will be, essentially, a follow-up study of discharged children, which will then be analyzed, by comparing the various cases, to extract common problem areas in adjustment which can be minimized or eliminated by better community service resources. As mentioned earlier, because we will be examining the experiences of children who have already left the treatment centre and returned to the community, this is an "ex post facto" study and design.

1. Sample:

The sample will be random purposive, since a blanket survey of all discharged children from a given centre would not only be expensive and arduous, but perhaps less relevant, than a study of a sample of recent patients discharged into the current community situation. For purposes of expediency, the sample will be drawn from the group of children discharged from a given treatment centre during the most recent completed calendar year, and be made up of all those children who have been in treatment for one to three years, where both treatment centre and patient population correspond with the proposed definitions and limitations of this study. This will give a sample of children with post-discharge periods of from one day to one year, which could be of great value in attempting to study the existence of problem sequence, and would also give a wider span

of follow-up material than would a sample of children all of whom had

been back in the community for approximately the same length of time.

The reason for preferring an undifferentiated sample over two

matched groups, (e.g. sustainers and losers of improvement), is the ex-

treme difficulty of matching cases for initial severity and type of dis-

turbance, degree of improvement, and allover coping ability and adjust-

ment level upon discharge, as these are perhaps almost impossible to

measure of campare quantitively form one patient to the next; the more

blanket survey problem areas would seem to yield an almost equally

valuable glimpse of foremost community service gaps, since virtually all

of the children will encounter the major problems to some degree.

2. Methods of Data Collection

For the sample that has thus been obtained, (for one such agency,

this would be something under one population turnover, if the average

stay is around a year and a half), a personal contact interview would be

made with the child's parents or legal guardian, and with the Children's

Aid Society or other social worker, where one is involved. In addition,

the child also would be seen and interviewed informally for a more direct

and personal assessment. A fourth possible interview, (see below), would

be with the child's teacher. The interview method is chosen as it would

seem to provide a more complete and graphic impression of child's post-

treatment adjustment, than would a written report, a standardized question-

naire, a letter of description, or a telephone interview. However, all

those to be interviewed would be contacted by letter in advance to describe

the purpose of the study, to explain what the interview would involve, and

to give the interviewees an opportunity to collect their thoughts and to

arrange an appointment time. It would be felt that any inaccuracies that this would introduce into the study (by giving a parent, for example, time to "improve upon" a problem ridden child), would be more than outweighed by the gains in good reporting made by prepared interviewees; also there is the practical necessity of contacting professional workers in advance in order to get an appointment. Thirdly, it would be felt that a skilled interviewer would be able to detect an evasive or overly exemplary report, and inquire further. For those interviewees who proved to be too far away, or otherwise unavailable for a personal contact, a letter followed by an extended telephone interview would be used.

3. <u>Areas of Study</u>:

The areas of spheres of adjustment covered by the interview would include the following topics, and the interview would be as open-ended in structure as possible; the topics would not necessarily be presented as direct questions, or in any rigid order, but the interviewer would be careful to include them all for discussion before the interview was concluded.

(i) The number of placements or moves in residence the child has made since discharge, (this if often more applicable to Crown Ward children in foster homes), and the circumstances surrounding any moves; the length of time he spent in each of these placements or residences.

(ii) The child's adjustment to home life: the type(s) of family setting in which he has lived since discharge, especially the present or most permanent one, whether this incoudes parent or parents, legal guardians, foster parents, institution, etc., siblings or other family members; a descriptive assessment of the kind of family tone or atmosphere, and, within this context, a description and assessment of the child's adjustment to the home, and any problematic areas, e.g. relationship capacity with parent figures, and with

siblings, adjustment to family routines, reaction to authority and to family and parental rules, amount and kinds of satisfactions of frustrations mutually experienced between the child and the rest of the family, and the degree to which, depending on the length of time that has elapsed, he has appropriately settled into the family as a member or quasi-member.

(iii) School adjustment: both academic and behavioral aspects; whether he appears to be achieving reasonably well within his intellectual range of ability, and his ability to cope with the demands and controls required by classroom routines and rules, attendance, etc., his perception of and relation- ship to the teacher. (e.g. anger, fear, contempt, appropriate, fawning), and his attitude toward school in general, whether it is in general enjoyable and challenging to him, or bewildering, frustrating, or boring; his character- istic response to the school situation, e.g. rebellion, dreamy withdrawal, clowning, or otherwise acting out, or non-problematic and sympton-free types and range of behavior. Where possible, this part of the assessment could be greatly augmented and clarified by an interview with the teacher, and this should be included wherever feasible.

(iv) Social and peer adjustment: whether the child has close friends, a more casual circle of companions, or is somewhat of an isolate or loner; if the latter, whether because of rejection or ostracism by the group, or by personal inclination, and why the ostracism occurs, if and when it is present; where there is a significant friendship or peer group, what it is like and what degree of satisfaction or frustration this sphere of life holds for the child; can be win and keep friends, cope with the problems of shar- ing, arguments, jealousy, etc., without undue upset, and what is his typical response to others: relative confidence, fear and suspicion, isolation or withdrawal, domineering or submissive behavior, etc., and are any of these

present to a problematic degree, over and above the slight exaggeration one

might predict on the basis of his past stresses. Is his life with his peers

more satisfying than otherwise, or the reverse; is it a positive or a

negative in his total attempt to cope with life on a new level?

(v) Medication; whether the child has been prescribed any medication such

as tranquillizers or anti-depressant or counter-psychotic drugs, AND whether,

if they have been prescribed, he is actually taking them, (a question often

relevant when the child is discharged to his natural parents rather than to

legal guardians or foster parents). Also his physical health and vitality

in general, and whether he is experiencing any physical symptoms that might

indicate either illness or emotional stress.

(vi) The outlook or prognosis in general for the child's future adjust-

ment: good, guarded, or poor; whether in the allover picture he appears to

be maintaining his improved functioning level or even improving it, hold-

ing his own only with varying degrees of difficulty, uncertainty, and set-

back, or falling away from his level of functioning upon discharge and

losing ground, regressing to his former disordered functioning to a sig-

nificent degree. What the future would seem to hold for him, both short

and long-term.

In disucssing these various areas, the interviewer would be fairly

non-directive, except to ensure that all the areas were examined at some

point. Otherwise he would introduce an area or question, perhaps if it

had not come up spontaneously, and let the interviewee carry on from there,

except to clarify or round out the picture, or to encourage him to elaborate

where necessary. He would be seeking an overall impression of the child's

progressive level of functioning, rather than a merely factual statement

which might be limited in terms of describing how the child is really

progressing outside of the institution, (notwithstanding that the impression

must be based of fact and not on feeling alone).

When the data has been collected for all the subjects in the sample,

the cases would be compared to try to extract common problem areas, which

would then be examined in relation to the network of community services,

either actual or potential, ot try to acertain which of these problems if

any, might have been met at a community service level, if the service had

been available or more adequate. These findings would constitute the con-

clusions of the study, and out of them would come any recommendations

eventually made to the community for the enlargement or modification of

services.

4. Limitations:

The limitations of the present research design stem mainly from

the fact that, from one relatively small smaple from one treatment centre,

it would be difficult to draw as definitive conclusions as one would

desire. This could be overcome by repeating the study several times, over

a period of year, with different samples; it could also be expanded by

continuing to follow-up the first and succeeding samples more than once,

to see how adjustment patterns developed after the first year.

Another source of limitation of the study is the one mentioned

earlier in connection with other questions that could be asked about these

children; namely that the presence of amny, intertwining, variables in a

single case which separately and together influence its progress, make it

difficult to extract or isolate a particular factor, and assign it a

specific and accurate weight as a determinant. For example, the effect on

the child of being discharged to foster care rather than to his natural home,

is in fact beset with many sub-variables: How "good" is the foster
home? Have the natural parents been in treatment? If so, have they
responded? Is the "good" foster home good for every child with
every need, or suited to a particular kind of child, but unsuitable
to another? In a "bad" natural home, is the prospect of separation,
if no good substitute can be found, better or worse than the known
ongoing damage of the natural home? Clearly, even though the pro-
blem of insufficient good foster homes can and must be brought to
the community, it is no simple matter to discover or to demonstrate
precisely how they fit into the fabric of causation in general,
much less how the community can make this service a better and more
effective one, or ensure the quality of foster home recruitment.
However, a number of relatively accurate conclusions do emerge from
studies such as these, and following are some of the possible con-
clusions one might predict from this study.

E. Anticipated Conclusions

Among the possible and more likely gaps in community services,
one might expect some of the following to appear:

(i) Lack of sufficient and adequate foster homes

(ii) Lack of social service treatment facilities to work with
the families of the children as well (such as family counseling ser-
vices, travelling clinics, collaborating out-patient services in the
distant community who could pick up the case and carry it for a post-
discharge period, or treatment centres open on weekends to accomodate
families from a distance for concurrent treatment with the child), so

that the child might·return to a healthier home of his own upon dis-
charge, rather than to either the dame situation that contributed
to his original disorder, or to an unfamiliar foster home when
permanent placement might have been unnecessary had these family
services been available.

(iii) Lack of follow-up contact for consultation, continuity,
etc., between the worker and the natural or foster home, to iron out
potentially minor problems and smooth the way to rehabilitation back
into the community, giving the child a strong and familiar hand to
help him carry over and maintain his improvement, and sharing and
working with some of the anxieties and frustrations of the natural or
foster parents as well, rather than leaving them alone in this. Or,
where distance makes this unlikely or impossible, to provide a re-
ferral to a worker in the area for this service, perhaps with a
reciprocal agreement.

(iv) Lack of a similar kind of supervision, consultation, etc.,
between agency and foster home specifically, to maintain and upgrade
the quality of those that are available, to fill a teaching role, and
to keep the support of the foster parents rather than incurring
their resentment, or perpetuating their failings, where they do exist,
by almost literally abandoning them at times with some of the most
difficult of all children.

(v) Lack of teacher awareness of general psychology and child
development and disturbance, and lack of orientation to the needs of
a child trying to hold his own against various kinds of emotional dis-
orders, such as impulse control or distractibility, for example, or
low frustration tolerance, in order to be better and more appropriately

able to meet this and cope with the child in times of stress,
unhampered by either self doubt and uncertainty, or by anger and
punitiveness.

(vi) Related to the above, lack of contact between agency
worker and teacher for consultation and collaboration around a given
child. Possibly with this, there is a lack of appreciation on the
part of each of the other's position, and a lack of the communica-
tion that would enable them to work together rather than at cross-
purposes.

(vii) Lack of adequate flexibility in the school program,
not so much to cater to the child who cannot yet cope with school,
as to provide a safety valve that allows for some of his initial
difficulty, and gives the teacher some alternatives to offer, rather
than tying her hands within a rigid system, (where, for example, all
the pupils must usually do the same thing at the same time).

(viii) Lack of community education about mental illness, which
would promote a greater willingness to accept the returning child,
(which attitude would be passed on to his peers), and at the same time
to make some allowances for his initial difficulties.

(ix) Lack of adequate group and recreational facilities such
as playgrounds, especially for the urban child; to provide some of the
peer contacts he may otherwise miss (especially if he finds first over-
tures difficult); also, incidentally, to give a slight amount of
anonymity to the child in a community where attitudes toward mental
illness would make him much less acceptable than other children.

Other conclusions about the gaps in community services for return-

ing children, could well arise out of such a follow-up study which would be impossible to foresee before the study was actually carried out. If, as suggested, it was continued over a period of years, it would not only provide a valuable picture of the changing community but also a method of studying the effectiveness of any changes that were made from the recommendations of the initial study, in an attempt to counteract this the loss of improvement in returning children. In any case, as long as serious study is not given to the reasons behind the fate of these less fortunate children, there can be no cessation in the waste of time, community money, professional skill, and human life that continues to occur, probably unnecessarily, in a significant number of the children of our communities.

BIBLIOGRAPHY

Ambinder, W. J. & Falik, L. H. "Keeping Emotionally Disturbed Children
        in School" in Children Vol. 13 #6 p. 227-31, 1966. Abstracts
        For Social Workers, Vol. 3 #1, Spring '67, Art #125.

Carnley, Jean. The Art of Child Placement. University of Minnesota
        Press, Minneapolis, 1955.

Conklin, L. T., Vielbig, A. J., & Blakeley, T. C. "Use of Groups
        During the Adoptive Postplacement Period" Social Work,
        Vol. 7 #2, p. 46, April '62.

Cox, R. D. "Social Work in the Elementary Schools: Techniques and
        Goals" Social Work, Vol. 8 #2, p. 77, April '63.

Dyson, D. M. No Two Alike. George Allen & Unwin Co. Ltd., London '62.

Fellner, I. W. "Selective Placement of Emotionally Disturbed Children"
        Social Casework, Vol. 45 #6, p. 341, June '64.

Fine, R. V. "Moving Emotionally Disturbed Children from Institution
        to Foster Family" in Children, Vol. 13 #6, p. 221-226, '66.
        Abstracts for Social Workers, Vol. 3 #1, Art #53, Spring '67.

Gochros, H. L. "A Study of the Caseworker-Adoptive Parent Relationship
        in postplacament Services" in Child Welfare, Vol. 46, #6,
        p. 317, June '67.

Goldstein, Harris K. Research Standards and Methods for Social Workers.
        Hauser Printing Co. Inc., New Orleans, La., '63.

Grunebaum, M. G. "A Study of Learning Problems of Children: Casework
        Implications" in Social Casework, Vol. 42 #11, p. 461, Nov. '61.

Kahn, A. J. "The Social Scene and the Planning of Services to Children"
        in Social Work, Vol 7 #3, p. 3, July '62.

Lee, Johnathan M. & Lee, Doris M. The Child and His Curriculum.
        Appleton-Century-Croft Inc., New York, '50.

Maluccio, A. N. "Selecting Foster Parents for Disturbed Children" in
        Children, Vol. 13 #2, p. 69-74, '66. Abstracts for Social
        Workers, Vol. 2 #3, Art. #499, Fall 1966.

Martin, William E. and Stendle, Celia B. Child Behavior and Development.
        Harcourt,Brace & World, New York,'53.

Moynihan, F. N. "Family Service Agency Collaboration with Schools"
        in Social Casework, Vol. 47 #1, p. 27, Jan. '66.

Ritchie, Oscar W. & Koller, Marvin R. Sociology of Childhood.
     Meridith, New York, '64.

Royfe, E. H. "The Role of a Social Worker in a Big Brother Agency"
     Social Casework, Vol. 41 #3, p. 139, March '60.

Staver, N. "Children in Foster Care and Their Freedom to Learn"
     in Social Casework, Vol. 44 #11, p. 531, Nov. '63.

Stepney, R. J. F. "The Disturbed Child and the Public School" in
     Social Casework, Vol. 46 #5, p. 287, May '65.

Stone, Lawrence J & Church, Joseph. Childhood and Adolescence.
     Random House, New York, '57.

Taylor, D.A. & Stan, P. "Foster Parenting: An Integrative Review of
     the Literature" in Child Welfare, Vol. 46 #7, p. 371, July '67.

Theis, S. The Child in the Foster Home. Part I. New York School of
     Social Work, New York, '21.

Vick, J.E. "Recruiting and Retaining Foster Homes" in Public Welfare,
     Vol. 25 #3, p. 229-234, '67. Abstracts for Social Workers,
     Vol. 3 #4, Art. #721, Winter '67.

Wight, Russell B., Our Troubled Children: Our Community's Challenge.
     Columbia University Press, New York, '66.

Young, Pauline V. Scientific Social Survey and Research. Prentice-
     Hall, Inc., Englewood, New Jersey, '66.