THE RELATIONSHIP BETWEEN FILIAL DEPRIVATION EXPERIENCE AND ADJUSTMENT TO RESIDENTIAL TREATMENT IN SEVEN- TO FOURTEEN-YEAR-OLD CHILDREN

Deborah Rejent

Submitted in partial fulfillment of the
requirements for the degree
of Doctor of Social Welfare
in the School of Social Work

COLUMBIA UNIVERSITY

1991

DSW converted to Ph. D. in 2011

ABSTRACT

THE RELATIONSHIP BETWEEN FILIAL DEPRIVATION EXPERIENCE AND ADJUSTMENT TO RESIDENTIAL TREATMENT IN SEVEN- TO FOURTEEN-YEAR-OLD CHILDREN

DEBORAH REJENT

This study was designed to determine the relationship between the adjustment to residential treatment of seven- to fourteen-year-old children and their mothers' experience of filial deprivation (or separation experience) during placement. Also included as predictors of the children's adjustment in this study were parental alienation, parental self-esteem, parental involvement in the children's treatment, and whether the placement had been supported (agreed to by the mother) or not. Also examined was the relationship between parental involvement and filial deprivation and whether the placement was supported or non-supported.

Thirty mothers who had children admitted to a short-term residential treatment center (maximum ninety days), and thirty others who had children admitted to long-term treatment (one to two years) were interviewed within eleven months of admission. The adjustment of the

children was assessed by rating scales completed by social workers and child care workers.

Factor analysis of maternal reports of feelings following placement yielded four dimensions of filial deprivation in the population of mothers: anger and shame, guilt with sadness, bitterness, and thankfulness. Results indicated that filial deprivation is related to children's adjustment, especially in the areas of peer relationships and hostility. In addition, there was a negative relationship between maternal guilt with sadness and the frequency of contact of the mother with the social worker.

Several significant relationships were found between aspects of the mother's personality and the adjustment of her child.

The findings were discussed in relation to: possible social work interventions, the impact of institutional care on parents, and the provision of social services for seriously emotionally-disturbed children.

TABLE OF CONTENTS

LIST OF TABLES

ACKNOWLEDGMENTS

Over the course of my doctoral studies, many people have contributed to my personal and professional growth. My advisor, Dr. Carol H. Meyer, provided intellectual challenges and emotional support. Dr. Shirley Jenkins suggested in 1984 that I look to her work on filial deprivation for dissertation ideas that would reflect my interests in child welfare. The late Essie Bailey was always "there" for encouragement and a smile. Many dear friends have been a source of help. I would like to thank Prudence Fisher, Ilo Milton, Julie Guibord, and the Cohen family. Special thanks to Katherine Stanton. I would also like to thank Jeanne King for typing the manuscript. My parents, Henry and Barbara Rejent, have always encouraged my academic pursuits. I would like to thank the Jewish Child Care Association for welcoming my research ideas and my presence, especially Richard Altman and the entire social work and child care staff at Pleasantville Cottage School and Diagnostic Center. And, finally, I would like to thank the mothers who participated in this study. Their cooperation and honesty have made this project possible.

This work is dedicated

to my son, Andy

and

to the memory of

Wally Rejent

and

Cornelis J. Van Zeyl

CHAPTER I

INTRODUCTION

There are at least 250,000 children in foster homes, group homes, and residential treatment (Norman 1985). About one-half are minorities; in New York State, 45 percent are black and 14 percent are Hispanic (Children's Defense Fund 1988, 200-210). As of January 1980 (more recent Census data are not yet available), there were 21,000-22,000 children eighteen years old or younger in 368 residential treatment centers in the United States (Kadushin and Martin 1988, 688).

For the past ten years or so, there has been an ambivalence in the social service sector as to how to best serve emotionally-disturbed children (Petr and Spano 1990). Community-based programs and institutions are options considered as states and communities decide where to allocate funds. However, in the midst of such serious decision-making, it has been suggested that parents have not been incorporated into the systems of care for their children (Collins and Collins 1990). As an example of this fact, Kadushin and Martin (1988, 708) state,

". . . there has been almost no evaluation of the impact of residential care on parents." They argue for a "consumer" perspective to deal with issues such as: how parents assess their experiences in placing a child in residential treatment (including positive and problematic aspects), the impact of parental experiences on children, and how the children's experiences and experiences with the institution affect the parents.

If we had a better understanding of parental experiences, we could shift our concern to family-centered issues and include parents more as "allies" than as "clients." Then decisions about our emotionally-disturbed children could be made in collaboration by professionals and parents. This dissertation is an effort to develop a beginning knowledge base within a family-centered context, with parents seen as the best allies professionals have in determining the needs of seriously emotionally-disturbed children.

Purpose of the Study

This study was designed to determine the relationship between the adjustment to residential treatment of seven- to fourteen-year-old children and their mothers' experience of filial deprivation during placement. Filial deprivation was defined in the context of the

foster care situation by Jenkins and Norman (1972, 1975) who identified dimensions of filial deprivation. Filial deprivation is an experience a mother has upon separation from her child. There are feelings that indicate the experience, yet the feelings may differ for each parent. Given the relative lack of empirical research on filial deprivation, specific directional hypotheses were not formulated. Rather, the first research question was: Is there any relationship between dimensions of filial deprivation and adjustment to residential treatment?

Also included as predictors of adjustment in this study were parental alienation, parental self-esteem, parental involvement, and whether the placement was supported or non-supported. Again, due to the lack of previous research on the relationship between these variables and the adjustment of the child, no directional hypotheses were formulated. Therefore, a second research question was: Are there any relationships between the children's adjustment to residential treatment and (1) parental alienation, (2) parental self-esteem, (3) parental involvement, and (4) whether the placement was supported or non-supported?

In addition, in order to develop a more comprehensive framework for the understanding of filial deprivation and adjustment to residential treatment, a

third research question was formulated: Is parental involvement in treatment related to any dimension of filial deprivation or to the parent's support or non-support of the placement (that is, the parent's agreement or non-agreement with the placement of the child).

The rationale for the study will follow in the next section.

Rationale for the Study

From 1979 to 1982, this investigator was a caseworker at a small residential treatment center in Manhattan that was a part of the Jewish Child Care Association. The facility served boys and girls, aged five to eleven. The caseworker functioned as team leader, provided casework and supportive services to the children and parents (or responsible family members), and coordinated all agency services for each case.

Parents, usually mothers, were seen on a regular basis, usually two or three times a month. The mothers were expressive and often in need of support and guidance in how to handle their children. No parent wanted her child to be away from home, and most parents were sad about the separation. However, beyond the general sadness, there was great variation in parental feelings and responses. Guilt and anger were observed frequently, and

the focus of casework efforts shifted from parent to parent based upon their needs.

An issue that was raised at that time was the question of how the parent affected what was occurring with the child in placement. It was always sad for the parent and child to separate, but what about the time between visits? Was there any relationship between the way the parent experienced the placement and how well the child functioned? The answer to this question might help with setting treatment goals and evaluating the progress of each case. It would also expand the theory base of understanding an important psychological component for child welfare cases.

In 1982, the residential treatment center where the investigator worked was closed, and the children were discharged or transferred to other facilities. Many children were transferred to Pleasantville Cottage School, also part of the Jewish Child Care Association, because of the type of services that were offered. Pleasantville has two facilities that offer residential treatment. The Cottage School admits 85 to 100 children yearly for long-term treatment. Boys are 70 to 80 percent of the population. The Diagnostic Center admits 120 to 150 boys a year for short-term diagnosis and treatment. About 20 to 25 percent are placed non-voluntarily,

because of abuse or neglect. The children are housed in cottages on a campus-like setting in suburban Westchester County. Transportation costs for parents and children for visits are paid by the agency.

It is important that research endeavors improve our understanding of the needs of the population studied. In the United States in 1981, there were 4,814 residential group care facilities for children and youth, with a total of 172,939 beds (Dore et al. 1984). In New York State there were 56,373 children in foster care as of December 31, 1989 (New York State Department of Social Services 1990). In New York City as of December 31, 1989, there were 45,491 children in foster care, with 5,319 in congregate care (Child Care Review Services Data Source, New York State 1990, 18). Congregate care includes agency-operated boarding homes, group homes and residences, and institutions. It has been noted that in residential care, minorities are underrepresented (Stehno 1990). In New York State, 59 percent of the children in group care or foster homes are minorities, and the rate is even higher in New York City (Children's Defense Fund 1988). But in residential care, minorities are not represented at that level. Reasons for this lack of attention may include the high cost of residential treatment services, providers wanting to increase their income

from private insurance, and the way children are diagnosed at the referral stage. There is evidence that some children are not getting needed services. A national study of AFDC and child welfare clients by Shyne and Schroeder (1978) found only 62 percent received institutional services when they had been recommended.

On the other hand, it is reported that from 25 - 44 percent of children in psychiatric hospitals could have been served in outpatient centers (Knitzer and Olson 1982). Russo and Shyne (1980) surveyed 144 residential settings and found that while 38 percent of the children were severely disturbed, an equal amount were only mildly disturbed. Petr and Spano (1990) reviewed the literature on services for children with emotional disorders. They concluded that the current system of care remains institutionally oriented. A severely disturbed child has a three times greater chance of being placed in residential care than a child with mental retardation or learning disabilities, state mental health officials focus more on residential care than on community-based options, and there is an increase in the number of adolescents in private for-profit residential centers (Petr and Spano 1990, 232). However, the authors also cite efforts to give parents a stronger voice in defining what services are needed. Collins and Collins (1990) pointed out that

this effort has come from parents and not professionals. They stated that historically mental illness has been viewed as caused by family factors and that that view was held by families and professionals alike. Such an ideology has resulted in parents feeling not only isolated from being involved with their children's care, but also feeling isolated from their children themselves. It is hoped that dissertation research would sensitize professionals to the trauma experienced by parents, stimulate practice questions, and provide staff with a sense of how they are viewed by parents.

When this investigator began seeking an agency where research could be carried out, Pleasantville Cottage School responded positively. Informal conversations with the director helped clarify and focus the issues at hand, and doctoral advisement helped guide the investigator to a dissertation topic. This dissertation is the result of that foundation.

Given the experience and concern of the investigator with the relationship between maternal reactions to placement and the adjustment of children to residential treatment, and given the availability of the Pleasantville facilities for the conduct of the study, the investigator undertook a review of the literature on filial deprivation. Jenkins (1967) reviewed the

literature on maternal deprivation and made particular mention of Ainsworth (1962), who had reported that a child placed away from home usually goes through stages of protest, despair, and detachment. Jenkins raised the question of whether the placing parent might not go through similar stages in the separation experience. A longitudinal study of foster care families led to the conclusion that the placement of a child in foster care is very upsetting to parents, and different parents react differently to the experience. It appears that filial deprivation has something in common with grief as seen in bereavement experiences such as the death of a loved one, loss of a limb, or loss of a house subsequent to relocation (Parkes 1972).

The investigator also reviewed the social work literature concerned with the adjustment of children to foster care or residential treatment. Moss (1966) described two adjustments that placed children must face: (1) separation trauma or a mourning experience and (2) adaptation to institutional life. He stressed the need for close family contact during placement, because the family is the source of the child's identity. Without family contact, feelings of guilt, shame, ambivalence, and confusion may be repressed, and the child may withdraw to defenses of mistrust, fantasy, and denial.

Mayer (1960) similarly stressed that while in residential treatment the primary relationship of the child continues to be the parent. He discussed how the numbness or hyperactivity often seen in the beginning weeks of placement may be related to the panic of abandonment as well as the recognition of the institution's power over the parents. If the parent takes part in the treatment process, then parent-child disturbances can be seen and treated.

Studies by Hallowitz (1948), McKenzie (1981), and Oxley (1977) similarly emphasized the importance of parental involvement during residential treatment. However, this investigator wondered why there have not been more recent studies about mothers' experiences of placing a child. A focus only on the impact to the child when discussing maternal attitudes and involvement appears too limited and this dissertation addresses that issue.

Thus, there is a body of theoretical, clinical, and empirical literature concerned with the relationship between parental attitudes and involvement and the adjustment of children to residential treatment (see also Polskin 1961, Davids et al. 1972, Taylor and Alport 1973). Therefore, it is reasonable to expect that parental involvement in treatment may be related to dimensions

of filial deprivation. It is also reasonable to expect that parental involvement in the treatment program may be related to whether or not the parent agreed with the placement of the child.

Similarly, it is reasonable to investigate whether or not parental involvement is related to alienation and self-esteem. If parental involvement is related to these variables, then it can be expected that they relate as well to children's adjustment, because parental involvement has been shown to be related to children's adjustment.

To date, however, no study has demonstrated a relationship between filial deprivation on the part of parents and the adjustment of children in institutional placement. That was the primary objective of this research study.

Definitions

Adjustment is defined operationally by the Child and Adolescent Adjustment Profile of Ellsworth (1981), filled out by a cottage parent, and an adjustment rating filled out by the social worker. The Child and Adolescent Adjustment Profile measures five dimensions of adjustment derived through factor analysis: peer relations, dependency, hostility, productivity, and withdrawal. The

adjustment rating of the child filled out by the social worker provides scores for five areas: peer relations, independent activity, impulse control/self-discipline, working to potential, concentration, and severity of psychopathology.

Filial deprivation was measured by the interview instrument designed by Jenkins and Norman (1972) and can be defined as the experiences of separation of the mother upon placing a child in care outside the home. However, the feelings indicating the experience of filial deprivation may vary from mother to mother.

Alienation was measured by the five-item alienation scale developed by Srole (1956). The scale was developed to measure the concept of alienation as developed by Seeman (1959), which consisted of: (a) a sense of powerlessness, or the belief that one's behavior does not contribute to the determination of outcomes; (b) a sense of normlessness, or the felt lack of personally relevant rules governing behavior; (c) a sense of isolation or detachment from others; (d) a sense of meaninglessness, or the absence of a world view in which one believes; and (e) a sense of self-estrangement.

Self-esteem was measured by the Coopersmith Self-Esteem Inventory. It was designed to measure:

> Evaluative attitudes toward the self in the social, academic, family, and personal areas of experience. Self-esteem is a personal judgment of worthiness expressed in the attitudes a person holds toward the self (Coopersmith 1981, 2-3).

Parental perceptions of the placement as supported or non-supported (agreement with placement) were measured by parental self-reports. Parental involvement was measured by the average number of parental contacts per month with the child and the agency social worker.

Significance of the Study

Conclusions drawn from an exploration of these research questions may be useful in designing interventions to facilitate adjustment to residential treatment. Further, the findings of the study may be helpful in the clarification of treatment goals and the enrichment of agency evaluations of child and family progress. This research may contribute to practice and policy-related knowledge and recommendations to social workers and agencies who serve severely emotionally-disturbed children and their parents.

CHAPTER II

REVIEW OF THE LITERATURE

In order to place this study in a family-centered context, the literature must be reviewed from diverse perspectives. For the most part, this reflects the wall that has been built between parents and their children and between parents and professionals due to the past trend to "blame" mothers for their children's disturbances (Collins and Collins 1990). Therefore, the review of the literature is broken down into four sections: filial deprivation (to discuss parental experiences), child adjustment to care (to discuss the impact placement has on children and to understand the parental role for the placed child), and parental alienation and parental self-esteem (in separate sections, to better understand how psychological and societal factors impact parental experiences regarding placing an emotionally-disturbed child in residential care).

Filial Deprivation

Jenkins (1967) reviewed the literature on maternal deprivation and noted that there is an absence of

information on parental responses to being separated from their children (see Bowlby 1951; Robertson and Bowlby 1952; Goldfarb 1943; Prugh and Harlow 1962). Past experimental studies of animal behavior show that when there is an experimental manipulation of the mother's environment (for example, being separated from her young), then the mother may alter her behavior and both mother and young may experience difficulties in adjustment at reunion (Blauvelt 1956; Rosenblatt, Turkewitz, and Schneirla 1961; Harlow, Harlow, and Hansen 1963).

The social work literature reviewed by Jenkins and Norman (1972) focused on the child in placement, service problems, and plans for care. But several references were found that dealt with the feelings of parents when their children entered care. Aptekar (1953) stated that the chief character traits of the parents will come out in relation to the placement. Britton (1955) reported on parents' feelings of guilt, apathy, depression, and the projection of their feelings onto others whom they blamed for what had happened. C. Freud (1955) discussed guilt of the parents in terms of social disapproval and their feelings of inadequacy. Glickman (1954) described the trauma in parents who feel they have failed both as parents and as individuals. Smith, Ricketts, and Smith (1962) found that parents experienced some relief of

tension at the time of placement, but they also had feelings of loneliness, emptiness, and guilt. Mandelbaum (1962) reported that parents who place children in residential treatment feel isolated, lonely, and inadequate. In some cases, they expected punishment and feared that their children would retaliate against them. He indicated that there is a relationship between parental feelings regarding the separation and the child's capacity for growth. However, he provided no empirical data for this.

Jenkins (1967) made particular mention of Ainsworth (1962), who reported that a child placed away from home usually goes through stages of protest, despair, and detachment. Jenkins raised the question of whether the placing parent might not go through similar stages in the separation experience. A longitudinal study of foster-care families with a focus on filial deprivation, or the separation experiences of parents when children enter care, was completed by Jenkins and Norman (1972, 1975). Parents of children in foster care in New York City were interviewed three times over five years. The initial overall sample size was 467 families; 390 were interviewed the first time, 304 the second time, and 257 the third and final time. The parental feelings studied with respect to filial deprivation were: sadness, anger,

bitterness, relief, thankfulness, worry, nervousness, guilt, paralysis, shame, emptiness, and numbness. Sadness was the feeling most frequently reported (87 percent of the mothers), followed by worry and nervousness. Feelings were found to be related significantly to the reason for placement, parental expressions of alienation, and the mother's perception of how necessary she felt the placement to be. A factor analysis of feelings and referents identified six dimensions of filial deprivation for these mothers: interpersonal hostility, separation anxiety with sadness, self-denigration, agency hostility, concerned gratitude, and self-involvement.

Over time, only moderate changes were reported in the relative importance of these feelings. Decreases over the five years were seen in the following specific responses: bitter (from 45 percent to 25 percent), nervous (from 67 percent to 53 percent), worry (from 74 percent to 62 percent), and sad (from 89 percent to 74 percent). Increases were seen with regard to thankful (51 percent to 59 percent) and relieved (44 percent to 48 percent). Guilt, anger, shame, and emptiness changed little over time. At the time of placement, feelings referred primarily to self and to the placement. After five years, feelings referred to the child and the separation.

A replication study by Vachon (1978) yielded similar results. Data were collected from 158 families who placed children in foster care in 1974 in Montreal. The questionnaire designed by Jenkins and Norman (1972, 1975) was used, and the data were analyzed in the same way. Vachon found that regardless of specific cultural differences, placement was as unsettling for the Montreal population as for the New York City population. The differences found had to do with parental social attitudes. Sadness was reported by 93 percent of the mothers and the other most frequent responses for the mothers were nervousness (84 percent), worry (81 percent), and loneliness (78 percent). One-third of the mothers felt guilty. Those mothers with high SES were prone to feelings of relief and those with low SES were prone to worry and nervousness. The Montreal population of mothers reported less anger, bitterness, and shame than the New York population of mothers.

These studies suggest that placement is upsetting to parents and that different parents react differently to the experience. It appears that filial deprivation has something in common with grief as seen in bereavement experiences (see Parkes 1972). In fact, James and Cherry defined grief as a "conflicting mass of human emotion that we experience following any major change in a

familiar pattern of behavior" (James and Cherry 1988, 4). Olshansky (1962) described parents of mentally defective children as experiencing "chronic sorrow," often along with guilt and anger, whether or not a child is placed away from home. It was recommended that such grief be accepted as a natural, rather than a neurotic reaction. It was recommended further that services should be provided accordingly. McAdams (1972), herself a mother whose six children were placed in foster care when she became mentally ill, notes particularly the failure parents feel upon placement and how they feel left out in the process of making decisions for their children. She argued that some mothers feel that they are such failures as parents that they may stop visiting their children.

Hersch (1970) completed a systematic investigation of what a family experiences after placing a retarded child and how the child adjusts to the new environment. This study showed that if parental feelings of loss and relief promoted ambivalence or guilt about the placement that could not be resolved into a belief that the child was being provided with something the home and community could not provide, then parental adjustment and the placement were both in jeopardy.

Although the literature thus far reviewed reflects an interest in mothers, the mother is usually seen as a

"tool" to make the placement work. A computer search of the literature through mid-1990 did reveal a few studies and they are included in this literature review. In general, however, the interest in mothers in the child welfare system has dropped off in the past fifteen years. This may be due to the interest in, and the influence of, the work of John Bowlby and Mary Ainsworth in the area of attachment theory. A broader view of the purpose and role of child welfare agencies, and specifically residential treatment centers, would incorporate the family system in a model of practice and service delivery (Hartman and Laird 1983; Meyer 1983). Then the impact of the placement on the mother and the mother's experience would not be ignored.

Siu and Hogan (1989) identified five clinical themes in child welfare: separation, loss, identity, continuity, and crisis. They emphasized that parents, along with the children, are strongly affected by these themes. They mentioned Jenkins' (1969) work on the separation experiences of parents who place children in foster care and the problems of separation anxiety experienced by foster parents (Eastman 1979; Edelstein 1981). Loss, grief, and mourning are experienced by birth parents who place children in foster care or put them up for adoption, adoptive parents who cannot have a child of their own,

and foster parents. Silverman (1981), Chodorow (1978), and Gilligan (1982) discussed the role that relationships and intimate attachments play in the identity development of women. Siu and Hogan (1989) argued that whenever there is a loss or a break in attachment, then a mother must redefine her identity. In fact, there may even be a sense of a loss of identity when her role as a mother is interrupted or modified by residential placement. Dixon and Sands (1983) discussed how such crises of loss can affect identity and self-esteem. Small (1988) examined the relationship between parental self-esteem and many areas of parent-child communication and adolescent behavior. He found that the role of parent appears to be a stronger factor in a mother's sense of self than in a father's. Also, mothers are more involved and responsible in the parenting role. Issues of parental self-esteem will be discussed in more depth later in this literature review.

Thus, there is a substantial body of empirical research which suggests that parents do undergo significant psychological distress when their children are placed away from home. In fact, there is growing interest in what is called "maternal separation anxiety" due to brief or day-to-day separations, such as employment or the hospitalization of a child. Varela (1983) provided

qualified support for a predicted relationship between the child's and the mother's separation anxiety in a study of twenty-five four to seven-year-old hospitalized children. She also noted that the mothers' reports of separation anxiety were influenced by their own disrupted childhood attachments. Gnezda (1983) reported that nonemployed mothers report higher maternal separation anxiety and maternal role investment than mothers who work. Mothers who are employed and prefer to be at home have higher maternal separation anxiety and role investment than mothers who prefer to be employed. For all mothers, higher maternal separation anxiety was related to lower career investment and high maternal role investment. In a study of sixty-nine employed, first-time mothers, Bunge (1984) reported that orientation to work or career accounts for the greatest proportion of the variance of measures of maternal separation anxiety. No mothers, regardless of SES or IQ, were confident in their ability to balance work and motherhood. Pitzer (1985) found that mothers appear to be less anxious with their second-born than with their first, but levels of work-related separation anxiety remained the same. McBride and Belsky (1988) found that maternal separation anxiety is multiply determined by characteristics of the mother and infant and the employment situation. Hock, McBride,

and Gnezda (1989) have developed a questionnaire to assess maternal separation anxiety.

The pages which follow consider the literature relevant to the feelings and adjustment of children placed in foster care or residential treatment.

Child Adjustment to Care

During the 1930's and 1940's, clinicians noted a symptom complex in certain psychiatric patients including an inability to care for people or to make true friendships, a lack of normal emotional responses, deceitfulness and evasiveness, and poor school performance. In these cases, there was a consistent history of separations, broken homes, and parental rejection or death. John Bowlby (1951) suggested that in these patients the early experiences had produced the affectless personality patterns. Robertson and Bowlby (1952) studied the reactions of children separated from their parents (usually for hospitalization) and found the following sequence of emotional reactions. The initial stage of protest was characterized by crying, calling for mother, extreme distress, and rejecting of attempts by others to comfort the child. In the second stage of despair, the child was apathetic and miserable. The third stage of detachment occurred if the separations

were extended or were repeated too often. Then the child did not respond at all to potential separations. To Bowlby, the child was using defense mechanisms to avoid anxiety.

Other researchers pointed out the adverse consequences of rearing children in institutions rather than in foster homes. Goldfarb (1943) reported that children who were institutionalized between six and thirty-six months of age had lower IQ scores, poorer reading ability, less social maturity, less ability to obey rules, less guilt after breaking rules, and less advanced speech than those in foster homes. However, others have pointed out that these effects depend on the quality of the institution and that many children in foster homes are shifted from one home to another and may not have the benefit of a stable family environment or continuous family ties. British studies have shown that young children reared in orphanages have no more behavior problems than working class children living with their natural parents. Yet, orphans who were adopted had fewer problems than either group, and most of those who remained in orphanages failed to form close attachments to adults (Tizard and Rees 1975).

There is now substantial evidence that maternal separations do not necessarily have adverse consequences

(Rutter 1972, 1979). Bronfenbrenner (1968) found that most of the children who were separated from their parents and sent to live in the British countryside to escape the German bombing in World War II did not develop affectionless personalities. Quinton and Rutter (1976) have shown that single hospitalizations of up to a week do not raise the risk of a later disturbance but that repeated hospitalizations may, especially in disadvantaged children. In the famous Isle of Wright study, Rutter (1971) found that it was not separation per se, but the context of the separation, that had diagnostic significance. Parental death, for example, rarely had major consequences, but adverse consequences were common when a separation followed marital hostility and a bitter divorce. Long-term personality deviations are likely only when there have been more or less continuous disruptions, not just single traumas. The patients studied by Bowlby were subject to repeated harsh separations from parents and foster parents, whereas those studied by Rutter who developed favorably typically enjoyed warm and supportive environments after their traumas.

A body of social work literature deals with the feelings children experience when they are placed in foster care and the nature of the adjustment that is required. Moss (1966) described two adjustments that

placed children must face: (1) separation trauma or a mourning experience and (2) adaptation to institutional life. He stressed the need for close family contact during placement because the family is the source of the child's identity. Without family contact, feelings of guilt, shame, ambivalence, and confusion may be repressed; and the child may withdraw to defenses of mistrust, fantasy, and denial.

Fraiberg (1962) described how an inability to form new object relationships may be reinforced if the mother stays away from a placed child. Similarly, Adler (1970) noted that the impact of separation is likely to be less severe when the parental figure maintains a relationship with the child.

Mayer (1960) stressed that while in residential treatment the primary relationship of the child continues to be the parent. He discussed how the numbness or hyperactivity often seen in the beginning weeks of placement may be related to the panic of abandonment as well as the recognition of the institution's power over the parents. If the parent takes part in the treatment, then parent-child disturbances can be seen and treated. Mayer claimed that it would be impossible to treat younger children if they felt they could not go home.

Fish (1984) suggested that when clinicians work with separated children, they should help the child see his place in his family and help the child recognize the parents' limitations, while stressing that the parents continue to care about the child. Siu and Hogan (1989) noted that these recommendations specifically apply to adopted children and those placed in residential treatment.

Hallowitz (1948) described how children who are certain of the continued interest and love of their parents may be homesick and unhappy, but they can adjust, and even be happy, if placement is perceived as desirable by the parents and child. If separation represents parental rejection to the child, then the child suffers; and adjustment may be difficult. McKenzie (1981) demonstrated that if change in a child placed in residential treatment is to be achieved, then attention must be paid to the family system. In a nine-year follow-up exploratory study, a program using a family-centered treatment approach was found to be successful. One of the more significant variables influencing post-discharge adjustment was the involvement of parents with the agency social worker. Another study by Heiting (1971) found that children made little progress in residential

treatment when their parents objected strongly to continued care.

Oxley (1977) evaluated a residential treatment center program that emphasized parental involvement. The study was a four-year follow-up of seventy of ninety boys (aged six to eleven) who entered and left the program over a nine-year period. Ninety-six percent returned home after discharge. There was a positive association between functioning at discharge and at follow-up. In addition, a positive association was found between the beneficial use of treatment by the mother and the child's adjustment at follow-up. However, no relationship was found between the father's beneficial use of treatment and the child's adjustment.

In a study of eighteen children enrolled at a residential school over an eighteen-month period, Tittler et al. found that family involvement represented a major factor in the treatment of a child and that "the mother-child relationship appears to provide a particularly salient barometer of adaptive potential" (Tittler et at. 1982, 128).

Krona (1980) claimed that child care programs without parental involvement are unlikely to affect lasting change. Fanshel and Shinn (1978) and Jenkins and Norman (1975) reported a relationship between parental

visitation and how children feel in foster care. They also noted that parental visitation was related to how much service the family received from the agency and the timeliness of the child's discharge.

Thus, there is a considerable body of theoretical, clinical, and empirical literature which links parental attitudes and involvement to the adjustment of children to residential treatment. To date, however, no study has demonstrated a relationship between filial deprivation on the part of parents and the adjustment of the child in institutional placement.

Alienation

Alienation has been included as a variable in this study in order to be consistent with other research in the area of filial deprivation (Jenkins and Norman 1972; Vachon 1978). Alienation is a result of being in a state of anomie. The term anomie was discussed by the French sociologist Emile Durkheim (1897) as a state of normlessness deriving from social disorder. He placed little, if any, influence of psychological factors on human behavior and stressed the impact of societal and economic determinants. When social norms no longer play a role in controlling behavior and actions, as during periods of social change and disruption, then there is

no shared value system available to guide behavior. The symptoms of alienation are "rootlessness, a lack of authentic relationships with others, a confused sense of self-identity, inability to find satisfying values and meaning, and a belief that one is powerless to do anything that will have any significance or effect" (Coleman 1972, 165).

Alienation has been defined by Seeman (1959) as consisting of: (a) a sense of powerlessness, or the belief that one's behavior does not contribute to the determination of outcomes; (b) a sense of normlessness, or the felt lack of personally relevant rules governing behavior; (c) a sense of isolation or detachment from others; (d) a sense of meaninglessness, or the absence of a world view in which one believes; and (e) a sense of self-estrangement. A scale developed by Srole (1956) has been used widely to measure alienation (Polansky et al. 1985; Jenkins and Norman 1972; Mizruchi 1960; Simpson and Miller 1963; Struening and Richardson 1965). The scale has been shown to differentiate from the general population those groups which one would expect to be alienated, including old people, widows, divorced and separated persons, neglectful parents, low SES groups, minorities, and immigrants. Jenkins and Norman (1972) concluded that the Srole alienation scores of parents of children in

foster care were comparable to the scores of other populations in similar socio-economic circumstances.

Mussen, Conger, Kagan, and Husten (1984) reviewed studies of alienation in populations other than those who have suffered economic deprivation and ethnic discrimination. In the 1960's and early 1970's, middle- and upper-class youth experienced alienation from a number of sources, including disturbed parent-child relationships (Keniston 1968; Seeman 1975), specific social concerns such as racial oppression or opposition to the Vietnam War, and total rejection of society as a whole (Conger 1976, 1981; Yankelovich 1969, 1974). A newer and more "private" type of alienation has more recently been reported in a minority of young persons (Conger 1981; Yankelovich 1981; Lasch 1979). It is characterized by

> increased feelings of loneliness, a desire for--but difficulty in achieving--intimacy, feelings of rootlessness, a decreased sense of purpose and direction in life and a diffuse sense of self (Mussen et al. 1984, 533).

Alienation was measured by Vachon (1978) and by Jenkins and Norman (1972) with the five-item scale of Srole (1956). Mean alienation scores for the Montreal population studied by Vachon were 3.46 for mothers and 3.01 for the fathers. Jenkins and Norman's New York population had mean alienation scores of 2.81 for mothers and 2.61 for fathers. Vachon suggested the higher scores

in the Montreal population were due to the lower level of education and work experience of this population as compared to the New York sample. He also noted that all the sample cases had suffered from poverty and deprivation for years before placement. Vachon noted that neither his study nor Jenkins and Norman's examined the issues of self-esteem or identity and that these issues may also impact alienation scores. A discussion of that area of inquiry follows.

Parental Self-Esteem

It was noted above that when a mother experiences a loss of part of her role as mother (such as when a child is placed in residential treatment), then an issue of identity most likely will surface. It can be argued that such an event in a mother's life may be considered a "crisis" and a threat to her psychological equilibrium. Dixon and Sands (1983) discussed the role of identity in crisis situations. They stated that "a crisis occurs when an event is perceived as a threat to a person's self-concept and the integrations of self-validating role relationships" (Dixon and Sands 1983, 224). Personal identity may then be impaired, because the parenthood role has been altered and because this role is a symbol of identity.

In addition to the issues of role, the mother is experiencing a change involving an attachment to a child which may have an impact on the mother's identity. If coping mechanisms and defenses are not able to handle a threat to identity satisfactorily, then the person may experience some loss of identity. Dixon and Sands stated:

> This experience involves feelings of worthlessness, loss of purpose and meaning, and a sense of non-being that erode cognitive and emotional faculties and result in a crisis state (Dixon and Sands 1983, 227).

Schneider (1983, 271) examined the self-esteem of parents of disturbed children and noted that such parents and their children feel guilt, disappointment, hostility, anger, self-pity, pity for the child, sorrow, and at times empathy. Schneider noted that the child's disturbance may have originated in the family, and it will always have consequences for the family. Although she did not present empirical data, she concluded that these parents have diminished self-esteem, decreased capacities for empathy and competence, guilt about having produced a disturbed child, and negative feelings about the child and their parenting role. She also discussed the reciprocity of the parent-child dyad, how the self-esteem of a parent influences the child, and how the self-esteem of a child may impact on a parent.

Caplan and Hall-McCorquodale (1985) and McManus and Friesen (1986) described how parents feel blamed by professionals for their children's problems. In fact, it may be that, "because a mother tends to internalize the culture's mother-blaming attitudes, the professional tendency to either overtly or covertly hold her responsible for her child's mental health problems results in her greater confusion, anger, guilt, frustration, and, ultimately debilitation (Collins and Collins 1990,524)."

Brown, et al. (1988) discussed the impact of disturbed children on their parents. In a study of fifty-eight children diagnosed with Attention Deficit Disorder (ADD) and fifty-eight normal controls, all aged six to twelve years, the ADD children and their parents were significantly more depressed than the control group. Brown, et al. suggested that "when parents perceive their ADD youngsters as deviant, these parents become discouraged, demoralized, and depressed" (Brown et al. 1988, 126). Forehand (1979) found that the severity of ADD symptoms was related to the mothers' ratings of depression. They claimed that these depressed mothers may place their children at greater risk for hyperactivity and other behavioral difficulties because they may be more demanding and provide less supervision and consistency at home. These authors suggested that

further research is required to determine the role of depression in parents as a cause of ADD in children. They strongly encouraged parents of ADD children to be treated along with their children.

Other authors have noted that parents of disturbed children have more stressful and less rewarding interactions with their children and give less positive feedback than mothers of normal children. This applies to mothers of children with hyperactivity (Barkley 1981), conduct disorders (Patterson 1976, 1980), and other conditions such as cerebral palsy (Kogan, Tyler, and Turner 1974), epilepsy (Long and Moore 1980), and developmental delay (Kogan 1980). Harsh reactions and more severe forms of punishment are seen in parents of children who are overactive (Stevens-Long 1973), uncontrollable (Bugental, Caporeal, and Shennum 1980), and unresponsive to discipline (Mulhern and Passman 1981). Patterson (in Mash and Johnston 1983, 87) found that mothers of aggressive boys have a "negative self-image, low self-esteem, and experience feelings of depression, anxiety, fatigue, anger, and isolation." Wahler (cited in Mash and Johnston 1983, 87) described mothers of problem children as being isolated from social support. He suggested that such isolation may predict maternal negativism and poor treatment outcomes.

Mash and Johnston (1983) researched parental self-esteem; that is, self-esteem that is related to skill or knowledge as a parent and the degree of value and comfort derived from the parenting role. They studied forty families with a hyperactive child and fifty-one families with normal children only. Parenting self-esteem decreased with the age of the hyperactive child. Mothers of hyperactives considered themselves to be more severely stressed than mothers of normals, and the major source of stress was the characteristics of the child. These mothers, especially those with younger hyperactives, reported more stress in the parent-child interaction, as well as feelings of depression, social isolation, self-blame, role restriction, and lack of attachment to the child. The findings were consistent with other studies of mothers of hyperactives (Sandberg et al. 1980) and conduct-disordered children (Patterson 1980).

Cunningham, Bebbess, and Siegel (1988) studied mothers and fathers from fifty-two two-parent families--twenty-six families with a normal child and twenty-six families with an attention deficit disordered with hyperactivity (ADDH) child. No significant differences were found between the two groups with respect to communication, problem-solving, role allocation, behavioral

control, affective responsiveness and involvement, and general family functioning. However, ADDH families reported fewer extended family contacts and found such contacts to be less helpful. ADDH mothers reported higher depression scores and alcohol consumption than their husbands or the mothers of normals.

Personality characteristics have also been examined in abusive parents. Melnick and Hurley (1969) explored hypotheses from writings on child abuse in a study of ten abusive and ten control mothers. Their findings did not support descriptions of abusive mothers as chronically hostile, overwhelmed by maternal responsibilities, domineering participants in a power struggle, or as "normal personalities." The mothers could be described as having low self-esteem, an inability to empathize with their children, severely frustrated dependence needs, and a probable history of emotional deprivation.

Anderson and Lauderdale (1982) studied self-esteem in 111 abusive parents and compared their scores to the scale scores of a normative group and a hospitalized psychiatric patient group. There were statistically significant differences between the abusing parents and the norm group on twenty-three of the twenty-nine subscales. A lower level of personality functioning was found in the abusive parents. When comparing the abusive

client group and the psychiatric group, statistically significant differences were found on only nine subscale scores. The abusive parents had a low self-esteem that was confused and contradictory, and there were indications of general personality maladjustment and low levels of integration. The group had failed in general terms to engage in successful social functioning.

Another group of studies were concerned with self-esteem in children and how it relates to the relationship with parents. In a study of twenty-one boys and twenty-one girls, ages eight to eleven, Dickstein and Posner (1978) found that the child's self-esteem is positively related to the closeness of the parent-child relationship, with important sex differences. For boys, self-esteem is associated with the relationship with the father; and for girls, self-esteem is related to the relationship with the mother.

Coopersmith (1967) and Sears (1970) interviewed mothers and Bachman (1970) and Gecas (1971) looked at children's responses, and they found that parents' nurturance, acceptance, and support of their children is positively correlated with children's self-esteem. Coopersmith (1967) and Medinnus and Curtis (1963) found that only the self-esteem of the mother is related

positively to the child's self-esteem, but Sears (1970) did not find that relationship.

Marital disharmony related to divorce and separation has been associated with lower self-esteem in children (Coopersmith 1967; Rosenberg 1965). A negative relationship between family size and child's self-esteem was found by Sears (1970), but not by Coopersmith (1967).

Using a sample of eighty-one college students, Buri, Kirchner, and Walsh (1987) studied the relationship between respondents' self-esteem and parental nurturance, maternal self-esteem, and the marital satisfaction of their parents. Only the relationship between parental nurturance and child's self-esteem was significant. They noted that although the effects on children's self-esteem of some parental characteristics dissipate as the child grows older, acceptance, approval, and support of parents remain significant predictors of the self-esteem of children even to young adulthood. Gecas and Schwalbe (1986) also presented research that relates adolescent self-esteem to parental support, control, and participation.

Demo, Small, and Savin-Williams (1987) researched parent-adolescent communication and the effects of family interaction on the parent's self-esteem. They stated that adolescents consider their role as sons or daughters

to be important and that those adolescents who feel good about themselves and support and show affection to their parents may influence how parents feel about themselves. In other words, "parents come to see aspects of themselves as they perceive their adolescent children view them" (Demo, Small, and Savin-Williams 1987, 707). Their sample consisted of 139 parent-adolescent dyads with the adolescents between ten and seventeen years of age. The results suggested that the self-esteem of adolescents is correlated more strongly with their own perceptions of the relationship than with those of the parents. Boys had slightly, but not significantly, higher self-esteem than girls. Parental control was related negatively to self-esteem. Parental self-esteem is higher if parents believe that they receive support from, and can communicate with, their children. Parental reports of stress are negatively related to parental self-esteem, but only among mothers. These researchers noted that family interactions seem to affect all members of the family. Each member has a role in the family, and opinions and appraisals influence the self-esteem of other members. In addition, the mother is seen as having a central role in interpersonal family relations (Small 1988). This would appear to support studies noted above which

suggested that the parenting role is central to a mother's sense of self.

This chapter has reviewed the literature on filial deprivation, children's adjustment to care, and parental alienation and self-esteem. The next chapter will discuss the research methodology in this study.

CHAPTER III

METHODS

Subjects

Sixty mothers, chosen as their children were admitted to a residential treatment center were selected for the study. Only mothers were interviewed, because clinical experience has shown that few fathers are available to be in such a study, and because significant differences in the responses of mothers and fathers were found by Jenkins and Norman (1972). The children in the study were between the ages of seven and fourteen. Latency age and early adolescent children were the focus, because it was not desirable for the issue of filial deprivation to be clouded by the separation experiences specific to later adolescence. In addition, the placement was the first such foster care placement for the child. It was assumed that repeated placement experiences would have significant impact on the results. Only natural mothers were asked to participate. Finally, the child must have been in the mother's care for at least six months prior to the placement, in order to make an

accurate inquiry about her separation experiences from her child. A screening form was designed to be used as cases were admitted (see appendix A).

The residential treatment center chosen for this study is part of the Jewish Child Care Association. Thirty mothers had children placed in Pleasantville Cottage School, a long-term residential treatment center for 197 children of normal intelligence. Pleasantville Cottage School (PCS) admits eighty-five to one hundred children annually. Seventy to eighty percent are boys. About 20 percent are placed non-voluntarily.

Adjacent to PCS is Pleasantville Diagnostic Center (PDC), which provides short-term (ninety days or less) diagnosis and residential treatment for twenty-three boys. PDC admits 120-150 boys annually. Thirty mothers in this study had their sons placed at PDC.

Procedures

The director of Pleasantville Cottage School is Richard Altman, CSW. He was formerly the director of another Jewish Child Care Association residential treatment center where the investigator was employed for three years prior to doctoral studies. Mr. Altman was supportive of research efforts and was instrumental in making the facility available.

The dissertation proposal was defended and approved in October 1988. In December 1988, JCCA granted permission for the study. The Human Subjects Review Committee approved the study in February 1989. Two meetings were held with the residential treatment center staff to introduce the study to them. The first meeting was with the administrators and supervisors of PCS and PDC; the second was with the social workers.

The investigator screened all cases to determine eligibility for the study (see the Screening Form in appendix A). Social workers were notified by telephone to inform them which mothers were to be interviewed. The social workers contacted the mothers and read them information from a form (see Information Sheet for mothers in appendix B). Those mothers that agreed to participate were interviewed in person by the investigator after a consent form was signed (see appendix C). After the interview, the social worker was given the adjustment scale to fill out, and a Unit Administrator was given the Child and Adolescent Adjustment Profile. The Unit Administrator chose a child care worker to fill out the CAAP for each child.

Admissions to PCS were screened three times, in February 1989, September 1989, and February 1990. The children were admitted from July 1, 1988 to February 1,

1990, a nineteen-month period. Forty-one subjects met the study's criteria. Seventy-three percent agreed to participate in the study. Eight mothers refused, and three were not available to participate due to mental illness or severe drug abuse, and/or not being in contact with the center. The interviews were conducted from May 1989 to May 1990.

At PDC admissions were screened five times over ten months, from July 1, 1989 to May 1, 1990. Fifty cases met the criteria for the study. Sixty percent agreed to participate. Six mothers refused, and fourteen were not available to participate. The interviews were conducted from July 1989 to June 1990.

Instruments

Dependent Variable

This correlational study employed the Child and Adolescent Adjustment Profile (CAAP) scale (Ellsworth 1981) as a measure of the dependent variable, adjustment to residential treatment. The CAAP scale is a twenty-item rating scale which was designed to be completed by parents, teachers, counselors, probation officers, or treatment staff. In the study, children were rated by child care workers at least one month following entry into the treatment center.

The CAAP yields scores on five dimensions of adjustment: peer relations, dependency, hostility, productivity, and withdrawal. The author reports internal consistency reliability coefficients (alpha) for the five scales ranging from .80 to .90, based on a sample of 157. Scale intercorrelations indicate good divergent validity. Additional validity data is offered in the form of significant group differences on the scales observed when the CAAP was applied to mental health clinic patients, probationers, and normals. The scale required less than twenty minutes to complete. (See appendix D for sample items from the CAAP.)

Also measuring adjustment to residential treatment was an adjustment rating of each child that was filled out by the child's social worker. This rating scale was designed by the investigator. Each child was rated on the dimensions of peer relations, independent activity, impulse control/self-discipline, working to potential, concentration, and severity of psychopathology. The scale was able to be completed in less than five minutes (see appendix E).

Independent Variables

The predictor variables in the study were defined operationally as follows:

(1) Filial deprivation was measured by that portion of the Jenkins-Norman questionnaire corresponding to this area (Jenkins and Norman 1972). In order to test the effectiveness of the interview, three pretest operations were conducted by Jenkins and Norman prior to field interviewing their sample of 467 families. Group and individual interviews with non-sample cases, along with interviewer reactions to the pretest, were used to formulate the final questionnaire. That questionnaire was modified for a residential treatment center population.

The interview was conducted with mothers as soon as possible following placement of a child. The interview took less than one-half hour to complete (see appendix F).

(2) Parental self-esteem was measured by the Coopersmith Self-Esteem Inventory (Coopersmith 1981). The Adult Form of the SEI consists of twenty-five items adapted from the School Short Form SEI. The Adult Form is for persons aged sixteen and over.

The SEI was designed to measure:

> Evaluative attitudes toward the self in social, academic, family, and personal areas of experience. Self-esteem is a personal

> judgment of worthiness expressed in the attitudes a person holds toward the self (Coopersmith 1981, 2-3).

The author reported internal consistency reliability coefficients (KR20s) of .74 for males and .71 for females with a sample size of 103. The SEI manual reported numerous studies supporting the validity of the test as a measure of self-esteem, including a study (Simon and Simon 1975) demonstrating a significant positive correlation between SEI scores and school achievement and a study (Fullerton 1972) indicating that individuals having IQ scores in the gifted range had significantly higher SEI scores than those having IQs in the normal range. The manual cited studies (Drummond and McIntire 1977) which also reported significant positive correlations between the SEI and other measures of self-esteem.

The SEI was self-administered and was given to the mother to complete immediately following the filial deprivation interview. Completion time was under five minutes. (See appendix G for sample items from the SEI.)

(3) Parental alienation was measured by the five-item alienation scale developed by Srole (1956).

Alienation has been defined by Seeman (1959) as consisting of: (a) a sense of powerlessness, or the belief that one's behavior does not contribute to the determination of outcomes; (b) a sense of normlessness, or the felt lack of personally relevant rules governing behavior; (c) a sense of isolation or detachment from others; (d) a sense of meaninglessness, or the absence of a world view in which one believes; and (e) a sense of self-estrangement. Srole's scale has been used widely to measure alienation (Polansky et al. 1985; Jenkins and Norman 1972; Mizruchi 1960; Simpson and Miller 1963; Struening and Richardson 1965). The scale has been shown to differentiate from the general population those groups which one would expect to be alienated, including old people, widows, divorced and separated persons, neglectful parents, low SES groups, minorities, and immigrants. Jenkins and Norman (1972) concluded that the Srole alienation scores of parents of children in foster care were comparable to the scores of other populations in similar socio-economic circumstances. In this study, the five-item scale was incorporated into the

parental interview on filial deprivation (see appendix F).

(4) Parental support or non-support of placement was measured by parental self-report during the parental interview. The mother was asked the following question:

Was placement of _____ something you agreed with? _____ Yes _____ No Why or why not?

(5) Parental involvement was measured by the average number of contacts per month the parent had with the child and with the agency social worker from the date of placement to the date of the interview. Questions on visiting behavior were asked of the parent during the interview, but the researcher verified the reported number of contacts with the child's social worker.

Design

The study was correlational in nature, in that no experimental manipulation was envisioned. A correlational study was appropriate, given the exploratory nature of the research questions posed. The purpose of the study was to identify relationships among the variables of interest rather than to prove causation. Significant relationships identified in the study would

provide the rationale for subsequent experimental designs.

The research design was further justified by the necessity of conducting the study in an agency setting. It was important to keep the demands on staff time at a reasonable level, and it was essential that the demands placed on parents not be so great as to discourage or alienate them.

In the study, data were obtained from several different sources, including a parental interview, parental responses to psychological tests, and child care worker and social worker ratings of children's adjustment. The use of diverse sources of data served to minimize the demands placed on any one group (social workers, parents, child care staff), yet still allowed the measurement of several different variables of interest.

Methods of Data Analysis

Each of the five scales of the CAAP and the adjustment rating of the child was an interval scale variable. The dimensions of filial deprivation measured by the Jenkins-Norman interview, the SEI, the alienation scale, and the level of parental involvement were also interval scale data. A matrix of Pearson Product-Moment Correlations was calculated to assess the pair-wise

relationships between the five adjustment dimensions and each of the interval scale predictors. The remaining predictor, parental perception of placement as voluntary or non-voluntary was a dichotomy. Independent sample t-tests were used to determine the relationship between this dichotomous variable and each of the five dimensions of adjustment. These Pearson correlations and independent sample t-tests were used to answer the research questions posed for the study. The .05 level of significance was adopted. Because the data were so difficult and time-consuming to collect, bivariate statistics were used so that a very large sample size was not necessary. Given the planned sample size of N=60, tests of the hypothesis that the population correlation is zero had statistical power in excess of .95 against the modest alternative hypothesis that the correlation was actually .30. Thus, the study was designed to insure an excellent chance of significant findings if even moderate relationships existed in the population.

CHAPTER IV

FINDINGS

The study reported here was designed to determine the relationship between children's adjustment to residential treatment and a series of maternal predictors, including dimensions of filial deprivation, alienation, self-esteem, involvement in the child's treatment, and perception of the placement as supported or non-supported. In this chapter, the results of the study are presented. The results have been organized under the following major headings: (1) description of the children and their mothers; (2) the dimensions of filial deprivation; (3) the relationship between the filial deprivation of the mothers and the adjustment of the children; (4) the relationships between the adjustment of the children and other maternal predictors; (5) correlates of parental involvement in the child's treatment; and (6) additional analyses.

Description of the Children and Their Mothers

The Children

Frequency distributions for age, sex, and diagnosis are presented in table 1. The children ranged in age from seven to fourteen, with a mean of 12 and a standard deviation of 1.6 years. The median age was 12. Only four children in the sample were female, so they were not separated out for independent analysis. The Director of Pleasantville Cottage School reported to the investigator that the girls admitted for treatment tend to come from far more disintegrated homes than the boys and the mother is often not responsible for the care of the child, usually due to drug use. Therefore, although 20% - 30% of the children at PCS are girls, few cases met the criteria to be included in this study. Also, Pleasantville Diagnostic Center, the source of 50% of the sample, admits only boys to its program.

Diagnosis was determined from the current psychiatric evaluation of each child's case record. The diagnosis considered was the primary diagnosis on Axis I, according to the classification system of the Diagnostic and Statistical Manual, III-R (American Psychiatric Association 1987). Only 6.7% of the sample were diagnosed as having psychotic disorders. These included

TABLE 1

FREQUENCY DISTRIBUTION OF SELECTED DEMOGRAPHIC CHARACTERISTICS OF THE CHILDREN (N=60)

Variable	Value	N	Percentage
Age	7	1	1.7
	8	1	1.7
	9	2	3.3
	10	5	8.3
	11	8	13.3
	12	18	30.0
	13	13	21.7
	14	12	20.0
Sex	Female	4	6.7
	Male	56	93.3
Diagnosis	Neurosis	16	26.7
	Psychosis	4	6.7
	Conduct Disorder	26	43.3
	Other	14	23.3

schizophrenia, paranoid type; delusional (paranoid) disorder; and psychotic disorder, not otherwise specified. Just over one quarter (26.7%) of the sample were diagnosed with neurotic disorders, including dysthymic disorder (18.3% of the total sample); bipolar disorder not otherwise specified; major depression, recurrent and single episode; and separation anxiety. In the sample, 43.3% had conduct disorders, which included the undifferentiated type, group type, and solitary aggressive type. Other diagnoses comprised 23.3% of the sample. These included avoidant disorder of adolescence, oppositional defiant disorder, attention deficit disorder with hyperactivity, and developmental disorder not otherwise specified.

Table 2 presents the means and standard deviations of child care workers' ratings of the children on the adjustment domains assessed by the Child and Adolescent Adjustment Profile (CAAP). Scores on each of the five CAAP dimensions are reported as t-scores. According to the CAAP Manual (Ellsworth 1981), scores below 40 signify poor adjustment, scores between 40 and 60 signify average adjustment, and scores above 60 suggest good adjustment.

Based on these criteria, the typical child included in the study manifested poor peer relations and was poorly adjusted by virtue of being socially withdrawn.

TABLE 2

MEANS AND STANDARD DEVIATIONS OF ADJUSTMENT RATING ASSIGNED TO CHILDREN BY CHILD CARE WORKERS AND SOCIAL WORKERS (N=60)

Child Care Workers	Mean	SD.
CAAP Rating[a]		
Peer relationships	36.90	10.54
Dependency	46.39	9.47
Hostility	41.80	11.38
Productivity	41.66	8.87
Withdrawal	38.42	11.04
Social Worker Rating[a]		
Peer relationships	2.59	0.96
Independence	2.88	1.08
Impulse Control	2.33	1.08
Working to Potential	2.62	0.94
Concentration	2.60	1.06
Severity of Psychopathology	2.48	0.93

[a]High Scores signify better adjustment.

The typical child demonstrated average adjustment with respect to dependency, hostility, and productivity. However, it should be noted that the standard deviations on each of these dimensions was roughly ten points, and that in no case did the sample mean differ by more than one standard deviation from the cut-off score of 40. Thus, on each of the CAAP adjustment dimensions, there were some children who would be classified as poorly adjusted and some who fell into the average range. There were very few children classified as good on any of the scales. That is not surprising given that the CAAP was standardized on various types of children, including normals.

Table 2 also presents the means and standard deviations of social workers' ratings of the children on peer relationships, independence, impulse control, working to potential, concentration, and severity of psychopathology. These ratings were all made on five-point Likert-type scales where response options ranged from "very poor" to "very good." On this scale, a rating of 2 signified "poor," and a rating of 3 signified "average." It may be noted on table 2 that the mean scores on all the adjustment ratings done by the social worker were between 2 and 3, signifying poor to average typical adjustments. However, the last item "severity of

psychopathology" asked the social worker to compare the subject to other children with the same diagnosis. Therefore, the children in this study were rated as "poor" to "average" when compared to other children with the same diagnosis.

The Mothers

The mothers included in the sample ranged in age from twenty-five to fifty-one, with a mean of 37 years and a standard deviation of 6 years. The median age was 36. Frequency distributions for marital status, religion, ethnicity, and work status are presented in table 3. The modal category on marital status in the sample was never married (30%). Of those who had married, more were not married currently (36.6%) than were married currently (33.3%). Religious preference included 56.7% who were Catholic, 31.7% Protestant, and 11.7% Jewish. Ethnic background included 43.3% of the mothers who were White, 30.0% Black, and 26.7% Hispanic. Regarding work status, 26.7% of the mothers received public assistance and 13.4% were unemployed housewives or students. The majority (59.9%) were employed currently, most at blue collar occupations (48.3%). The mothers had completed from eight to eighteen years of education, with a mean of

TABLE 3

FREQUENCY DISTRIBUTION OF SELECTED DEMOGRAPHIC CHARACTERISTICS OF THE MOTHERS (N=60)

Variable	Value	N	Percentage
Marital Status	Married to father	12	20.0
	Never married	18	30.0
	Separated	10	16.7
	Divorced, remarried	3	5.0
	Divorced, not remarried	8	13.3
	Married to person other than father of child	5	8.3
	Divorced, living with boyfriend	2	3.3
	Widow	2	3.3
Religion	Protestant	19	31.6
	Catholic	34	56.7
	Jewish	7	11.7
Ethnic Background	Black	18	30.0
	White	26	43.3
	Hispanic	16	26.7
Work Status	Public Assistance	16	26.7
	Employed - Blue Collar	29	48.3
	Employed - White Collar	5	8.3
	Employed - Professional	2	3.3
	Unemployed	8	13.4
Placement Status	Supported	52	86.7
	Non-supported	8	13.3

11.67 years and a standard deviation of 2 years. The median years of education completed was 12 years.

In the structured interview, the mothers responded to questions which elicited their perceptions regarding the reasons for the child's placement, whether the placement was supported or non-supported, the feelings experienced by the mothers on the day of placement, and the changes which had occurred in their lives since the placement. The mothers also indicated how their feelings had changed since the placement, their concerns regarding their children, their feelings with respect to the residential treatment center and its staff, and their perceptions of the reactions of the child. Their responses to these querries are described in the sections which follow. Also described below are indices of maternal involvement in the treatment of the child derived from agency records of visits with the child and with the child's social worker. Finally, the mothers are described in terms of their scores on measures of alienation and self-esteem.

Reasons for Placement

The mothers were asked to indicate their perception of the principal reason for the placement of their child. Their responses were coded and tallied. The frequency

distribution of coded responses is presented in table 4. Truancy accounted for 25% of the placements, aggression for 20%, and another 18.3% were placed for reasons such as violence, setting fires, destructiveness, and burglary. Disobedience, having tantrums, or running away accounted for 16.7% of the placements; suicide threats accounted for 10%. These reasons for placement, along with the diagnoses of the children, indicate that residential treatment was appropriate, according to guidelines set forth by McGowan and Meezan (1983, 24).

Decision Regarding Placement

Nearly 87% of the mothers indicated that they supported (agreed with) the placement of their children in residential treatment, while 13% indicated that the placement was non-supported. However, supported placement does not necessarily mean that the mother initiated the placement. In fact, almost 41% of the mothers indicated that they were opposed initially to the placement. The mothers indicated who first had the idea to place the child in residential treatment. Of the sixty mothers, 31.7% reported that they were the person who first had the idea to place the child; 36.8% said a mental health professional was the first to recommend

TABLE 4

FREQUENCY DISTRIBUTION OF PRIMARY REASON FOR PLACEMENT ACCORDING TO MOTHER (N=60)

Reason	N	Percentage
Truancy	15	25.0
Wrong friends	1	1.7
Setting fires	2	3.3
Aggression	12	20.0
Suicide threat	6	10.0
Disobedient	4	6.6
Violent	5	8.3
Tantrums	3	5.0
School phobia	1	1.7
Withdrawal	3	5.0
Other phobias	1	1.7
Destructive	1	1.7
Runs away	3	5.0
Burglary	3	5.0

placement; 13.3% answered family court; and 13.3% answered truant officer.

The mothers also indicated whether they had any support or help getting ready for the placement. Nearly 42% of the mothers indicated that no one helped them get ready for placing their child. Of those thirty-five mothers who did get help in preparing for placement, all but one received help from a school, mental health agency, or social service agency. A large number (76.7%) of the mothers had never experienced a separation from the child in placement. On the other hand, 81.7% of the children had been separated from their father at least once in the past.

Mothers' Responses to Placement

The participating mothers were asked to respond to several questions concerned with their reactions to the placement. Table 5 is the frequency distribution of responses to the question, "What was the strongest feeling you experienced on the day of placement?" The most frequent response to this question was sad, with 38.3% of the mothers reporting this feeling. The next most frequently expressed feeling was relief, reported by 28.3%.

In addition to reporting their strongest feeling on the day of placement, the mothers were also given a list

TABLE 5

FREQUENCY DISTRIBUTION OF THE STRONGEST FEELING EXPERIENCED BY MOTHER ON THE DAY OF PLACEMENT (N=60)

Feeling	N	Percentage
Don't know	1	1.7
Sad	23	38.3
Relief	17	28.3
Afraid	5	8.3
Worried	2	3.3
Ambivalent	2	3.3
Empty	3	5.0
Anxious	2	3.3
Acceptance	1	1.7
Guilt	2	3.3
Thankful	1	1.7
Lonely	1	1.7

of specific feelings and asked to indicate each of the feelings they felt that day. The mothers were free to endorse as many feelings as they wished from this list. The endorsements were counted across mothers for each of the emotions listed. Table 6 indicates the number and percent of the sixty mothers who endorsed each of the feelings listed. The table indicates that 85% reported feelings of sadness, followed by 83.3% worried, 81.6% thankful, and 81.6% relieved. Other feelings were: 66.7% empty, 65% nervous, 46.7% angry, 46.7% guilty, 23.3% numb, 23.3% bitter, 18.4% ashamed, and 8.3% paralyzed.

The mothers also indicated the concerns they had regarding what might happen to their child while in placement. Their concerns were primarily focused on the safety of their children: 46.7% of the mothers were worried that something would happen to their child while in placement; 28.6% were worried that other children would hurt their child; 17.9% were concerned about possible sex abuse; 21.4% worried about the safety of the facility; 14.3% worried about their children hurting themselves. Another 3.6% reported worry about each of the following: hurting others, drug use, sexual activity, getting AIDS, and running away.

TABLE 6

NUMBER AND PERCENTAGE OF MOTHERS WHO INDICATED THEY EXPERIENCED EACH OF TWELVE SPECIFIC FEELINGS (N=60, EACH FEELING)

Feeling	N	Percentage
Sad	51	85.0
Angry	28	46.7
Relieved	49	81.6
Nervous	39	65.0
Ashamed	11	18.4
Numb	14	23.3
Empty	40	66.7
Bitter	14	23.3
Thankful	49	81.6
Worried	50	83.3
Guilty	28	46.7
Paralyzed	5	8.4

Post-Placement Reactions

The mothers were interviewed from one to eleven months following placement. The mean number of months following placement after which the interview took place was 3.6 (SD = 3.2). The median number of months between placement and the interview was 2. At the time of the interview, almost 92% of the mothers indicated they had positive feelings regarding the center. They were pleased with the staff, the physical environment, and the treatment program in general. Only 8.3% had mixed feelings about the center or were critical of the staff.

The majority of the mothers (61.7%) indicated that their feelings regarding placement had changed since intake: 37.8% said they were less worried; 16.2% said they were more relieved; 10.8% said they were less nervous; 10.8% said they were less guilty; 8.1% said they were less sad and 2.7% said they were more sad; 5.4% said they were less angry; 2.7% of the mothers indicated they were less afraid, less empty, and paralyzed. Of those parents whose feelings had changed, the change was overwhelmingly to more positive feelings.

Of those whose feelings had changed, 50% said the change was because they could see that their child was "doing okay" in placement; 38.9% said the change was due to helpful contact with the agency staff; 5.6% said their

own treatment was responsible; and 5.6% said being alone was responsible.

The mothers were asked whether they believed that their child's feelings toward them had changed since placement. Seventy percent of the mothers responded affirmatively to this question. Of those who indicated that a change had occurred, 42.8% said their children were more respectful and understanding; 19% said their children were more affectionate; 16.7% said the children were less angry toward them and more relaxed; 9.5% said their children were more angry and less understanding. Regarding the changed behavior, 52.4% of the mothers said the changes were due to the child's treatment, and 31% said the separation was responsible.

Although eight of the sixty mothers had been opposed to the placement when it was done (the non-supported group), at the time of the interview all the mothers indicated that they felt the placement was necessary: 86.7% said the placement was absolutely necessary, 10% said it was very necessary, and 3.2% said it was somewhat necessary. Regarding length of placement, 55% expected their children to remain in placement for one year or more.

Maternal Involvement in Child's Treatment

Agency policies require parents to visit their children regularly. Agency records of visits with the child and contacts with agency personnel confirmed that all mothers saw their children regularly. Almost 67% of the mothers saw their children three to four times per month (63.3% saw their child weekly) and the other 33.3% saw their child twice a month. Contact with the agency social worker is strongly emphasized at the center. The social worker was seen once a month by 18.3% of the mothers, two or three times a month by 40% of the mothers, and on a weekly basis by 41.7% of the mothers.

Maternal Alienation and Self-Esteem

In addition to the interview questions which elicited data on maternal perceptions of reasons for placement, the decision regarding placement, and their initial and subsequent reactions to placement, the participating mothers responded to scales measuring social alienation and self-esteem. Table 7 presents the frequency distribution of social alienation scores and a grouped frequency distribution of percentile equivalents of scores on the Coopersmith Self-Esteem Inventory.

The social alienation scale consisted of five statements reflecting alienation with which the respondent

TABLE 7

FREQUENCY DISTRIBUTION OF MOTHERS' SCORES ON SOCIAL ALIENATION AND PERCENTILE RATINGS OF SELF-ESTEEM

Variable	Value	N	Percentage
Social Alienation	0	6	10.0
	1	6	10.0
	2	6	10.0
	3	14	23.3
	4	14	23.3
	5	14	23.3
Variable	**Percentile[a]**	**N**	**Percentage**
Self-esteem	0-10	16	26.7
	11-20	12	20.3
	21-30	7	11.6
	31-40	2	3.3
	41-50	9	15.0
	51-70	8	13.3
	71-95	6	10.0

[a]Percentile rank on Coopersmith Self-Esteem Inventory Norms for Adults.

could either agree or disagree. Both the theoretical and the actual range of scores on this measure ranged from zero (no statements endorsed) to five (all five statements endorsed). The median scale score was 3, and the mean was 3.1. Given the fairly strong statements which made up this scale, such as "It's hardly fair to bring children into the world the way things look for the future," the mean of 3.1 was interpreted as indicating a substantial amount of alienation in the sample of mothers. However, the range of scores makes it clear that not all the mothers were alienated. Twenty percent of the mothers had scores of 0 or 1 on the scale.

The modal category on self-esteem was the 0 - 10 percentile category, and the second most frequently occurring category was the 11 - 20 percentile category. Nearly half the sample fell into one of these two categories, and 77% of the sample had self-esteem below the median for the norming group. The mean percentile score was 32.4. Thus, it is clear that the mothers in the sample were typically low in self-esteem.

Dimensions of Filial Deprivation

In this study, filial deprivation was measured following the methodology employed by Jenkins and Norman (1972). As in that study, mothers were asked not only

whether they had experienced each of a specified list of feelings on the day of placement but also the degree to which they had experienced the feelings. As in the Jenkins and Norman study as well, the mother's responses to these feelings were factor analyzed to determine the dimensions of filial deprivation represented in the twelve feelings. Since the population for the study described here was quite different from that studied by Jenkins and Norman, it could not be assumed that the factors identified in their study would also characterize the present sample. Jenkins and Norman studied the general population of mothers of children placed in foster care, while the present study focused on a small subset of this group, those placed in residential treatment. Therefore, it seemed prudent to both test to determine the degree to which the factors identified by Jenkins and Norman appeared to fit the present sample of mothers, and to determine the factor structure of the items within this sample.

Jenkins and Norman identified six dimensions of filial deprivation in their sample, which they named interpersonal hostility, separation anxiety with sadness, self-denigration, agency hostility, concerned gratitude, and self-involvement. As a preliminary analysis in the present study, reliability coefficients were calculated

for subscales representing each of these six dimensions, based on the data for the present study. Coefficient alpha for the six scales ranged from 0 to .62, with a median of .52. These reliability coefficients indicated that the dimensions identified by Jenkins and Norman for their sample did not represent very well the dimensions underlying the feelings expressed by mothers in the present study. Filial deprivation meant different things to the two sets of mothers. Therefore, it was decided that filial deprivation scales should be developed for the present sample based on the factor analysis of the responses of that sample.

A principal components analysis with varimax rotation was performed on the twelve items. The analysis yielded four factors having eigenvalues greater than 1.0. Together, these factors accounted for 65.9% of the variability in the mothers' responses. The scree test (Cattell 1966) suggested that these four factors were meaningful. Table 8 presents the varimax rotated factor pattern matrix for the factor solution.

The factor solution is quite clear. The smallest loading of any item on its assigned factor was .57, and the largest cross loading was .51.

Four items loaded on factor 1, including paralyzed (.69), angry (.68), worried (.61), and ashamed (.60).

TABLE 8

VARIMAX ROTATED FACTOR PATTERN MATRIX OF TWELVE FILIAL DEPRIVATION ITEMS

Item	1	2	3	4
Paralyzed	.69	.35	- .04	.17
Angry	.68	.09	.41	- .14
Worried	.61	- .05	.09	- .26
Ashamed	.60	.46	- .09	.11
Guilty	.26	.74	.09	.03
Numb	.19	.74	- .10	.08
Sad	- .14	.70	.42	- .27
Bitter	.02	- .16	.82	.11
Empty	.12	.19	.78	- .22
Nervous	.51	.24	.57	.15
Thankful	- .05	.12	.14	.85
Relieved	- .02	- .11	- .17	.84
Eigenvalue	3.41	1.89	1.47	1.14
Percent of Variability Explained	28.4	15.7	12.3	9.5

The factor was named "anger and shame." This was the strongest factor in the data set, accounting for 28.4% of the variability.

Three items loaded on factor 2, including guilty (.74), numb (.74), and sad (.70). This factor, named "guilt with sadness," accounted for 15.7% of the variability in the data.

Three items loaded on factor 3 as well, including bitter (.82), empty (.78), and nervous (.57). This factor was referred to as "bitterness." It explained 12.3% of the variability in responses.

Only two items loaded on the last factor. These were thankful (.85) and relieved (.84). This factor was named "thankfulness." It accounted for 9.5% of the variability in the data.

The empirical clarity of this factor solution is evident in the high loadings and low cross loadings which characterized the factors. The conceptual clarity of the solution is clear in the similarity of feelings which load on the same factor. For example, it seems intuitively correct that a mother who is angry and ashamed might feel paralyzed, that one who is guilty and sad would feel numb, and that one who was bitter would feel empty. It also makes sense that the two positive feelings of relief and thankfulness would load on the same

factor. The clarity of the factor structure confirmed the decision to employ scale scores representing these factors as measures of filial deprivation. Scale scores were calculated by summing the items loading on each of the respective factors.

Relationships Between the Children's Adjustment to Residential Treatment and Maternal Predictors

The first two research questions were concerned with maternal correlates of the children's adjustment to residential treatment. The first research question focused on filial deprivation, and the second focused on the remaining maternal predictors, including alienation, self-esteem, involvement in the child's treatment, and supported or non-supported placement. Results relevant to these questions are described here.

Filial Deprivation and Adjustment to Residential Treatment

The first research question asked, "Is there any relationship between dimensions of filial deprivation and adjustment to residential treatment?" Table 9 presents Pearson correlations between the filial deprivation factors and indices of adjustment to residential treatment for the entire sample. These correlations indicated that each of the four dimensions of filial deprivation

TABLE 9

PEARSON CORRELATIONS BETWEEN FILIAL DEPRIVATION FACTORS AND INDICES OF ADJUSTMENT TO RESIDENTIAL TREATMENT (N=60)

	Filial Deprivation Factor			
Adjustment Index	Anger and Shame	Guilt with Sadness	Bitter-ness	Thankful-ness
CAAP Rating[a]				
Peer relationships	- .28*	- .22*	- .07	.22*
Dependency	- .30*	- .12	- .07	.20
Hostility	- .31**	- .36**	- .20	.07
Productivity	- .17	- .14	- .11	.22*
Withdrawal	- .05	- .11	- .15	.18
Social Worker Rating[a]				
Peer relationships	- .16	- .26*	- .02	- .03
Independence	- .03	- .14	.08	- .08
Impulse control	- .21	.05	.06	.15
Working to potential	- .19	- .04	.04	- .09
Concentration	- .13	.11	.08	.14
Severity of psychopathology	- .14	- .09	- .24*	.00

*p<.05
**p<.01
[a]Higher scores on CAAP and on Social Worker Rating signify better adjustment.

represented in the maternal responses was related significantly to at least one child adjustment measure.

Mothers who experienced relatively high levels of anger and shame tended to have children who were rated relatively poor on peer relationships ($r=-.28$, $p<.05$), dependency ($r=-.30$, $p<.05$), and hostility ($r=-.31$, $p<.01$). Mothers who scored high on the filial deprivation factor of guilt with sadness had children who tended to be rated by the child care worker as poor in peer relationships ($r=-.22$, $p<.05$) and hostile ($r=-.36$, $p<.01$). Maternal guilt with sadness was also associated with poor social worker adjustment ratings in the area of the child's peer relationships ($r=-.26$, $p<.05$). Those mothers who were bitter tended to have children who had higher severity of psychopathology as rated by the social worker. Those mothers who were relatively thankful tended to have children who had better peer relationships ($r=.22$, $p<.05$) and high ratings on productivity ($r=.22$, $p<.05$). Based on these findings, it can be concluded that the mother's experience of filial deprivation is related to her child's adjustment to residential treatment, especially in the areas of peer relationships and hostility.

Other Maternal Predictors of Adjustment to Residential Treatment

Maternal Alienation

Research question two, part one, was "Is there any relationship between parental alienation and children's adjustment?" This question was addressed by calculating the Pearson correlations between the mother's scale score on alienation and the adjustment ratings assigned to the child by the child care worker and the social worker. These correlations are presented in table 10. Two correlations were significant. Maternal alienation was related negatively to adjustment in the areas of hostility ($r=-.23$, $p<.05$) and impulse control ($r=-.25$, $p<.05$).

Maternal Self-Esteem

Research question two, part two, was, "Is there any relationship between parental self-esteem and children's adjustment?" Pearson correlations in table 10 show that maternal self-esteem was related positively to the child's adjustment in the areas of dependency ($r=.26$, $p<.05$), hostility ($r=.27$, $p<.05$), and social worker-rated severity of psychopathology ($r=.24$, $p<.05$).

TABLE 10

PEARSON CORRELATIONS BETWEEN MATERNAL ALIENATION AND SELF-ESTEEM AND INDICES OF ADJUSTMENT TO RESIDENTIAL TREATMENT (N=60)

Adjustment Index	Alienation	Self-Esteem
CAAP Rating[a]		
Peer relationships	.01	.04
Dependency	- .02	.26*
Hostility	- .23*	.27*
Productivity	- .17	- .12
Withdrawal	- .13	.15
Social Worker Rating[a]		
Peer relationships	- .09	.10
Independence	- .08	.03
Impulse control	- .25*	.11
Working to potential	.05	- .02
Concentration	- .04	- .03
Severity of psychopathology	- .10	.24*

*p<.05
[a]Higher scores on CAAP and on Social Worker Rating signify better adjustment.

Maternal Involvement in the Child's Treatment

Research question two, part three, was, "Is there a relationship between parental involvement and children's adjustment?" Maternal involvement in the treatment of the child was measured by agency records of average number of monthly visits with the child and average number of monthly contacts with the child's social worker. These measures were correlated with the adjustment ratings of the child. These correlations are presented in table 11. None were significant. On the basis of these correlations, it cannot be concluded that maternal involvement in treatment is related to a child's adjustment to residential treatment. However, it should be noted that these findings may be the result of restriction of range on the involvement measures. That is, because all mothers visited their children, there was little variation in the sample for this variable. As noted above, agency policies required active parental involvement. And, not surprisingly, the mothers who agreed to participate in this study also were following the agency's guidelines for involvement.

TABLE 11

PEARSON CORRELATIONS BETWEEN PARENTAL INVOLVEMENT AND INDICES OF ADJUSTMENT TO RESIDENTIAL TREATMENT (N=60)

	Parental Involvement	
Adjustment Index	Average Number of Monthly Visits With Child	Average Number of Monthly Contacts With Social Worker
CAAP		
Peer relationships	.12	.08
Dependency	- .02	.00
Hostility	- .02	.14
Productivity	.00	- .10
Withdrawal	.00	.00
Social Worker Rating		
Peer relationships	- .06	.05
Independence	- .15	.08
Impulse control	- .13	.07
Working to potential	- .02	.07
Concentration	- .10	.00
Severity of psychopathology	.06	.03

(No significant relationships.)

Maternal Perception of Placement as Supported

Research question two, part four, was, "Is there a relationship between the mother's support or non-support of placement and adjustment?" Independent sample t-tests were used to compare the adjustment ratings of children whose mothers supported placement (N=52) to those of children whose mothers did not support placement (N=8). These t-tests are presented in table 12. None were significant. Thus, it cannot be concluded that the mother's support or non-support of placement is related to her child's adjustment to residential treatment.

Correlates of Parental Involvement

The third research question was concerned with factors which might be related to parental involvement in the treatment of the child.

Filial Deprivation and Parental Involvement

Research question three, part one, asked, "Is parental involvement related to any dimension of filial deprivation?" To answer this question, Pearson correlations were calculated between the dimensions of filial deprivation identified in the sample and the frequency of maternal contact with the child and the social worker. These correlations are presented in

TABLE 12

INDEPENDENT SAMPLE T-TESTS COMPARING SUPPORTED AND NON-SUPPORTED PLACEMENT GROUPS ON INDICES OF CHILD ADJUSTMENT

	Group				
	Supported (N=52)		Non-supported (N=8)		
Adjustment Index	Mean	SD	Mean	SD	t
CAAP					
Peer relationships	36.94	10.50	36.63	11.50	.08
Dependency	46.27	9.71	47.13	8.31	- .23
Hostility	42.45	11.46	37.63	10.64	1.12
Productivity	42.08	9.10	39.00	7.17	.91
Withdrawal	38.61	11.32	37.25	9.60	.32
Social Worker Rating					
Peer relationships	2.62	.99	2.25	.71	1.00
Independence	2.88	1.10	2.88	.99	.02
Impulse control	2.38	1.07	2.00	1.20	.93
Working to potential	2.60	.98	2.75	.71	- .43
Concentration	2.60	1.05	2.63	1.19	- .07
Severity of psychopathology	2.50	.98	2.38	.52	.35

(No significant differences.)

table 13. One of these correlations was significant, a negative correlation between maternal guilt with sadness and average number of monthly contacts with the social worker ($r=-.30$, $p<.05$). Mothers whose responses indicated relatively high levels of guilt with sadness tended to visit the social workers less often.

Perception of Placement as Supported Versus Non-Supported

Research question three, part two, asked, "Is parental involvement in treatment related to the mother's support or non-support of placement?" Table 14 presents the results of independent sample t-tests comparing the two groups on measures of parental involvement. No significant differences were found. That is, mothers had contact with their children and with the social worker and this amount of contact has no relationship to whether or not the placement was supported or non-supported by the mother.

Additional Analyses

Additional exploratory analyses were conducted to compare the mothers who indicated placement was supported (N=52) to those who indicated placement was non-supported (N=8). The results of the independent sample t-tests carried out for this purpose are presented in table 15.

TABLE 13

PEARSON CORRELATIONS BETWEEN PARENTAL INVOLVEMENT AND FILIAL DEPRIVATION FACTORS

Parental Involvement	Filial Deprivation Factor			
	Anger and Shame	Guilt with Sadness	Bitter-ness	Thankful-ness
Average number of monthly visits with child	- .04	.01	.09	- .15
Average number of monthly contacts with social worker	- .20	- .30*	.05	- .05

*p<.05

TABLE 14

INDEPENDENT SAMPLE T-TESTS COMPARING SUPPORTED AND NON-SUPPORTED PLACEMENT GROUPS ON MEASURES OF PARENTAL INVOLVEMENT

	Group				
	Supported (N=52)		Non-supported (N=8)		
Variable	Mean	SD	Mean	SD	t
Average number of monthly visits with social worker	2.81	1.34	2.38	1.06	.88
Average number of monthly visits with child	3.31	.94	3.25	1.04	.16

(No significant differences.)

TABLE 15

INDEPENDENT SAMPLE T-TESTS COMPARING MOTHERS WHO SUPPORTED PLACEMENT TO THOSE WHO DID NOT SUPPORT PLACEMENT ON FILIAL DEPRIVATION, ALIENATION, AND SELF-ESTEEM

	Group				
	Supported (N=52)		Non-supported (N=8)		
Variable	Mean	SD	Mean	SD	t
Filial deprivation					
Anger and shame	2.3	1.8	2.9	1.5	.81
Guilt with sadness	2.5	1.7	3.8	1.8	1.89
Bitterness	2.4	1.8	2.4	2.0	.01
Thankfulness	2.9	1.2	1.5	1.9	2.94**
Alienation	3.0	1.6	4.0	1.1	1.72
Self-esteem	61.1	20.9	45.0	17.2	2.07*

*p<.05
**p<.01

The t-tests indicated that mothers who supported placement were significantly ($p<.01$) higher on thankfulness than mothers who did not support placement. The supported group also had a significantly ($p<.05$) higher mean score on self-esteem. The differences between the two groups on both the guilt with sadness dimension of filial deprivation and alienation approached significance ($p<.10$). In each case, the difference was in the expected direction, with the supported group manifesting lower guilt and lower alienation.

A second additional analysis was conducted to examine the relationships between the dimensions of filial deprivation and the maternal personality characteristics of self-esteem and alienation. Self-esteem was found to be correlated significantly and negatively with three of the four dimensions of filial deprivation. Mothers with higher self-esteem tended to manifest less anger ($r=-.42$, $p=.000$), lower levels of guilt with sadness ($r=-.25$, $p=.030$), and less bitterness ($r=-.26$, $p=.020$). Maternal alienation was not correlated significantly with any of the dimensions of filial deprivation.

Summary

The children studied were admitted to residential treatment mainly with diagnoses of conduct disorders (43.4%) or neuroses (26.7%). Ratings by child care workers and social workers suggested that the children's adjustment to residential treatment generally ranged from poor to average. The mothers in the study found the experience of placing a child in residential treatment to be upsetting. The majority of mothers reported feelings of sadness (85%), worry (83%), emptiness (almost 67%), and nervousness (65%). However, mothers in this study generally felt thankful (over 81%) and relieved (over 81%). Although eight of the sixty mothers reported that their child had been placed without their agreement (non-supported), at the time of the interview all of the mothers believed that the placement was necessary. Although the mothers as a group manifested substantial alienation, 92% of them indicated that they felt positively about the residential treatment center. All of the mothers visited their children regularly and had regular contact with the social worker.

The first research question examined the relationship between dimensions of filial deprivation and adjustment to residential treatment. Four filial deprivation factors were identified for this population of

mothers: anger and shame, guilt with sadness, bitterness, and thankfulness. Results indicated that filial deprivation experience is related to children's adjustment, especially in the areas of peer relationships and hostility. The significant correlations indicated that (1) mothers who experienced relatively high levels of anger and shame had children who tended to have poor peer relationships, be less independent, and more hostile; (2) mothers who experienced relatively high levels of guilt with sadness had children who tended to be rated as poor in peer relationships and as more hostile; (3) mothers who experienced much bitterness tended to have children with higher ratings on severity of psychopathology; and (4) mothers who had relatively high scores on the thankfulness factor tended to have children with better peer relationships and higher productivity.

The second research question asked if there are any relationships between the children's adjustment to residential treatment and parental alienation, parental self-esteem, parental involvement in the child's treatment, and whether the placement was supported or non-supported. The findings showed that (1) those mothers with relatively high alienation tended to have children who were rated as more hostile; (2) those mothers with relatively high self-esteem tended to have children who were rated

as being more independent, less hostile, and less severe in terms of psychopathology; (3) there was no significant relationship between parental involvement and adjustment (although this may have been due to the lack of variation in the parental involvement variable, in that all mothers visited their children); (4) there were no significant differences in adjustment between children whose mothers supported the placement and children whose mothers did not support the placement.

The third research question asked whether parental involvement in the treatment of the child was related to any of the dimensions of filial deprivation or to the mother's support or non-support of the placement. It was found that the more the mother experienced guilt with sadness, the less contact she tended to have with the agency social worker. No relationship was found between parental involvement and whether the placement was supported or non-supported.

CHAPTER V

IMPLICATIONS

The study described here suggested that placing one's child in residential treatment is an emotionally difficult experience for mothers. This finding supports the previously reported findings of Jenkins and Norman (1972, 1975) and Vachon (1978). In the present study, the typical mother indicated that on the day the placement occurred she felt sad, worried, empty, and nervous. These findings were similar to those of Jenkins and Norman, who indicated that the mothers of children placed in foster care were typically sad, worried, and nervous. Vachon's (1978) replication of the Jenkins and Norman study suggested that mothers placing a child in foster care felt sad, nervous, empty, and lonely. The small differences found may be due to the differences between foster care families and residential care families, who have placed a child due to the child's severe emotional disturbances.

In view of the anticipated negative emotions associated with placing a child in residential treatment, it

is clearly significant that the mothers participating in the study tended to be relieved and thankful for the placement. Even though some of the mothers were opposed to residential treatment at the time that the placement occurred, by the time they were interviewed for the present study, every mother in the study recognized that the placement was necessary. This finding implies that social work professionals must recognize that residential treatment is difficult, but may very well be the best course of action in the long run. However, Kagan and Schlosberg (1989, 17) caution clinicians that some of the relief of placement may take away the anxiety that families need in order to make changes.

Of course, the implication of these findings for social work professionals working in residential treatment is that the mothers of the children being placed may require assistance at the time their children are placed. It might be helpful for the residential treatment centers to run ongoing support groups for mothers, who might benefit not only from professional help but also from the shared experiences of other mothers in similar circumstances. Mothers might benefit from attending such groups in advance of the actual placement date, as well as during placement. These suggestions appear particularly relevant in view of the findings that

relatively few of the mothers had received any help from others to prepare them for the placement. This finding will be discussed later in this chapter in the "Clinical Significance" section.

The Pleasantville Cottage School and Diagnostic Center apparently did a good job in engaging the mothers once placement occurred. All of the mothers visited their children regularly and had frequent contacts with the agency social worker. This finding supports similar findings by Aldgate (1978) that children are visited more in residential care than in foster care. The residential center policies in fact required the active involvement of parents in the treatment of the children. By the time of the interview with the mothers, the overwhelming majority of mothers had positive feelings regarding the center and its staff. This finding is remarkable in view of the fact that these mothers generally scored high on alienation (mean of 3.1) and low on self-esteem (mean percentile score of 32.4). The prior studies of foster care placement also indicated alienation among the mothers. The mothers studied by Jenkins and Norman (1972, 1975) had mean alienation scores of 2.81 on the same measure, and the mothers studied by Vachon (1978) had mean scores of 3.46. In fact, as devastating as placing a child was for the mothers (and keeping in mind that

almost 41 percent were initially opposed to placement), the majority of the mothers in the present study had their feelings change, overwhelmingly in a positive direction. Seeing that their children were "okay" and helpful contact with the agency were the reasons noted most frequently for this change. Of course, the agency requirement for frequent contact between parents and children and regular contact with the agency social worker allows the mother to see first hand that her child is in fact safe and that the staff are concerned professionals who are working for the good of the child. It is also apparently a highly desired practice to arrange funding so that parental transportation costs for trips to and from the residential treatment center can be provided. The example of the Pleasantville Cottage School and Diagnostic Center should be followed by other residential facilities if possible.

Maternal Correlates of Children's Adjustment to Treatment

The primary goal of the study described here was to determine whether any relationships existed between the adjustment to residential treatment of the seven- to fourteen-year-old children in the study and a series of maternal predictors, including the mother's experience of filial deprivation, maternal alienation and self-esteem,

parental involvement in the child's treatment, and whether the placement was supported or non-supported.

The maternal experience of filial deprivation was clearly related to the adjustment of the child. The maternal experience of anger and shame at the time of placement was associated with poor peer relationships, dependency, and hostility. Maternal guilt with sadness was related to hostility and poor peer relationships. Mothers who were bitter tended to have children with more severe psychopathology. On the other hand, mothers who expressed thankfulness and relief at the time of placement had children who tended to have better peer relationships and higher ratings of productivity.

These findings suggest that it is important to intervene with mothers not only from the point of view of the mothers, but also from that of the children. Of course, it must be stressed that this study was correlational in nature and that no direction of influence in terms of cause-and-effect should be inferred from these relationships. Interaction between mother and child should be assumed, and it is acknowledged that other variables may be intervening and influencing both the mother and the child. However, the fact that such relationships do exist between maternal feelings and

children's adjustment does support the studies noted in the literature review which indicate that there is an interaction between maternal feelings and characteristics of their children. Heiting (1971) found that children made little progress in residential treatment when parents objected to continued care. Tittler et al. (1982) discussed how the mother-child relationship is a good predictor of the child's adaptive potential. Brown et al. (1988) found that when parents of children with attention deficit disorder feel their children are deviant, then they become discouraged and depressed.

The findings of the study also suggested that maternal alienation was related negatively to the child's adjustment, while maternal self-esteem was rated positively to adjustment. Here again the need for interventions with the mother appears important. However, it must be noted that personality dimensions such as alienation and self-esteem are relatively enduring characteristics in adults which may be altered only over time. Thus, it could be that specific interventions aimed at decreasing alienation and improving self-esteem among mothers might not result in rapid improvement or any improvement in the adjustment of the children. Longitudinal studies of the changes occurring among mothers and children would be required ultimately to

determine the results of such programs. Nevertheless, the findings of the present study should provide researchers with encouragement to develop and evaluate such efforts.

Maternal involvement with the child's treatment, measured by frequency of visits with the child and the frequency of contact with the social worker, was not related to the adjustment of the children. As noted above, this is quite likely because all the mothers in the study visited their children and there was little variation on this variable. The literature suggests clearly that, in general, parental involvement, particularly visiting their children, is a factor in children's adjustment to treatment. McKenzie (1981) found that parental involvement influenced post-discharge adjustment. Oxley (1977) found a positive association between functioning at discharge and follow-up four years later and the mother's use of treatment. Fanshel and Shinn (1978) and Jenkins and Norman (1975) reported a relationship between parental visitation and how children feel in foster care. It may be inferred that the PCS and PDC policies regarding visitation are important elements of the treatment program and that they are serving the purpose of maintaining parental involvement. In fact, Aldgate (1978) reported that children in residential care

are visited more frequently and consistently than children in foster families. Reasons given for the finding were: parents feel more encouraged to visit and they have greater flexibility in visiting the child without disrupting the child's routine, less competition with the staff is felt by parents for the child's affection, and there is more opportunity to be alone with a child at a residential facility. It is likely that the frequency of parental visiting at PDC and PCS reflects some or all of these factors.

No significant differences were found between the adjustment ratings of children whose mothers had supported (agreed with) their placement in residential treatment and those of children whose mothers did not support the placement. This finding is important to policy makers and social workers in the field because it suggests that when placement is necessary, it may be effective even when the mother objects. Obviously in such cases it will be important to work with the mother to win her trust and obtain her support and assistance in the treatment. The results of this study suggest that this can in fact be accomplished, since mothers ultimately came to recognize the need for placement and develop positive attitudes toward the treatment center, even when they had opposed the placement.

Maternal Involvement with Treatment

In spite of the relative lack of variability among mothers on the parental involvement measures, a significant negative relationship was found between the filial deprivation factor of guilt with sadness and the average number of monthly contacts between mother and social worker. Since involvement is so important to treatment success, this finding suggests that mothers should be assessed for feelings of guilt with sadness, and women who are judged to manifest these emotions should be targeted for special outreach efforts.

Several prior studies have yielded significant relationships between the emotional experience of parents and their involvement in the treatment of their children. McAdams (1972) noted that some parents who have placed children in foster care feel that they are such failures that they may stop visiting. Hersch (1970) stated that if parents could not resolve their feelings of ambivalence and guilt about placing a retarded child, then parental adjustment and the placement were in jeopardy.

Clinical Significance

It is hoped that this study has provided an accurate profile of mothers who place their emotionally-disturbed children in residential treatment. Demographically, the

"average" mother in this study was in her mid-thirties, was not currently married, was working at a blue-collar occupation, and had about twelve years of education. Over 88 percent of the mothers were on public assistance, were unemployed, or worked at a blue-collar occupation.

Over 86 percent of the mothers supported the placement of their children; in fact, over 31 percent said placement was their own idea. On the other hand, it should be remembered that almost 41 percent of the mothers were initially opposed to placement.

Almost 42 percent of the mothers had no help in preparing themselves for the placement of their child. When combined with their low socio-economic status, and the responsibilities of single parenthood, the need for social support services is evident. Those who did get help tended to get help from social service providers. It is possible that our schools, mental health clinics, and social service agencies can serve a role in helping all mothers that are considering treatment for or planning for a child who is disturbed. It is suggested that many of these families are not being adequately served by the social service sector prior to placement of a child.

The agency with which the child is to be placed should also provide assistance to parents. Pleasantville Cottage School could begin working with all mothers in

advance of the placement so that they might deal with the placement process. Such support and assistance would appear desirable because so many of the mothers had no preparation to deal with their experiences in placing a child.

Intensive individual outreach efforts may be of particular importance to mothers who are experiencing a large amount of guilt over the placement of a child. In responding to the needs and feelings of mothers who experience such guilt, social workers could deal with what the mothers anticipate prior to placement and what their expectations of placement are. There would also be the opportunity to engage these mothers early in a collaborative relationship, which might ease some of their guilt. Parental support groups may also be a resource to such mothers, particularly those who are socially isolated.

The agency where this research was conducted did a good job of engaging parents and focusing on the parental role in this treatment process once the child was in placement. This positive effort was clearly observed in the maternal feelings and responses in the study. The agency at all times tried for open communication with parents, through informal contact during parental visits and through formal treatment team conferences and

casework sessions. This may be a model for other residential treatment centers to follow.

Several recommendations can be made in light of the findings of this dissertation that indicate how stressful placing a child is for a parent. Petr and Spano (1990) suggested redefining advocacy to emphasize helping others speak on behalf of themselves. This effort would reflect the social work profession's value of emphasizing client strength and self-determination. Parents would then be viewed as allies who can enter a collaborative relationship with professionals to help their children. In recent years, this aspect of practice, emphasizing collaborative relationships between professionals and clients, has been discussed in social work literature (see Hegar 1989; Hegar and Hunzekar 1988; Hirayama and Cetingok 1988; Rose and Black 1985; Solomon 1976).

In addition, Collins and Collins (1990) recommend impacting professional attitudes toward and perceptions of parents if such a collaboration is to be achieved. It is hoped that the findings in this dissertation are a step in that direction. They also suggested that parent and consumer groups can help the system change by influencing change in funding priorities and research. In addition, it has been shown that these organizations have been of support to caregivers and that guilt and

self-blame can be lessened through involvement (Corp and Kosinski and Friesen, cited in Collins and Collins 1990, 525; Hatfield 1981). Based upon an awareness of the high levels of parental sadness, worry, emptiness, and nervousness reported in the study, this may be a particularly important source of support to offer parents.

Limitations

All the data for this study were collected at two facilities (one short-term and one long-term) at one site. There may be unique aspects of the setting (such as the fact the population is over 43 percent white) that make it not representative of residential treatment centers in general. Therefore, the data are not generalizable to all residential treatment centers that exist. The residential treatment center that was part of the study is a private, state-supported center in a suburban setting of New York City. Most of the children were from the New York metropolitan area, and results may not be generalizable to children from rural areas. Also the results of the study apply and are limited to only the age group of the children studied, seven to fourteen years.

In addition, because only four of the sixty children in the study were girls, and they were not separated for

independent study, no conclusions should be drawn about the influence of the child's gender on the results. Finally, since some of the data were collected through the use of self-report measures, the possibility of social desirability response set bias must be recognized.

Suggestions for Future Research

Several areas of future research possibilities present themselves as a result of this study. More needs to be known about the interaction between filial deprivation experience and adjustment of children to residential treatment. A longitudinal study could investigate how mothers' feelings change over time to see if a change in children's adjustment also occurs.

Several intervention strategies could be implemented with groups of mothers, identified as having a particular filial deprivation factor, to see if filial deprivation experience can be altered. Again, a longitudinal study is warranted. As children spend time in residential treatment, changes in their adjustment could be noted to see if such adjustment would have an impact on maternal filial deprivation experience. The impact of residential treatment of the child on maternal alienation and self-esteem should be studied. Also interventions aimed

specifically at achieving gains in these areas should be developed and evaluated.

It should be noted that there were children in residential treatment who could not be included in the present study because their mothers were not available to participate. Although very few mothers who were approached simply refused to participate, some mothers were unavailable because they were institutionalized, ill, or deceased. Clearly, research needs to be done on the factors influencing the adjustment of children whose mothers fall into this group.

WORKS CITED

Adler, Jack. 1970. Separation--a crucial issue in foster care. Journal of Jewish Communal Service 46 (Summer), no. 4:305-313.

Ainsworth, Mary D. 1962. Deprivation of maternal care: A reassessment of its effects. Geneva: World Health Organization.

Aldgate, J. 1978. Advantages of residential care. Adoption and Fostering 92, no. 2:29-33.

American Psychiatric Association. 1987. Diagnostic and statistical manual of mental disorders, 3rd ed--rev. Washington, D.C.: American Psychiatric Association.

Anderson, S. C., and M. L. Lauderdale. 1982. Characteristics of abusive parents: A look at self-esteem. Child Abuse and Neglect: The International Journal 6:285-293.

Aptekar, H. H. 1953. Casework with the child's own family in child placing agencies. New York: Child Welfare League of America.

Bachman, J. G. 1970. Youth in transition: The impact of family background and intelligence on tenth grade boys, vol. 2: Ann Arbor, MI: Institute for Social Research.

Barkley, R. A. 1981. Hyperactivity. In Behavioral assessment of childhood disorders, eds. E. J. Mash and L. G. Tercal. New York: Guilford Press.

Blauvelt, H. 1956. Neonate-mother relationship in goat and man. In Group processes--transactions of the second conference on group processes, ed. B. Schaffner. New York: Josiah Macy Jr. Foundation.

Bowlby, J. 1951. Maternal care and mental health. Geneva: World Health Organization.

Britton, C. 1955. Casework techniques in child care services. Social Casework 36:3-13.

Bronfenbrenner, U. 1968. Early deprivation: A cross-species analysis. In Early experience and behavior, eds. G. Newton and S. Levine. Springfield, Ill.: Chas. C. Thomas.

Brown, R. T., K. A. Borden, S. R. Clingerman, and P. Jenkins. 1988. Depression in attention deficit-disordered and normal children and their parents. Child Psychiatry and Human Development 18:119-132.

Bugental, D. B., L. Caporeal, and W. A. Shennum. 1980. Experimentally produced child uncontrollability: Effects of the potency of adult communication patterns. Child Development 51:520-528.

Bunge, J. A. 1984. The nature and measurement of maternal separation anxiety in employed mothers as it relates to socioeconomic status. Dissertation Abstracts International 44, no. 11-B:3550.

Buri, J. R., P. A. Kirchner, and J. M. Walsh. 1987. Familial correlates of self-esteem in young American adults. Journal of Social Psychology. 127, no. 6:583-588.

Caplan, P. J. and I. Hall-McCorquodale. 1985. Mother-blaming in major clinical journals. American Journal of Orthopsychiatry 55:345-353.

Cattell, R. B. 1966. The meaning and strategic use of factor analysis. In Handbook of multivariate experimental psychology, ed. R. B. Cattell. Chicago, IL: Rand McNally.

Child Care Review Services Data Source. 1990. Foster care plan: Fiscal year 1990, New York State.

Children's Defense Fund. 1988. A children's defense budget fiscal year 1989: An analysis of our nation's investment in children. Washington, D.C.: The Children's Defense Fund.

Chodorow, N. 1978. The reproduction of mothering: Psychoanalysis and the sociology of gender. Berkeley, CA: University of California Press.

Coleman, J. S. 1972. Abnormal psychology and modern life. Glenview, Ill.: Scott, Foresman and Company.

Collins, B. and T. Collins. 1990. Parent-professional relationships in the treatment of seriously emotionally disturbed children and adolescents. Social Work 35, no.6:522-527.

Conger, J. J. 1976. Roots of alienation. In International encyclopedia of neurology, psychiatry, psychoanalysis, and psychology, ed. B. Wolman. New York: McGraw-Hill Book Company.

_____. 1981. Freedom and commitment: Families, youth and social change. American Psychologist 36:1475-1484.

Coopersmith, Stanley. 1967. The antecedents of self-esteem. San Francisco, CA: Freeman.

_____. 1981. SEI manual: Self-esteem inventories. Palo Alto, CA: Consulting Psychologists Press, Inc.

Cunningham, C. E., B. B. Bebbess, and L. S. Siegel. 1988. Family functioning, time allocation, and parental depression in the families of normal and ADDH children. Journal of Clinical Child Psychology 17:169-177.

Davids, A. D., R. Ryan, and P. D. Salvatore. 1968. Effectiveness of residential treatment. American Journal of Orthopsychiatry 38:469-475.

Demo, D. H., S. A. Small, and R. C. Savin-Williams. 1987. Family relations and the self-esteem of adolescents and their parents. Journal of Marriage and the Family 49:705-715.

Dickstein, E. B., and J. M. Posner. 1978. Self-esteem and relationship with parents. Journal of Genetic Psychology 133:273-276.

Dixon, S. L., and R. G. Sands. 1983. Identity and the experience of crisis. Social Casework 64:223-230.

Dore, M. M., T. M. Young, and D. M. Pappenfort. 1984. Comparison of basic data for the national survey of residential group care facilities: 1966-1982. Child Welfare 63:485-495.

Drummond, R. J., and W. G. McIntire. 1977. Evaluating the factor structure of self-concept in children: A cautionary note. Measurement and Evaluation in Guidance 9:172-176.

Durkheim, E. 1897. Suicide. 1951 ed. Trans. John A. Spaulding and George Simpson. New York: Free Press.

Eastman, K. 1979. The foster family in a systems theory perspective. Child Welfare 58:564-570.

Edelstein, S. 1981. When foster children leave: Helping foster parents to grieve. Child Welfare 60:467-473.

Ellsworth, Robert B. 1981. CAAP scale: The measurement of child and adolescent adjustment. Palo Alto, CA: Consulting Psychologists Press, Inc.

Fanshel, D., and E. B. Shinn. 1978. Children in foster care. New York: Columbia University Press.

Fish, S. 1984. Casework to foster parents and children. In Child Welfare: A source book of knowledge and practice, ed. F. Maidman, 235-262. New York: Child Welfare League of America.

Forehand, R. L. 1979. Parental adjustment as a target in child behavior therapy. Paper presented at the annual convention of the Association for Advancement of Behavioral Therapy. Houston, Texas.

Fraiberg, Selma. 1962. A therapeutic approach to reactive ego disturbances in children in placement. American Journal of Orthopsychiatry 32 (January), no. 1:18-31.

Freud, C. 1955. Meaning of separation to parents and children as seen in child placement. Public Welfare 13:13-17.

Fullerton, W. S. 1972. Self-disclosure, self-esteem and risk taking: A study of their convergent and discriminant validity in elementary school children.

Ph.D. dissertation, University of California, Berkeley.

Gecas, V. 1971. Parental behavior and dimensions of adolescent self-evaluation. Sociometry 34:466-482.

Gecas, V., and M. L. Schwalbe. 1986. Parental behavior and adolescent self-esteem. Journal of Marriage and the Family 48:37-46.

Gilligan, C. 1982. In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Glickman, E. 1954. Treatment of the child and his family after placement. Social Service Review 28:279-289.

Gnezda, M. T. 1983. The nature of maternal separation anxiety as it relates to employment-related separations. Dissertation Abstracts International 44, no. 4-A:1217.

Goldfarb, W. 1943. Infant rearing and problem behavior. American Journal of Orthopsychiatry 13:249-265.

Hallowitz, David. 1948. The separation problem in the child care institution. Journal of Social Casework 29 (April), no. 4:144-148.

Harlow, H. F., M. K. Harlow, and E. W. Hansen. 1963. The maternal affectional system of rhesus monkeys. In Maternal behavior in mammals, ed. H. Rheingold. New York: John Wiley & Sons.

Hartman, A. and J. Laird. 1983. Family-centered social work practice. New York: The Free Press.

Hatfield, A. B. 1981. Self-help groups for families of the mentally ill. Social Work 26:408-413.

Hegar, R. L. 1989. Empowerment-based practice with children. Social Service Review 63:372-383.

Hegar, R. L. and J. M. Hunzeker. 1988. Moving toward empowerment-based practice in public child welfare. Social Work 33:499-502.

Heiting, Kenneth H. 1971. Involving parents in residential treatment of children. Children 18 (September-October), no. 5:162-167.

Hersch, Alexander. 1970. Changes in family functioning following placement of a retarded child. Social Work 15 (October), no. 4:93-102.

Hirayama, H. and M. Cetingok. 1988. Empowerment: A social work approach for Asian immigrants. Social Work 69:41-47.

Hock, E., S. McBride, and M. T. Gnezda. 1989. Maternal separation anxiety: Mother-infant separation from the maternal perspective. Child Development 60 (August), no. 1:793-802.

James, John W., and Frank Cherry. 1988. The grief recovery handbook: A step-by-step program for moving beyond loss. New York: Harper and Row Publishers, Inc.

Jenkins, Shirley. 1967. Filial deprivation in parents of children in foster care. Children 14 (January-February), no. 1:8-12.

_____. 1969. Separation experiences of parents whose children are in foster care. Child Welfare 48:334-340.

Jenkins, S., and E. Norman. 1972. Filial deprivation and foster care. New York: Columbia University Press.

_____. 1975. Beyond placement--mothers view foster care. New York: Columbia University Press.

Kadushin, A. and J. Martin. 1988. Child welfare services. 4th ed. New York: Macmillan Publishing Co.

Kagan, R. and S. Schlosberg. 1989. Families in perpetual crisis. New York: W. W. Norten and Company, Inc.

Keniston, K. 1968. Young radicals: Notes on committed youth. New York: Harcourt Brace Jovanovich.

Knitzer, J. and L. Olson. 1982. Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services. Washington, D.C.: Children's Defense Fund.

Kogan, K. L. 1980. Interaction systems between preschool handicapped or developmentally delayed children and their parents. In High-risk infants and children: Adult and peer interactions, eds. T. M. Field, S. Goldberg, D. Stern, and A. M. Sostek. New York: Academic Press.

Kogan, K. L., N. Tyler, and P. Turner. 1974. The process of interpersonal adaptation between mothers and their cerebral palsied children. Developmental Medicine and Child Neurology 16:518-527.

Krona, David A. 1980. Parents as treatment partners in residential care. Child Welfare 59 (February), no. 2:91-96.

Lasch, C. 1979. The culture of narcissism: American life in an age of diminishing expectations. New York: Norton.

Long, C. G., and J. R. Moore. 1979. Parental expectations for their epileptic children. Journal of Child Psychology and Psychiatry 20:299-312.

Mandelbaum, Arthur. 1962. Parent-child separation: Its significance to parents. Social Work 7 (October), no. 4:26-34.

Mash, E. J., and C. Johnston. 1983. Parental perceptions of child behavior problems, parenting self-esteem, and mothers reported stress in younger and older hyperactive and normal children. Journal of Consulting and Clinical Psychology 51:86-99.

Mayer, Morris Fritz. 1960. The parental figures in residential treatment. Social Service Review 34 (September), no. 3:273-285.

McAdams, Phyllis J. 1972. The parent in the shadows. Child Welfare 51 (January), no. 1:51-55.

McBride, S. and J. Belsky. 1988. Characteristics, determinants, and consequences of maternal separation anxiety. Developmental Psychology 21 (May), no. 3:107-111.

McGowan, B. G. and W. Meezan (eds.). 1983. Child welfare: Current dilemmas, future directions. Itasca, IL: F. E. Peacock Publishers, Inc.

McKenzie, Christine A. 1981. Shifting the focus to the family in residential treatment. Social Work Papers 16 (Spring):12-23.

McManus, M. C. and B. J. Friesen (eds.). 1986. Parents of emotionally handicapped children: Needs, resources, and relationships with professionals - annotated bibliography. Portland, OR: Research and Training Center to Improve Services for Seriously Emotionally Handicapped Children and their Families, Portland State University.

Medinnus, G. R., and F. J. Curtis. 1963. The relation between maternal self-acceptance and child acceptance. Journal of Consulting Psychology 27:542-544.

Melnick, B., and J. Hurley. 1969. Distinctive personality attributes of child-abusing mothers. Journal of Consulting and Clinical Psychology 33:746-749.

Meyer, C. H. Staffing issues in child welfare. In Child welfare: Current dilemmas, future directions, eds. B. G. McGowan and W. Meezan. Itasca, IL: F. E. Peacock Publishers, Inc.

Mizruchi, Ephraim H. 1960. Social structure and anomia. American Sociological Review 25:645-654.

Moss, Sidney. 1966. How children feel about being placed away from home. Children 13 (July-August), no. 4: 153-157.

Mulhern, R. K., and R. H. Passman. 1981. Parental discipline as affected by the sex of the parent, the sex of the child, and the child's apparent responsiveness to discipline. Developmental Psychology 17:604-613.

Mussen, P. H., J. J. Conger, J. Kagan, and A. C. Husten. 1984. Child development and personality, 6th ed. New York: Harper & Row.

New York State Department of Social Services, Division of Family and Children's Services. April 1990. Preventive services moving into the 90's: A look at foster care and preventive services provided to children and their families in New York State.

Norman, A. 1985. Keeping families together: The case for family preservation. New York: The Edna McConnell Clark Foundation.

Olshansky, Simon. 1962. Chronic sorrow: A response to having a mentally defective child. Social Casework 43 (April), no. 4:190-193.

Oxley, Genevieve B. 1977. A modified form of residential treatment. Social Work 22 (November), no. 6:493-498.

Parkes, Colin Murray. 1972. Bereavement: Studies of grief in adult life. New York: International Universities Press.

Patterson, G. R. 1976. The aggressive child: Victim and architect of a coercive system. In Behavior modification and families, eds. E. J. Mash, L. A. Hamerlynck, and L. C. Handy. New York: Brunner/Mazel.

_____. 1980. Mothers: The unacknowledged victims. Monographs of the Society for Research in Child Development 45, 5, serial no. 186.

Petr, C. G. and R. N. Spano. 1990. Evolution of social services for children with emotional disorders. Social Work 35, no. 3:228-234.

Pitzer, M. S. 1985. A study of maternal separation anxiety in working mothers of second-born infants. Dissertation Abstracts International 46, no. 1-A: 88-89.

Polansky, N. A. et al. 1981. Damaged parents. Chicago: University of Chicago Press.

Polskin, Sylvia R. 1961. Working with parents of mentally ill children in residential care. Social Work 6 (October), no. 4:82-89.

Prugh, D. E., and R. G. Harlow. 1962. "Masked deprivation" in infants and young children. In Deprivation of maternal care--a reassessment of its effects, WHO Public Health Papers No. 14. Geneva: World Health Organization.

Quinton, D., and M. Rutter. 1976. Early hospital admissions and later disturbances of behavior: An attempted replication of Douglas' findings. Developmental Medicine and Child Neurology 18:447-459.

Robertson, J., and J. Bowlby. 1952. Responses of young children to separation from their mothers. Courrier 2:131-142.

Rose, S. M. and B. L. Black. 1985. Advocacy and empowerment: Mental health care in the community. Boston: Routledge and Kegan Paul.

Rosenberg, M. 1965. Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Rosenblatt, J. S., G. Turkewitz, and T. C. Schneirla. 1961. Early socialization in the domestic cat as based on feeding and other relationships between female and young. In Determinants of infant behavior, ed. B. M. Foss. London: Methyen & Co.

Russo, E. and S. Shyne. 1980. Coping with disruptive behavior in group care. New York: Child Welfare League of America.

Rutter, M. 1971. Parent-child separation: Psychological effects on the children. Journal of Child Psychology and Psychiatry 12:233-260.

_____. 1972. Maternal deprivation reassessed. Harmondsworth, Great Britain: Penguin Books.

_____. 1979. Maternal deprivation, 1972-1978: New findings, new concepts, new approaches. Child Development 50:283-305.

Sandberg, S. T., M. Weiselberg, and D. Shaffer. 1980. Hyperkinetic and conduct problem children in a primary school population: Some epidemiological considerations. Journal of Child Psychology and Psychiatry 21:293-311.

Schneider, P. 1983. Self-esteem of parents of disturbed children and the self-esteem of their children. In The development and sustenance of self-esteem in childhood, eds. J. E. Mack and S.L. Ablon. New YOrk: International Universities Press.

Sears, R. 1970. Relation of early socialization experience to self-concepts and gender role in middle childhood. Child Development 41:267-289.

Seeman, Melvin. 1959. On the meaning of alienation. American Sociological Review 24:783-791.

_____. 1975. Alienation studies. In Annual review of sociology, vol. 1, eds. A. Inkeles, J. Coleman, and N. Smelser. Palo Alto, CA: Annual Reviews, Inc.

Shyne, A. and A. Schroeder. 1978. National study of social services to children and their families. Washington, D.C.: DHEW.

Silverman, P. R. 1981. Helping women cope with grief. Beverly Hills, CA: Sage.

Simon, W. E., and M. G. Simon. 1975. Self-esteem, intelligence and standardized academic achievement. Psychology in the Schools 32:97-100.

Simpson, R. L. , and M. H. Miller. 1963. Social status and anomia. Social Problems 10:256-264.

Siu, Sau-Fong, and Patricia T. Hogan. 1989. Common clinical themes in child welfare. Social Work 34 (July), no. 4:339-345.

Small, S. A. 1988. Parental self-esteem and its relationship to child rearing practices, parent-adolescent interaction, and adolescent behavior. Journal of Marriage and the Family 50 (November), no. 4:1063-1072.

Smith, E. A., B. M. Ricketts, and S. H. Smith. 1962. The recommendation for child placement by a psychiatric clinic. American Journal of Orthopsychiatry 32:42-49.

Solomon, B. B. 1976. Black empowerment: Social work in oppressed communities. New York: Columbia University Press.

Srole, Leo. 1956. Social integration and certain corollaries, an exploratory study. American Sociological Review 21:706-716.

Stehno, S. 1990. The elusive continuum of child welfare services: Implications for minority children and youths. Child Welfare LXIX 6:551-562.

Stevens-Long, J. 1973. The effect of behavioral context on some aspects of adult disciplinary practice and effect. Child Development 44:476-484.

Struening, E. L., and A. H. Richardson. 1965. A factor analytic exploration of the alienation, anomia and authoritarian domain. American Sociological Review 30:770-776.

Taylor, D., and S. Alpert. 1973. Continuity and support following residential treatment. New York: Child Welfare League.

Tittler, B. I., S. Friedman, A. D. Blotcky, and J. Stedrak. 1982. The influence of family variables on an ecologically-based treatment program for emotionally disturbed children. American Journal of Orthopsychiatry 52 (January), no. 1:123-130.

Tizard, B., and J. Rees. 1975. The effect of early institutional rearing on the behavior problems and affectual relationships of four-year-old children. Journal of Child Psychology and Psychiatry 16:61-73.

Vachon, Jacques. 1978. Foster care in Montreal: A replication study of filial deprivation. D.S.W. diss., Columbia University School of Social Work.

Varela, L. M. 1983. The relationship between the hospitalized child's separation anxiety and maternal separation anxiety. Dissertation Abstracts International 43, no. 9-B:3048.

Yankelovich, D. 1969. Generations apart. New York: CBS News.

_____. 1974. The new morality: A profile of American youth in the 1970's. New York: McGraw-Hill Book Company.

_____. 1981. New rules: Searching for self-fulfillment in a world turned upside down. New York: Random House.

APPENDIX A

SCREENING FORM

Name of Child:_____

SCREENING FORM
(For interviewer to complete prior to parental consent)

1. Is this mother the biological mother of the child admitted?

   _____ Yes (Continue to #2)

   _____ No (Stop - case not to be in this study)

2. Was the biological mother the primary caretaker for at least six months prior to admission?

   _____ Yes (Continue to #3)

   _____ No (Stop - case not to be in this study)

3. Is this the first institutional or foster care placement for the child?

   _____ Yes (Continue to #4)

   _____ No (Stop - case not to be in this study)

4. Age of child _____ (Study includes ages 6 -14)

If the answers for #1, #2, and #3 are "yes" and if the child is 7 - 14, then meet with the mother, get consent form signed and then conduct interview with the mother. Have child rating forms filled out immediately by the child's social worker and child care worker.

Case Record Information:

Sex: M/F
Status: Vol/Non-Vol.
Diagnosis_____
Placement Date_____
Reason for Placement:

Mother's Name_____
Telephone_____
Mother's Religion_____
Child's Date of Birth_____

APPENDIX B

INFORMATION SHEET FOR MOTHERS

INFORMATION SHEET FOR MOTHERS
(To be read by social worker to mother)

I would like to invite you to participate in a research project about the feelings that mothers have about placing a child in residential treatment.

You were selected because you have a child under age 15 who has been admitted to a residential treatment center for the first time.

The study will be conducted by Deborah Rejent, a doctoral student at the Columbia University School of Social Work. She would like to have an interview with you that will take less than 1/2 hour of your time. Staff ratings of your child's adjustment will also be made.

All responses are confidential and your participation is voluntary. JCCA welcomes this research project because we would like to be responsive to the needs of the parents of children in placement. We look forward to you taking part in this study.

If you have any questions, please feel free to call Doborah Rejent at (212) 595-8685.

Note to social worker:

If parent agrees to participate, then tell her either (1) that I will arrange with you for an interview following a regular session in the near future, or (2) I will call her to arrange for a convenient time for the interview.

Thank you!

Deborah Rejent

APPENDIX C

CONSENT FORM

CONSENT FORM

You are invited to participate in a study of maternal feelings about placing a child in residential treatment. You were selected because you have a child aged 7 - 14 who has been admitted to a residential treatment center for the first time.

If you decide to participate, you will be asked to complete an interview that will take less than one hour of your time; and your responses will be related to staff ratings of your child's adjustment in this center. All responses in connection with this study will remain strictly confidential. Your participation is voluntary, and you may withdraw from participating at any time.

If you have any questions, please feel free to call Deborah Rejent at (212) 595-8685.

Name (print)_____

Child's Name (print)_____

I agree to participate in Ms. Rejent's research project.

_____
Signed

Date_____

Please write your address below if you would like to receive a summary of the results of the study.

APPENDIX D

SAMPLE ITEMS FROM THE CAAP

SAMPLE ITEMS FROM THE CAAP

(A) Peer relationships
Gets along with others
Laughs and smiles easily

(B) Dependency
Asked questions, not working on own
Became discouraged when attempts things

(C) Hostility
Picked quarrels
Flared up if not have own way

(D) Productivity
Does work carefully
Stays with work

(E) Withdrawal
Daydreams
Does things very slowly

APPENDIX E

ADJUSTMENT RATING OF CHILD

ADJUSTMENT RATING OF CHILD
(To be completed by social worker)

Please rate the adjustment of _____ on each of the following dimensions by marking the most appropriate category.

		Very Good	Poor	Aver-age	Good	Very Good
1.	Peer relations	1	2	3	4	5
2.	Independent activity	1	2	3	4	5
3.	Impulse control/ self discipline	1	2	3	4	5
4.	Working to potential	1	2	3	4	5
5.	Concentration	1	2	3	4	5
6.	Severity of this child's psychopathology (as compared to other children with the same diagnosis)	1	2	3	4	5

APPENDIX F

INTERVIEW QUESTIONNAIRE

INTERVIEW QUESTIONNAIRE

I. MOTHER'S STATEMENT OF PROBLEM

1. First of all, would you tell me in your own words what brought about the placement of _____ away from home to residential treatment.

2. Who first had the idea to place _____?
Did anyone oppose it or disagree with it?
_____ If yes: Who?
Why?

3. Did anyone help you get ready for _____ going into placement away from home? _____
If yes: Who?
In what way?

4. Who actually took _____ to the center the day of placement?

II. FILIAL DEPRIVATION

A. PREVIOUS SEPARATIONS

5. Has _____ been with you all his life or have you ever been separated from him? _____
If separated, how many times have you been separated? _____
If separated, ask for the most recent separation: For how long?
How old was _____ then?
Who was taking care of him?
Why was she taking care of him (rather than his mother)?

6. And how about his father, has _____ ever been separated from his father? _____
   If separated, how many times has he been separated? _____
   If separated, ask for the most recent separation: For how long?
   How old was _____ then?
   Who was taking care of him?
   Why was she taking care of him (rather than his father)?

B. HOUSEHOLD HISTORY

7. Who was living in the household with _____ just before he was placed?
   Ask for each person:
   How old is he?
   Relationship to sample child.
   Relationship to natural mother.

HOUSEHOLD COMPOSITION JUST PRIOR TO PLACEMENT

NAME	AGE	RELATIONSHIP TO CHILD	RELATIONSHIP TO MOTHER
1			
2			
3			
4			
5			
6			
7			
8			

C. FEELINGS DAY PLACED

8. We would like to understand more about how people feel when their child goes into placement away from home.

   a. How about you, how did you feel the day _____ was placed?

   b. From all you have just told me, if you had to describe in one word what the strongest feeling was that you had that day, what would that one word be?

      _____

D. ACTIVITIES DAY PLACED

9. We would also like to know the kinds of things you did on the day _____ was placed (on the day you found out _____ was placed). What do you remember doing that day?

   How did you feel while you were doing (action)?

   Did you tell anyone that _____ had been placed?

   _____

   If yes: Who?
   When you told them, what did they say?

   If no: Why didn't you? (Explain)

10. I'm going to read you a list of words describing how people might feel the day their child goes into placement (the day they learn their child is in placement). You may have already mentioned some. After I read each word, would you tell me if you felt like that at any time during the day _____ was placed.

Check if yes:	Did you feel? Very	A little	OBJECT OF FEELING
sad			About what:
angry			Toward whom:
relieved			For what:
nervous			About what:
ashamed			Of what:
numb			About what:
empty			About what:
bitter			Toward whom:
thankful			For what:
worried			About what:
guilty			About what:
like being paralyzed			By what:

11. ____ Respondent felt none of the above. If checked ask: Does that mean you had no feelings at all on that day?

E. CHANGE

12. With time people's feelings often change. Do you still feel that way about _____ being in placement or have your feelings changed?

If change:
How would you say you feel today?

Why do you think your feelings changed?

13. How about changes in living arrangements, have you moved since _____ went into placement?
_____ If yes: When was this?
Why did you move?

Do you have space in the new place for _____ to sleep?

14. What was done with _____'s clothes, toys, and other things after he went into placement?

If things not kept or moved:
When was this done?

Why was this done?

15. Did you go to work after _____ went into placement? _____
If yes: When was this?
What kind of job was it?

Why did you go to work?

16. Had you ever worked before _____ was placed?

If yes: When was this?
What kind of work did you do?

Who took care of _____ while you worked?

17. How about your social life, seeing friends and going out, did that change after _____ was placed?

If change: In what way?
Why?

18. Were there any other things that were different after _____ went into care?

III. CONTACT WITH CHILD

19. Have you seen _____ since he went into placement? _____
If yes: How often have you seen him?

When was the last time you saw him?

Where was this?

What did you do together?

Would you try to describe how you felt that day?

Why do you think you felt that way?

If no: Does anything stand in the way of your seeing _____? _____ If yes: What?

If agency policy:
How do you feel about it?

If no: Is there any particular reason why you haven't seen _____?

20. Are there things that you worry will happen to _____ while he is in placement away from home?

If yes: What kinds of things?

21. Do you feel that _____'s feelings toward you have changed since he has been in placement?

_____

If yes: In what ways?

Why do you think this has happened?

22. Considering the circumstances, would you say that placement of _____ was:
_____ absolutely necessary
_____ very necessary
_____ somewhat necessary
_____ not necessary at all

Why?

23. Was placement of _____ something you agreed

_____

Why or why not?

24. In your opinion, who is now responsible for _____?

25. How do you feel about the center where _____ is placed?

26. What are your plans for the next year or so?

What are your plans for _____ for the next year or so?

Do you expect that _____ will be home with you by this time next year?

IV. SOCIAL ORIENTATION

27. We'd like to get your opinion about some things that are being discussed today. I'm going to read you some statements and I'd like you to tell me if you agree or disagree with them. There are, of course, no right or wrong answers, only personal points of view. (Interviewer: Force answer on every item.)

ITEM	AGREE	DISAGREE
1. It's hardly fair to bring children into the world the way things look for the future.		
2. Nowadays a person has to live pretty much for today and let tomorrow take care of itself.		
3. These days a person doesn't really know who he can count on.		
4. Most public officials are not really interested in the problems of the average man.		
5. In spite of what people say, the lot of the average man is getting worse, not better.		

V. SOCIO-ECONOMIC DATA

28. a. What is the current occupation of the head of household?_____

b. What is your current occupation?_____

29. a. What was the last grade of school that the head of household completed?_____

b. What was the last grade of school that you completed? _____

30. Religion of mother_____

31. Age of mother_____

VI. OTHER INFORMATION

32. Number of visits with child per month_____

33. Number of contacts with agency social worker _____

34. Mother's ethnic group:

_____ Black _____ Hispanic
_____ White _____ Other

35. Date of admission of child_____

36. Date of interview with mother_____

NOTE: At end of interview, have mother fill out the Coopersmith Inventory.

APPENDIX G

SAMPLE ITEMS FROM THE SEI

SAMPLE ITEMS FROM THE SEI

Subscale:

General Self
- Things usually don't bother me.
- It takes me a long time to get used to anything new.

Social Self--Peers
- People usually follow my ideas.
- Most people are better liked than I am.

Home--Family
- I usually feel as if my family is pushing me.
- My family understands me.

School--Academic
- I find it very hard to talk in front of a group.
- I often get discouraged with what I am doing.