

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2005

Child welfare professionals' knowledge of identifying factors for alcohol and other drug issues

Josefina Reyes Sauri

Michael Leslie Lau

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Social Work Commons](#)

Recommended Citation

Reyes Sauri, Josefina and Lau, Michael Leslie, "Child welfare professionals' knowledge of identifying factors for alcohol and other drug issues" (2005). *Theses Digitization Project*. 2620.

<https://scholarworks.lib.csusb.edu/etd-project/2620>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

CHILD WELFARE PROFESSIONALS' KNOWLEDGE OF IDENTIFYING
FACTORS FOR ALCOHOL AND OTHER DRUG ISSUES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work


by
Josefina Reyes
Michael Leslie Lau
September 2005


CHILD WELFARE PROFESSIONALS' KNOWLEDGE OF
IDENTIFYING FACTORS FOR ALCOHOL AND
OTHER DRUG ISSUES


A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Josefina Reyes
Michael Leslie Lau
September 2005

Approved by:


Dr. Rosemary McCaslin
Social Work


Cathy Cimbalò, Deputy Director
San Bernardino County DCS


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

6/9/05
Date

ABSTRACT

There are more than 15 million alcoholics in this country, and most social service agencies have a significant number of problem drinkers and substance abusers among their clientele. While social workers are in unique positions to complete a thorough assessment and offer prevention services, most of them feel they lack the requisite attitudes, knowledge, and skills to be of optimal effectiveness. Using both qualitative and quantitative research designs, this study focused on the knowledge of Children Protective Services (CPS) social workers for identifying Alcohol and Other Drugs (AOD) risk factors in their clientele, and the impact that these AOD issues have on the child welfare system in San Bernardino County, California.

The results of this study suggested that there was a statistical significance between how male social workers and female social workers perceived employment status and family history as factors influencing their assessment of client AOD use and abuse. Other contributing factors affecting how CPS social workers view risk factors in client AOD abuse are: level of income and area of specialization.

ACKNOWLEDGMENTS

We would like to acknowledge the following people, without whom this journey would have been very difficult. First, we would like to thank Dr. Rosemary McCaslin and Ms. Chani Beeman, Student Technology Support Center, who brought structure to the chaos involved in learning the research process. We would also like to acknowledge Dr. Tom Davis for helping us to transform our far off ideas into a comprehensive piece of work.

To Mr. Timothy Thelander for his time, excellent technical skills, and kind words of reassurance during our time of strive and strain. A special thank you to Mr. Ed Dehar for his supportive ideas. To Dean Sandra Kamusikiri, we would like to thank you for listening to us and for accommodating our needs. In particular, thank you to Ms. Sally Richter, LCSW and the San Bernardino Department of Children's Services for their constant support.

Thank you to our wonderful classmates (and especially Jose-Luis Lujano, Jessica Mojica, Yasuyo Abo, Pamela Keyes, Mary Hickey and Deanna Diaz) for their support and friendship that we can't express with mere words. The friendships that we have developed are the most valuable thing that we will take from this experience.

Lastly, but not least, we would like to thank each other for consistently being there for each other and for motivating each other to succeed in our journey. In addition, we would like to especially thank our family for their support, inspiration, patience, encouragement, and strengths for without which we would not have achieved this.

DEDICATION

In loving memory of my beloved mother and brother, Jacoba Sanchez and Angel Cansino. I thank God for the memories we shared and take comfort knowing you are with me in spirit. Both of you will be forever in my heart.

J.R.

In loving memory of my beloved grandmother, Mai Le for without whom I would not be where I am today. Granny, you have given me so much more than you know. I shall cherish the memories we shared. Thank you for loving me and raising me.

M.L.L.

TABLE OF CONTENTS

ABSTRACT iii

ACKNOWLEDGMENTS iv

LIST OF TABLESviii

CHAPTER ONE: INTRODUCTION

 Problem Statement 1

 Purpose of the Study 4

 Significance of the Project for Social Work 5

CHAPTER TWO: LITERATURE REVIEW

 Introduction 8

 Background History 8

 Relevancy of Alcohol and Other Drug Treatment
 in Social Work Education 10

 Theory Guiding Conceptualization 14

 Summary 17

CHAPTER THREE: METHODS

 Introduction 18

 Study Design 18

 Sampling 20

 Data Collection and Instruments 20

 Procedures 24

 Protection of Human Subjects 26

 Data Analysis 27

 Summary 27

CHAPTER FOUR: RESULTS

| | |
|------------------------------------|----|
| Introduction | 28 |
| Presentation of the Findings | 28 |
| Qualitative Data | 32 |
| Summary | 35 |

CHAPTER FIVE: DISCUSSION

| | |
|--|----|
| Introduction | 36 |
| Discussion | 36 |
| Limitations | 40 |
| Recommendations for Social Work Practice, Policy and Research | 42 |
| Conclusions | 44 |

| | |
|--|----|
| APPENDIX A: QUESTIONNAIRE | 45 |
| APPENDIX B: INFORMED CONSENT | 50 |
| APPENDIX C: DEBRIEFING STATEMENT | 53 |
| APPENDIX D: DESCRIPTIVE STATISTICS | 55 |
| REFERENCES | 90 |
| ASSIGNED RESPONSIBILITIES PAGE | 93 |

LIST OF TABLES

| | |
|---------------------------------------|----|
| Table 1. Descriptive Statistics | 31 |
| Table 2. T-tests | 32 |

CHAPTER ONE

INTRODUCTION

This section will begin with a problem statement concerning alcohol and other drug (AOD) issues, and how they impact child welfare. The purpose of this study was to address social workers' knowledge of identifying factors for AOD issues and how to adequately address them. AOD issues are significant in the social work arena because they are common issues that social workers encounter while working with families involved with child welfare authorities.

Problem Statement

The levels of AOD abuse have increased very rapidly in families that are referred to child welfare authorities. Barth (1994, as cited in Dore, Doris, & Wright, 1995) reports that up to 80% of families involved with child welfare authorities have AOD issues. Besinger, Garland, Litrownik, and Landsverk (1999) found that 63% of states report that AOD abuse is one of the major issues with which families involved with child welfare authorities struggle. Besinger et al. also found that 12 states reported that 29% of child abuse fatalities were associated with parental AOD abuse.

AOD addiction interferes with judgment and priority setting and may lead to child abuse or neglect. In addition, research suggests that there is a link between child abuse and AOD abuse. Famularo, Kinsherff, and Fenton, (1992, as in cited Dore, Doris, & Wright, 1995) report that a relationship exists between parental AOD abuse and child abuse (physical, sexual, & emotional). Semidei, Radel, and Nolan (2001) report that children from families who have AOD issues are involved with child welfare authorities sooner compared to families who do not have AOD problems. Also the children are more likely to be placed in care and remain in care longer than children whose parents do not have AOD issues.

According to the Family Preservation and Support Services Act (P.L. 103-66) the goal of child welfare practice is to prevent placement and promote family preservation. However, many agencies struggle to abide by the law due to the large number of substance-abusing parents that are referred for services (Dore & Doris, 1998). Some states utilize the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) to report whether parental AOD abuse was a factor in the child's placement. Although not all states utilize this system, the reported prevalence was up to 60% (Semidei, Radel, &

Nolan, 2001). The Adoption and Safe Families Act of 1997 (ASFA) requires that permanency plans be established when the child has been in care for 12 months and parental rights are terminated if the child has been in care for 15 months out of 22 months. Laws of this kind have placed tremendous pressure on families who require treatment for AOD abuse, due to lack of services and recidivism (Semidei, Radel, & Nolan, 2001). Recidivism is high in individuals who have AOD issues. Gregoire and Shultz (2001) conducted a study that found that prior treatment was related to continued substance abuse rather than with sobriety.

Clark (2001) found that, among women with children who were in substance abuse treatment and had past involvement with Children's Protective Services (CPS), 80% had been investigated for possible child abuse and 57% had lost custody of children. However, even though AOD issues are so prevalent with families that are involved with child welfare authorities, research has found that child welfare professionals have not received adequate training to address AOD issues. Thompson (1990) reports that although substance abuse is a common underlying problem of families involved with child welfare authorities it is often left unaddressed due to a lack of knowledge by the

child welfare professional. Dore, Doris, and Wright (1995) found that although there is increasing evidence of the link between substance abuse and child abuse, child welfare professionals are not well prepared to recognize and intervene with issues of AOD. Fryer, Poland, Bross, and Krugman (1988, as cited in Dore, Doris, & Wright) found that 63.7% of child welfare workers felt unprepared to address AOD issues. Amodeo and Litchfield (1999) found that social workers who do not comprehend the dynamics of addiction have negative attitudes toward substance-abusing clients. Amodeo and Litchfield suggest that their negative attitudes are derived from their belief that substance-abusing clients are in denial, irresponsible, and few of them accept treatment.

Purpose of the Study

The purpose of this study was to determine the knowledge of child welfare professionals regarding AOD issues and their ability to adequately intervene. Tracy and Farkas (1994) report that child welfare practice and substance abuse treatment have become overlapping areas for many child welfare professionals, however traditionally the overlap has not been researched.

This project, which was quantitative and qualitative in nature, attempted to reveal the knowledge of child welfare professionals regarding identifying factors of AOD abuse in families involved with CPS. The study also addressed the professional's ability to intervene appropriately when an AOD abuse problem is present.

The study was accomplished by the following methods. A total of sixty (60) surveys per office were distributed to the six (6) CPS offices throughout San Bernardino County's service area. The offices are located in the following cities: Rancho Cucamonga, San Bernardino, Yucca Valley, Victorville, and Barstow. The surveys were distributed randomly in each office.

Small focus-group interviews were also completed at each of the six CPS offices. The group consisted of approximately four social workers. Three main open-ended questions were asked. However, based on the group discussions more follow-up questions were necessary to explore the respondents' knowledge on identifying clients with AOD issues.

Significance of the Project for Social Work

Since AOD abuse is a major issue with which child welfare professional deal, training in this field is

essential, so that workers can be effective change agents. Gregoire (1994) states that the consequences of addiction are especially severe in child welfare practice. Child welfare professionals must not only recognize when there is an AOD problem, but also address it by providing resources and education. Tracy and Farkas (1994) report that training in substance abuse provides the child welfare professional with the following knowledge: substance abuse treatment systems, family dynamics in substance involved families, signs and symptoms of substance abuse, and appropriate resources for treatment of substance abuse. Gregoire (1994) conducted a study that focused on the achievements of AOD abuse training and found that at the end of the training professionals were more confident in providing services and their attitudes changed about clients involved with AOD abuse. Increased knowledge of identifying factors of substance abuse by social workers would increase referrals for AOD treatment. The consequences of AOD issues are detrimental to our society as a whole, however they are particularly severe for children. This study will improve the quality of life of vulnerable children whose parents have AOD problems. Because of the large percentage of substance-abusing clients who are involved with child welfare authorities

the benefits of increased training in substance abuse will improve the methods of delivering substance abuse services. This study will improve child welfare professionals' ability to assess AOD issues and properly address the problems.

The phase of the Generalist Model addressed here is the assessment phase. In this phase, the social worker identified issues that CPS clients might be coping with as part of interventions. The assessment phase is important because it is the phase where necessary services will be offered to clients.

CHAPTER TWO
LITERATURE REVIEW

Introduction

The misuse of alcohol or other drugs is at the root of many child welfare problems and as such has had a profound impact on social work practice in the child welfare system. According to the literature reviewed, a need exists for interdisciplinary scholarship across the fields of child welfare and alcohol and substance abuse treatment. Children of alcoholics and those from a family of origin that has abused illicit substances are more likely to develop behavior problems and to experience unhealthy medical conditions. This chapter discusses the history that guides social work practice in the child welfare system. The literatures applicable to these concerns are also discussed, as well as theory that helped guide the conceptualization of this research. This literature review will also provide a justification for this research project.

Background History

The history of alcoholism and substance abuse and social work practice is a long one. Mary Richmond recognized the importance of social workers' role in

dealing with alcoholism in the early 1900's (Gregoire, 1994). Now in 2004, the reality of alcohol and other illicit substances continue to plague social workers and their clients in the child welfare system. According to Pilat and Jones (1985) (as cited in Thompson, 1990), children of alcoholics and other substance abusers have a greater likelihood of developing behavioral problems such as hyperactivity, antisocial or aggressive behaviors, poor attention span, depression and impulsiveness. A study completed by Deakins et al. (1983, as cited in Thompson, 1990) posited that a large number of adolescent suicides are children from alcoholic families. The stark reality is that many children from families where one or both parents have addiction problems are at increased risk for developing their own problems as adolescents and adults (Gregoire, 1994).

Faced with this fact, it is difficult for any idealistic social worker who is contemplating a career in child welfare to imagine being an effective change agent without incorporating awareness and knowledge of addiction issues into one's work (Gregoire, 1994). However, according to Googins (1984), a large proportion of social workers go through their schooling with little or no formal education on addiction and its effects.

Consequently, social workers may shy away from working with clients who have alcohol and other drug problems. Similarly, Kagle (1987) found that social workers unsuccessfully identified and responded to their client's alcohol problem in over three-quarters of the cases she reviewed. Several reasons are posited in the literature for the underdiagnosis of alcoholism and other substances in the clients served by non-treatment oriented agencies. Some research has found that social service organizations are disinclined to deal with substance misuse (Wechsler & Rohman, 1985). Furthermore, many professionals claim that they do not feel they have the expertise and assessment skills required to successfully deal with alcoholism (Levinson & Straussner, 1978). Thus avoidance and escapism present an attractive option (Googins, 1984).

Relevancy of Alcohol and Other Drug Treatment in Social Work Education

Many studies and reports have recognized that substance abuse is a critical factor in the families involved with the child welfare system (Semidei, Radel, & Nolan, 2001; Gorman, 1993; Hall, Shaffer, & Vander Bilt, 1997), and yet many more studies have postulated the importance of pertinent alcohol and substance abuse education at both the BSW and MSW levels in American

universities (Roar, 1988; Pecora, Delewski, Booth, Haapala, & Kinney, 1985; Beckman & Mays, 1985). In fact, the NASW Policy Statement on Alcohol and Other Drugs calls for increased education on substance abuse (Social Work Speaks, 2002). The policy statement reads,

Given the pervasiveness of alcohol/substance abuse problems, there needs to be an increased emphasis on teaching about addiction within all educational institutions. Graduate and undergraduate social work education programs need to develop, support, and strengthen the study of addiction in the social worker's general training. . . In addition, social work education programs should increase the number of social workers with an orientation to the addiction field... (p. 3)

Tracy and Farkas (1994) report that child welfare workers are not trained to assess AOD abuse and to develop appropriate case plans. According to Gregoire (1994) AOD abuse is the root of many child welfare issues, however most child welfare professionals receive little academic training to provide services for families with AOD problems. Thompson (1990, as cited in Dore & Doris, 1998) suggest that one of the reasons that child welfare workers are not prepared to address AOD issues is that in recent

years, AOD abuse in child welfare-referrals has increased rapidly. Dore, Doris, and Wright (1995) report that most CPS workers majored in fields unrelated to social work, human services, or child development.

Although AOD issues are a major social problem most professionals and future professionals (students) are not receiving education in AOD issues. Amodeo and Litchfield (1999) report that there is a slow integration of substance abuse education in social work programs, however not all schools are integrating it in their required courses. However, Amodeo and Litchfield found that faculty who had specialized training in AOD issues were more likely to include substance abuse content in their courses. Amodeo and Fassler (2000) conducted a study that found social workers who were trained to deal with AOD issues were more competent in assessment and treatment of AOD problems.

According to Van Wormer (1987), only 1.1% of BSW and 1.2% of MSW students in his study had completed a concentration course of study in alcohol and substance abuse. Additionally, he also found that although many schools required field placement of their students at agencies serving clients with addiction problems, these students are often unprepared and ill-trained in relevant

course work prior to placement. In a study conducted by King & Lorenson (1989), the majority of participants suggested that graduate schools ought to include alcohol and other drug issues as part of their clinical case examples that are already being taught in the classroom so that social work students will be more aware of the alcohol and drug abuse correlation. This correlation is important during the assessment phase because the outcome will determine the approach used and the priority accorded the case.

A couple of studies have found that training can lead to a change in how workers practice (Jones & Biesecker, 1980; Reynolds & Ried, 1985). It is thought that changes in knowledge and attitude are very likely to translate to changing behavioral practice in social workers working in the child welfare arena. It is especially disheartening to consider the number of clients who are suffering from alcoholism who need a skilled social worker to better assess and explore the problem with them because, generally, social workers may be the first service providers to have contact with substance abusers, whether through children protective services or other avenues of the service delivery systems (Hall, Amodeo, Shaffer & Bilt, 2000). This unique circumstance affords social

workers the opportunity to identify substance abuse problems and to refer to or arrange for appropriate and timely services.

Theory Guiding Conceptualization

Substance abuse, including alcohol addiction, poses great concern to public health professionals in the United States. In general, social workers are expected to assess clients with whom they come into contact based on the worker's professional judgment, without special training in alcohol or substance abuse assessment techniques or the advantage of some sort of standardized assessment tools. Under this eclectic system it is no wonder that many public health professionals are alarmed by the high rates of families' involvement with alcohol or other drugs (King & Lorenson, 1989). Consequently, a number of studies have asserted that from 50% to 80% of families brought to the attention of the child welfare system are those that have abused alcohol or other drugs (Hall et al, 2000; Semidei et al, 2001).

According to The U.S. Department of Health and Human Services (1999, as cited in Semidei, Radel, & Nolan, 2001) cases where there is AOD abuse are more often terminated by adoption instead of receiving family reunification

services. When parents abuse alcohol or other drugs their ability to parent becomes impaired, placing them at risk to loose custody of their children. Murphy, Jellinek, Quinn, Smith, Poitrast, and Goshko (1991, as cited in Dore, Doris, & Wright, 1995) found that parents with AOD issues were more likely to be repeat offenders of child abuse and not to follow through with court-ordered services, therefore loosing custody of their children. Gregoire and Shultz (2001) found that court involvement in a CPS substance abuse case, usually indicates that the parent(s) has a serious issue with AOD. D'Aunno and Chisum (1998) found that keeping families together when there is AOD abuse becomes a challenge for child welfare professionals; however, it can be achieved by providing timely services. According to Hall, Amodeo, Shaffer, and Bilt (2000) social workers may be the first professionals to provide services for substance-abuse users through agencies such as child welfare, family services, and schools.

A thorough assessment of the client at the initial point of contact appears to hold the key to timely and effective referral for services. The issue of concern becomes does the method social workers use to complete their assessment requires adjustment?

According to Nelson-Zlupko, Kauffman & Dore, (1995), social workers will generally tend to identify and look for strengths in their clients. Client strengths appear to be an important element in fostering effective treatment with chemically dependent individuals who happen to be chronic abusers and/or women. Saleebey, (1996) postulates that for social workers to really practice from a strengths perspective, the focus must not be on the problems but on possibilities instead. Central to this philosophical approach is to acknowledge that the client's alcohol and drug use is a coping strategy that has, at times, been effective in creating an escape from myriad environmental stressors. Often, social workers are aware of the full range of coping behaviors and the need to replace unsuccessful methods of coping with more successful strategies. As part of the strengths perspective, social workers' emphasis on client empowerment recognizes the need to help clients learn new ways of addressing environmental obstacles that are barriers preventing them from functioning at their optimal level.

Evidence exists that social workers need to be flexible in the techniques used to assess clients' level of alcohol and drug use. As skilled case managers, social

workers can link such clients with resources to address their needs.

Summary

Chemical dependent families not only represent a social and personal tragedy to those involved but the effects are felt in almost all areas of social work practice. Before social workers can be of benefit to their chemically dependent clients, it is critical that social workers empower themselves with knowledge about the special issues and needs of this client population. To that end, it is important that social workers seek out alternative ways to learn about alcohol and substance abuse issues and the most effective method to detect when one is abusing it. The intent of this research project was to examine whether increased knowledge of identifying factors of substance use by social workers would increase referrals for substance abuse treatment.

CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in developing the project. Specifically, a combination of quantitative and qualitative approach was used to complete this research project.

This study explored social workers' knowledge of risk factors associated with AOD issues. Other variables taken into account were: age, gender, ethnicity, marital status, educational level and length of time working in the child welfare arena. Sampling methods, procedures, protections of human subjects and data analysis were also addressed.

Study Design

The purpose of this study was to explore the knowledge of risk factors associated with AOD issues among child welfare professionals in San Bernardino County, California. This study used a combination of quantitative and qualitative methods. The format consisted of a standardized survey questionnaire and brief small focus-group interview designed to capture the knowledge of CPS social workers in identifying risk factors in their

clients for the potential to abuse alcohol and other drugs (AOD).

The likely limitations of this study may include geographical constraints. This study's focus is on San Bernardino County only. The validity of the study would be enhanced if the authors could compare the results from San Bernardino County with another similarly sized county, such as Riverside County. Another limitation is the methodology used to select the study participants. The intent was to send out 60 surveys to each of the six (6) CPS offices throughout San Bernardino County, for a total of 360 surveys. However, the authors did not expect all 360 surveys to be returned completed; the total completed surveys received were 22%. Therefore, the external validity of the study may not be strong.

Yet another limitation was the social desirability factor of the social workers who elected to participate in the study. A possibility was that newer, more inexperienced social workers would outnumber the seasoned workers as respondents.

The study sought to find out what the social workers in the child welfare arena think about AOD issues in the CPS system. The expectation was that the study participants' attitudes, beliefs and norms would offer a

better understanding of AOD assessment as it affects the child welfare system in San Bernardino County. Once that knowledge is available, policy makers can utilize that information to improve the service delivery system.

Sampling

The population of interest for this study was child welfare social workers employed in Children's Protective Service agencies in San Bernardino County, California.

All categories and classifications of child welfare social workers were included since all child welfare social workers work with caregivers with AOD problems. The sample consisted of 79 child welfare social workers. The number of completed and returned surveys was 22% of the social workers in San Bernardino County's Department of Children Services' workforce.

Data Collection and Instruments

The respondents were presented with a survey that consisted of 21 risk factors for AOD issues. The risk factors are the following:

- 1) family history of AOD issues,
- 2) family management problems,
- 3) family conflict,

- 4) favorable parental attitudes and involvement in the problem behavior,
- 5) early and persistent antisocial behavior,
- 7) academic failure,
- 8) lack of commitment to school or work,
- 9) availability of drugs,
- 10) community laws and norms,
- 11) community favorable toward drug use,
- 12) community resources,
- 13) low neighborhood attachment and community disorganization,
- 14) extreme economic deprivation,
- 15) alienation and rebelliousness,
- 16) friends who engage in AOD abuse,
- 17) early initiation of AOD use,
- 18) gender,
- 19) history of child abuse,
- 20) history of major crisis, and
- 21) history of problems with law enforcement.

The survey included a standard Likert scale that allowed the respondents to choose how much they agreed with each risk factor associated with AOD issues. The options were the following: 1) Not Important; 2) Somewhat Important; 3) Important; 4) Very Important.

A likely limitation of data collected is that it may have included a similar response by professionals regarding the level of importance of each risk factor. Therefore the survey also included parts of the Addiction Severity Index (ASI). The participants were asked to indicate to what extent they agreed or disagreed that employment, medical status, physical health, relationships, and psychiatric status affected a client's ability to function in society. The survey used a second standard Likert scale that allowed the respondents to choose how much they agreed that each risk factor was important in assessing AOD issues. The options were the following: 1) Strongly Disagree; 2) Disagree; 3) Neither Disagree or Agree; 4) Agree; 5) Strongly Agree.

According to McLellan, Kushner, Metzger, & Peters (1992) the ASI is a multidimensional clinical interview instrument that measures drug and alcohol abuse. The ASI has been utilized for research and clinical practice for approximately twenty years. The ASI is based on the theory that addiction should be treated by focusing on issues which contribute to or are a consequence of addiction. The ASI has seven domains of substance abuse. They are the following: 1) medical condition; 2) employment; 3) alcohol use; 4) drug use 5) illegal involvement 6) family or

social relations and 7) psychiatric status. The Measurement Excellence and Training Resource Information Center reports that the instrument's validity and reliability is strong across genders, races, ethnicities, types of substance abuse, and treatment settings. A likely strength of data collected may include that the data would reveal the risk factors that respondents agreed with the key risk factors of AOD issues.

To increase knowledge of AOD issues, at the conclusion of the interview respondents were asked the following open-ended questions. 1) What is positive about identifying these risk factors to the treatment of substance abuse; 2) What is negative about identifying AOD risk factors; and 3) What do you think other social workers like yourself think about identifying AOD risk factors? In order to gather demographic information the respondents were asked to fill out a brief anonymous background survey.

The dependent variable of this research project was the knowledge of child welfare professionals and the independent variables were the characteristics of child welfare professionals. The following demographic variables were included: age, gender, ethnicity, marital status, educational level, and length of time working in the child

welfare arena. Gender, ethnicity, and marital status were measured as nominal variables. Age and length of time working in the child welfare arena were measured as interval variables. Educational level was measured as an ordinal variable.

Procedures

Data collection was accomplished by randomly distributing standardized survey questionnaires to the six (6) CPS offices throughout San Bernardino County. A brief small focus-group interview consisting of four or fewer survey participants took place to gather data for the qualitative portion of this study. The unit supervisors and/or managers at the six (6) CPS offices were contacted to arrange times to complete the qualitative portion of the survey.

The authors requested to have access to each of the six (6) CPS offices to recruit participants for the study. The authors explained the purpose and nature of the research, informing the participants that their participation and responses were to be kept absolutely confidential. The authors elicited participatory interest by highlighting that a raffle drawing would be held for those participating in the survey following the completion

of the survey at all six CPS offices. The written survey took fifteen (15) minutes or less. Emphasis was placed on the fact that their responses were not correct or incorrect and instructions were given to ask general questions about the research project or to ask for clarification at any time during the interview process. The interviews did not exceed thirty (30) minutes in length. A short debriefing session followed. Finally, the authors concluded the survey process by conducting the raffle drawing to choose two (2) winners to receive a \$25 gift certificate to Starbucks and a \$25 gift certificate to Claim Jumper as a token of appreciation for their time and professionalism, assuring them they would not be contacted for future surveys again.

The bulk of the data collection process consisted of completing a questionnaire designed to measure CPS social workers' knowledge of risk factors in their clients for alcohol and drug abuse. The latter portion of the interview was qualitative in nature, hence it was audiotaped (per participants consent) and was transcribed for accuracy by the authors at a later date.

A brief summary of the research project was given to Ms. Sally Richter, Supervisor of MSW interns at the Gifford Street CPS office for San Bernardino County

Department of Children's Services. Ms. Richter forwarded a copy of the research project summary to Ms. Cathy Cimbalo, Director of Children's Services for San Bernardino County as required for departmental approval.

Protection of Human Subjects

The names of and identifying data about the professional respondents were not used to protect confidentiality. No names were included in the questionnaire, audiotapes and later transcriptions. Furthermore, the authors planned to destroy all audiotapes at the conclusion of the research project. Each professional involved in this research project was informed that all individual information given would not be available to any individual or agency.

A written informed consent (Appendix B) was obtained from each professional, prior to participating in the study. Also, professionals were given a debriefing statement (Appendix C) that included contact information for the research supervisor for any questions or concerns regarding the study. This research project was approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

Data Analysis

Once the data were gathered, they were analyzed by statistically determining the distribution of the data in an organized data set. The relationships among the variables were assessed by tests of correlation and association. For univariate analysis, the distribution of the value grouping were evaluated. Bivariate analyses were used to explore the association of two variables.

Summary

As described, the exploratory study design was chosen to describe the relationship between the variables. It was hoped that the methodology used coupled with the sample size would provide adequate information on how current CPS social workers are doing in assessing their clients for AOD issues.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a presentation of the results. Quantitative and qualitative techniques were used to gather the data for this study. For the quantitative portion, frequencies, mean, median, mode, and standard deviation were computed for all variables. The qualitative data were obtained using small focus-group interviews at each of the six (6) CPS offices in San Bernardino County. The results were analyzed to obtain reoccurring themes. During the focus-group interviews, respondents were asked to comment on three open-ended questions pertaining to identifying risk factors relating to alcohol and other drugs. Finally, the Chapter concludes with a summary of what was found.

Presentation of the Findings

Data analysis included descriptive and inferential statistics. Descriptive analysis assisted in identifying the qualities that best described the demographics of the sample. The sample was made up of seventy nine social work professionals (n = 79). The average participant was in their mid 40's, Caucasian, married, and had their Masters

of Social Work degree. The years of employment in CPS ranged from five - nine years.

The participants' age ranged from 25 to 74 with a mean age of 40. The racial distribution of the sample was two Asians (2.5%), 10 Hispanics (12.7%), 16 African Americans (20.3%), 46 Caucasians (58.2%), and five Others (6.3%). Marital status assessment revealed that one widow/widower (1.3%), 15 divorced (19%), 17 single (21.5%), and 44 (55.7%) married.

The distribution for education demonstrated that three (3.8%) respondents identified themselves as others, three (3.8%) LCSW, five (6.3%) DSW/Ph.D, five (6.3%) MFT, seven (8.9%) MA, 17 (21.5%) BA and the majority at 38 (48.1%) hold an MSW. Of the total number of respondents, one (1.3%) had been working 1-11 months in CPS, 25 (31.6%) worked from one - four years, 31 (39.2%) worked from 5-9 years, 10 (12.7%) worked from 10-14 years, seven (8.9%) worked from 15-19 years, two (2.5%) worked from 20-24 years and three (3.8%) worked from 25-30 years.

Total scores for each scale within the questionnaire were analyzed for reliability. Cronbach's Alpha was computed for the seven scales: Medical Status (Alpha = .987), Family History (Alpha = .813), Psychiatric Status scales (Alpha = .700), Drug/Alcohol Use

(Alpha = .663), Employment/Support Status (Alpha = .420), Family/Social Relationships (Alpha = -.048), Legal Status (Alpha score was inappropriate because there was only one question on the scale that represented legal status). All reliability analyses were completed for the seven subscales, however, only medical status, family history, psychiatric status, and drug / alcohol use had a significant reliability score.

Descriptive statistics were computed for the seven scales (see table 1), determining the total possible scores, means and standard deviations for each of the samples. For medical status, the range was from five to ten with a mean score of 9.09; for the employment support status, the range was from four to seventeen with a mean score of 14.31; for drug/alcohol use, the range was from four to sixteen with a mean score of 13.45; for legal status, the range was four with a mean score of 3.00; for family history, the range was from four to twenty-one with a mean score of 19.88; for family/social relationships, the range was from four to nine with a mean score of 7.92 and finally, for psychiatric status, the range was from four to seventeen with a mean score of 13.87. The results are listed in Table 1.

Table 1. Descriptive Statistics

| | Mean | Standard Deviation | N | Total Score |
|-----------------------------|-------|--------------------|----|-------------|
| Medical Status | 9.09 | 2.01 | 79 | 10.00 |
| Employment Support Status | 14.31 | 2.06 | 78 | 17.00 |
| Drug/Alcohol Use | 13.45 | 2.07 | 77 | 16.00 |
| Legal Status | 3.00 | .77 | 79 | 4.00 |
| Family History | 19.88 | 3.19 | 76 | 21.00 |
| Family/Social Relationships | 7.92 | 1.26 | 78 | 9.00 |
| Psychiatric Status | 13.87 | 2.46 | 78 | 17.00 |

Correlations were computed for the seven scales with gender and income determining that the positive correlation was significant for gender and Employment/Support Status ($r = .269$, $p = .012$) and Family History ($r = .286$, $p = .029$). A significant negative correlation was present when the respondents' annual income was examined with Employment/Support Status ($r = -.292$, $p < 0.01$) and Family History ($r = -.259$, $p < 0.03$).

In addition, two independent t-tests were conducted to analyze how respondents' area of specializations affected their rating on the importance of medical status in assessing for AOD issues. The results of both tests were not significant (see table 2). When running independent t-test on medical status, family maintenance

and Intake/Emergency response, the result was ($t = .960$ Sig. = .345). When running independent t-test on medical status, family reunification and adoption/permanency planning, the result was ($t = .188$ Sig. = .852).

Table 2. T-tests

| | t | Sig. | Mean |
|--|------|------|------|
| Medical Status, Family Maintenance and Intake/Emergency Response | .960 | .345 | .654 |

| | t | Sig. | Mean |
|---|------|------|------|
| Medical Status, Family Reunification and Adoption/Permanency Planning | .188 | .852 | .132 |

Qualitative Data

The average number of respondents per focus-group consisted of approximately four CPS social workers. Average length of interviews was less than thirty minutes. Respondents were asked the following open-ended questions: 1) What is positive about identifying risk factors to the treatment of substance abuse; 2) What is negative about identifying AOD risk factors; and 3) What do you think

other social workers like yourself think about identifying AOD risk factors?

There are three major themes apparent from the respondents. They are as follows: 1) The sooner the AOD issue is identified, the sooner services can be offered. 2) Social workers' and clients' perception of the negativity of identifying AOD issues and 3) Social workers think AOD risk factors are important, however, there are other factors just as important to consider when assessing for AOD issues.

Examples of theme 1. (The sooner the AOD issue is identified, the sooner services can be offered)

1. "The sooner we know about whether they have abused substances, the sooner we get them into treatment. We'll know where to start the treatment and hook them with the right services."
2. "Most social workers will ask the AOD question at intake or when they first engage the client. If doubts exist, we may refer them to drug testing. Perhaps they don't tell you the truth anyway. When we do ask the AOD question, denial is the primary response. Some would act

surprised and angry, especially if the test turns out to be positive."

Examples of theme 2. (Social workers' and clients' perception of the negativity of identifying AOD issues).

1. "They must acknowledge there's a problem. Once they accept that there's a problem then we can work on finding a solution. Hearing them deny that they have a problem is negative."
2. "It's negative when we don't focus on the strengths, we only focus on the deficits. That's the problem."
3. "The way you go about asking the question is important. You want to be direct, not beat around the bush. You let them know it's your job to ask the right questions. Hopefully, this will lessen the negative feelings."
4. "To the client it may be negative but to us there's no negative in finding out that our client has an AOD problem."

Examples of theme 3. (Social workers think AOD risk factors are important, however, there are other factors just as important to consider when assessing for AOD issues).

1. "Most social workers are in agreement that they're probably using and it's up to us to find out the truth."
2. "Risk factors may be important but circumstances and behaviors are important too."
3. "Depending on the client's level of functioning, just because the client is using doesn't mean he or she can't parent or lead a relatively normal life. Some have been using for years, it has become a part of them."
4. "We feel confident that we can assess when an AOD issue is present because the county offers us continuing education trainings on AOD issues."

Summary

Chapter Four reviewed the results extracted from the project. Information on demographics, statistical analyzes, and notable significance relations identified in the data were discussed.

CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions reached as a result of completing the project. Further, the limitations of the research as well as the recommendations are presented. Finally, the chapter concludes with a summary of the major findings from the study.

This study focused on the knowledge of CPS social workers for identifying alcohol and other drugs (AOD) risk factors in their clientele.

Discussion

When comparing gender with employment/support status and family history, the data suggested that there was a statistical significant difference between how men and women perceived employment/support status. Intuitively, men may place greater importance on having strong employment and support status in determining if they have AOD issues. On the other hand, there was a positive correlation between gender and family history. Women, quite possibly, perceived that family history is a very

important factor in determining if a client has AOD issues.

The data suggested that as the respondents' income increases, they were more likely to disagree that employment/ support status has an impact on identifying AOD issues. Although the research supports that employment/support status is an important factor in identifying AOD issues, the result may have something to do with their position within the organization. In other words, the higher the income, the greater the likelihood that the individual may be in a management position. Management does not typically work on the front line, i.e., provide direct client service. On the other hand, those who are earning less may be the ones working directly in client services thus they may perceive employment as an essential indicator of AOD issues.

Relative to the respondents' area of specialization, those who identified themselves as working in Intake/Emergency Response and Family Maintenance disagree that addictive behaviors affect health. In running independent t-test on medical status, Intake/Emergency Response and Family Maintenance, the results confirmed that respondents disagree that addictive behaviors affect health. On the other hand, those in Family Reunification

and Adoption/Permanency Planning agree that addictive behaviors affect health. However, in running the independent t-test, the results indicate the opposite was true. In other words, the t-test results show that medical status, family reunification and adoption/permanency planning do not agree that addictive behaviors affect health. A possible explanation for these findings is that workers in adoption/permanency planning and family reunification are involved in long-term treatment planning with clients thus they may look at all factors of the service plan to address all needs.

A secondary intent of this study was to address the professional's ability to intervene appropriately when an AOD abuse problem is present. It was determined that the respondents have the ability to intervene appropriately when an AOD abuse problem is present. The literature review suggested that there is a lack of education among child welfare social work professionals, including social work students in AOD knowledge. However, the findings in the focus-group interviews suggested that those who participated in the qualitative portion of the study felt they have received adequate training in AOD assessment. These respondents also reported they are receiving ongoing training on AOD education through the County's office of

personnel education. According to Amodeo and Fassler (2000); Gregoire (1994), social workers who were trained to deal with AOD issues were more competent in assessment and treatment of AOD problems. Respondents in the focus-group interviews reported similar feelings. These social workers feel they are more comfortable in asking their clients about their drug use, past or present, because they feel they have received adequate training in AOD issues and on how to approach the issue with their clients. Once the AOD connection has been identified, social workers can readily hook them up with the appropriate array of intervention services.

It is thought that changes in knowledge and attitude are very likely to translate to changing behavioral practice in social workers working in the child welfare arena. It is especially disheartening to consider the number of clients who are suffering from alcoholism who need a skilled social worker to better assess and explore the problem with them. Generally, social workers may be the first service providers to have contact with substance abusers, whether through children protective services or other avenues of the service delivery systems (Hall, Amodeo, Shaffer & Bilt, 2000).

It was assumed that the social desirability factor of the social workers who elected to participate in the study might be a problem. A possibility was that newer, more inexperienced social workers would outnumber the seasoned workers as respondents. According to the demographic results, the largest number of respondents 31 (39.2%) identified their years employed at CPS as between 5-9 years. This span is relatively significant because it shows that these workers are not new on the job thus they know what they are talking about.

According to the Generalist Model, the assessment phase requires that the child welfare professional be efficient in identifying the needs of families. The result indicate that participants appeared to be efficient in identifying risk factors of AOD issues.

Limitations

For several reasons, it is not feasible to generalize these findings to all CPS social workers. The sample was relatively small. Although 360 surveys were distributed to all six CPS offices in San Bernardino County, only 79 (22%) completed surveys were returned. The sample consisted of only social workers in San Bernardino County. The data were gleaned from respondents' self-report of

perceptions of competence without corroborating information from a secondary source, such as an assessment tool. Perhaps this project would have been better served had the respondents been asked if they utilized any kind of assessment tools to assess their clients for AOD problems. Another limitation is that respondents in the focus group interviews were not asked what they thought the number one risk factor was for AOD abuse and the reason for their choice and how they would intervene.

Many professionals claim that they do not feel they have the expertise and assessment skills required to successfully deal with alcoholism (Levinson & Straussner, 1978). It was possible that when the participants in the focus-group interviews were asked if they felt that they had enough training and felt confident in assessing AOD issues, the participants might have wanted the researchers to know that they were competent social workers when working with clients who had substance abuse issues. The participants might have been discrete in letting the researchers know that they did not feel confident to work with clients who had substance abuse issues. In addition, the participants might have been fearful that if they disclosed any negative information about themselves the agency might find out.

Furthermore, the researchers did not ask participants how many referrals they completed for substance abuse treatment in a day/week/month. This question would have allowed the researchers to determine if the number of referrals were consistent with the percentage of clients that the participants reported had substance abuse issues. In addition, the participants were not asked if they thought that something was missing from trainings that they received in substance abuse issues. From that question the researchers could have explored the missing element and how it could be included in future trainings. Future research should explore this dynamic further.

Recommendations for Social Work Practice, Policy and Research

Although the participants in the focus-group interviews felt they have received adequate training to assess their clients for alcohol and other drug problems, the articles cited in the literature review indicated otherwise. According to Googins (1984), a large proportion of social workers go through their schooling with little or no formal education on addiction and its effects. Consequently, social workers may shy away from working with clients who have alcohol and other drug problems. Similarly, Kagle (1987) found that social workers

unsuccessfully identified and responded to their client's alcohol problem in over three-quarters of the cases she reviewed. Several reasons are posited in the literature for the underdiagnosis of alcoholism and other substances in the clients served by non-treatment oriented agencies. Some research has found that social service organizations are disinclined to deal with substance misuse (Wechsler & Rohman, 1985).

A study should be conducted to explore the reasons why universities exclude substance abuse education from their BSW/MSW programs. In addition, the impact of the lack of education in substance abuse training on new CPS social workers may have detrimental consequences to the clients served. A future needs assessment study should focus on the assessment phase of the Generalist Model in identifying substance abuse issues in clients served by CPS. This needs assessment might allow for more effective services when working with clients who have substance abuse issues.

In regards to future research, there is still a great need to determine exactly how families are affected by AOD use and abuse. At present, there exist an abundant amount of theories, models and speculations surrounding the treatment, issues, damage and consequences that AOD have

on the family, child and the surrounding community. These have to be examined more closely, and a working solution must be identified and put into practice.

Conclusions

It is hoped that this study will improve child welfare professionals' ability to assess AOD issues and properly address the problems. CPS social workers must not only recognize when there is an AOD problem, but also address it by providing resources and education as appropriate so the clients have the necessary tools to combat the problem.

APPENDIX A
QUESTIONNAIRE

Alcohol and Other Drug (AOD)
Assessment Instrument

Please answer the following questions by circling the number that corresponds with the correct answer: (Please circle only 1 number)

1. Clients' addictive behaviors can impact their employment.
1 Strongly Disagree 2 Disagree 3 Neither Disagree or Agree 4 Agree 5 Strongly Agree
2. Clients' addictive behaviors can impact their medical status?
1 Strongly Disagree 2 Disagree 3 Neither Disagree or Agree 4 Agree 5 Strongly Agree
3. Clients' addictive behaviors can impact their physical health?
1 Strongly Disagree 2 Disagree 3 Neither Disagree or Agree 4 Agree 5 Strongly Agree
4. Clients' addictive behaviors can impact their family and social relationships?
1 Strongly Disagree 2 Disagree 3 Neither Disagree or Agree 4 Agree 5 Strongly Agree
5. Clients' addictive behaviors can impact their psychiatric status?
1 Strongly Disagree 2 Disagree 3 Neither Disagree or Agree 4 Agree 5 Strongly Agree
6. In your opinion, how important are the following factors in determining if your client(s) may have alcohol and other drugs (AOD) issues:
How important is family history of AOD?
1 Not Important 2 Somewhat Important 3 Important 4 Very Important
How important is maintaining the family's needs?
1 Not Important 2 Somewhat Important 3 Important 4 Very Important
How important is family conflict?
1 Not Important 2 Somewhat Important 3 Important 4 Very Important
How important are favorable parental attitudes in problem behavior(s)?
1 Not Important 2 Somewhat Important 3 Important 4 Very Important

In your opinion, how important are the following factors in determining if your client(s) may have alcohol and other drugs (AOD) issues:

How important is early and persistent antisocial behavior(s)?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is academic failure?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is a lack of commitment to school or work?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is the availability of drugs?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important are community laws and norms?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is favorable community attitudes toward drug use?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important are community resources?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important are low neighborhood attachment and community disorganization?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is extreme economic deprivation?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

In your opinion, how important are the following factors in determining if your client(s) may have alcohol and other drugs (AOD) issues:

How important is alienation?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is rebelliousness?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is having friends who engage in AOD abuse?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is early initiation of AOD use?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is gender?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is history of child abuse?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is history of major crisis?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is history of problems with law enforcement?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

INFORMED CONSENT

Hello, our names are Michael Leslie Lau and Josefina Reyes. We are graduate students at California State University, San Bernardino. We are also social work interns for the Departments of Social Services, San Bernardino County and Riverside County.

We would like to invite you to participate in a research project concerning social workers' knowledge of risk factors associated with Alcohol & Other Drugs (AOD) issues. This study is designed to capture the knowledge of CPS social workers in identifying risk factors in their clients for the potential to abuse alcohol and other drugs. This study will adhere to a standardized survey questionnaire and brief group interview. The interview will not exceed thirty (30) minutes in length. With your permission the interview will be audiotaped.

There are no foreseeable risks attached to this study, and all information will be kept strictly confidential. To ensure complete confidentiality of the participants, no names will be included in the questionnaire, audiotapes and later transcriptions. Also, the authors plan to destroy all audiotapes at the conclusion of the study. The only people who will see and hear the information that was provided will be the authors of the study and our research advisor, Dr. Rosemary McCaslin.

Your participation in this research is strictly voluntary; and there will be no cost to you except for your time. If you wish to withdraw from this study, you may do so at any time. You do not need to give any reason or explanation for withdrawing. If you participate in, or withdraw from this study, it will have no effect on your relationship with the Department of Social Service, or the facility you are employed with.

If you have any questions about the research please do not hesitate to either call or write to Dr. Rosemary McCaslin. Dr. McCaslin's phone number is; (909) 880-5507. Send correspondence to: Dr. Rosemary McCaslin, California State University, San Bernardino, Department of Social Work, 5500 University Parkway, San Bernardino California 92407. Whether or not you decide to finish this survey and interview you will be eligible for a raffle drawing at the end of the study. Upon completion of the survey and interview you will receive a debriefing statement.

By placing an X in the box below, I acknowledge that I have been informed of, and that I understand the nature and purpose of the study, and I freely give my consent to participate. I also acknowledge that by placing my mark in the box below I am at least 18 years of age, and have voluntarily agreed to have the interview audiotaped.

Please place mark: _____ Date: _____

Agree to be audiotaped: _____ Yes _____ No _____

Verbal Interview Consent

Hello, My name is Josie Reyes. My research partner's name is Michael Lau. We are graduate Social Work students at California State University - San Bernardino. We would like to invite you to participate in a research project concerning social workers' knowledge of risk factors associated with Alcohol and Other Drugs (AOD) issues.

Your participation in this research project is strictly voluntary and there will be no monetary cost to you except for your time. No names or other identifying data will be used to protect confidentiality. If you wish to withdraw from this interview, you may do so at any time.

With your permission, the interview will be audio taped for transcript purposes. At the conclusion of the research, all audiotapes will be destroyed.

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

The study you have just participated in was designed to gather information about social workers' knowledge of risk factors associated with AOD issues. This study will utilize a combination of quantitative and qualitative methods to explore the knowledge of risk factors associated with AOD issues among child welfare professionals in San Bernardino County, California.

The expectation is that the study will offer a better understanding of AOD assessment as it affects the child welfare system in San Bernardino County. The authors' desire is that once that knowledge is available, policy makers can utilize that information to improve their service delivery system.

This study has been conducted by Michael Leslie Lau and Josefina Reyes, graduate students at California State University, San Bernardino. Any concerns about this study may be addressed to Dr. Rosemary McCaslin, Project Advisor, (909) 880-5507. You may view the results in the University's John M Pfau Library after September 2005.

APPENDIX D
DESCRIPTIVE STATISTICS

Ethnicity

| | Frequency | Percent |
|-------------------|-----------|---------|
| Asians | 2 | 2.5 |
| Hispanics | 10 | 12.7 |
| African-Americans | 16 | 20.3 |
| Caucasians | 46 | 58.2 |
| Others | 5 | 6.2 |

Marital Status

| | Frequency | Percent |
|---------------|-----------|---------|
| Widow/Widower | 1 | 1.3 |
| Divorced | 15 | 19 |
| Single | 17 | 21.5 |
| Married | 44 | 55.7 |

Education

| | Frequency | Percent |
|--------------|-----------|---------|
| LCSW's | 3 | 3.8 |
| DSW / Ph.D's | 5 | 6.3 |
| MFT's | 5 | 6.3 |
| MA's | 7 | 8.9 |
| BA's | 17 | 21.5 |
| MSW's | 38 | 48.1 |
| Others | 3 | 3.8 |

Years Worked at CPS

| | Frequency | Percent |
|---------------|-----------|---------|
| 1 – 11 months | 1 | 1.3 |
| 1 – 4 years | 25 | 31.6 |
| 5 – 9 years | 31 | 39.2 |
| 10 – 14 years | 10 | 12.7 |
| 15 – 19 years | 7 | 8.9 |
| 20 – 24 years | 2 | 2.5 |
| 25 – 30 years | 3 | 3.8 |

Descriptive Statistics

| | Mean | Std. Deviation | N |
|---------------|------|----------------|----|
| Annual Income | 3.54 | .894 | 74 |
| Ethnicity | 2.16 | .993 | 79 |

Correlations

| | | Annual Income | Ethnicity |
|---------------|---------------------|---------------|-----------|
| Annual Income | Pearson Correlation | 1 | -.378(**) |
| | Sig. (2-tailed) | . | .001 |
| | N | 74 | 74 |
| Ethnicity | Pearson Correlation | -.378(**) | 1 |
| | Sig. (2-tailed) | .001 | . |
| | N | 74 | 79 |

** Correlation is significant at the 0.01 level (2-tailed).

Correlations

Descriptive Statistics

| | Mean | Std. Deviation | N |
|---------|---------|----------------|----|
| medserv | 9.0886 | 2.00761 | 79 |
| empsup | 14.3077 | 2.05955 | 78 |
| drugal | 13.4545 | 2.07457 | 77 |
| legal | 3.0000 | .76795 | 79 |
| famhis | 19.8816 | 3.18734 | 76 |
| famsoc | 7.9231 | 1.25635 | 78 |
| psystat | 13.8718 | 2.46197 | 78 |

Correlations

| | | medserv | empsup | drugal | legal | famhis | famsoc | psystat |
|---------|---------------------|----------|----------|----------|----------|----------|----------|----------|
| medserv | Pearson Correlation | 1 | .474(**) | .049 | .133 | .110 | .792(**) | .521(**) |
| | Sig. (2-tailed) | . | .000 | .669 | .242 | .343 | .000 | .000 |
| | N | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| empsup | Pearson Correlation | .474(**) | 1 | .507(**) | .555(**) | .678(**) | .697(**) | .735(**) |
| | Sig. (2-tailed) | .000 | . | .000 | .000 | .000 | .000 | .000 |
| | N | 78 | 78 | 77 | 78 | 75 | 78 | 78 |
| drugal | Pearson Correlation | .049 | .507(**) | 1 | .489(**) | .444(**) | .335(**) | .536(**) |
| | Sig. (2-tailed) | .669 | .000 | . | .000 | .000 | .003 | .000 |
| | N | 77 | 77 | 77 | 77 | 74 | 77 | 77 |
| legal | Pearson Correlation | .133 | .555(**) | .489(**) | 1 | .678(**) | .388(**) | .607(**) |
| | Sig. (2-tailed) | .242 | .000 | .000 | . | .000 | .000 | .000 |
| | N | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| famhis | Pearson Correlation | .110 | .678(**) | .444(**) | .678(**) | 1 | .387(**) | .624(**) |
| | Sig. (2-tailed) | .343 | .000 | .000 | .000 | . | .001 | .000 |
| | N | 76 | 75 | 74 | 76 | 76 | 75 | 75 |
| famsoc | Pearson Correlation | .792(**) | .697(**) | .335(**) | .388(**) | .387(**) | 1 | .669(**) |
| | Sig. (2-tailed) | .000 | .000 | .003 | .000 | .001 | . | .000 |
| | N | 78 | 78 | 77 | 78 | 75 | 78 | 78 |
| psystat | Pearson Correlation | .521(**) | .735(**) | .536(**) | .607(**) | .624(**) | .669(**) | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .000 | .000 | . |
| | N | 78 | 78 | 77 | 78 | 75 | 78 | 78 |

** Correlation is significant at the 0.01 level (2-tailed).

Descriptive Statistics

| | Mean | Std. Deviation | N |
|----------------------------------|---------|----------------|----|
| Gender2 | .90 | .345 | 78 |
| Age | 3.72 | 1.092 | 74 |
| Personal Status | 2.00 | .688 | 77 |
| Number of years employed | 2.28 | 1.377 | 79 |
| Number of years w/present county | 2.47 | 1.483 | 78 |
| Level of education | 3.37 | 3.920 | 79 |
| Area of specialization | 44.89 | 203.520 | 74 |
| Job title | 3.11 | 1.000 | 79 |
| Annual Income | 3.54 | .894 | 74 |
| Ethnicity | 2.16 | .993 | 79 |
| Hours worked | 2.21 | .762 | 78 |
| Days off in the last yr. | 2.23 | 1.092 | 78 |
| Training | 1.18 | .384 | 79 |
| Subscribe to journal | 1.49 | .503 | 79 |
| Belong to s.w. org. | 1.52 | .503 | 79 |
| Attended s.w. conference | 1.52 | .503 | 79 |
| MEDSERV | 9.0886 | 2.00761 | 79 |
| EMPSUP | 14.3077 | 2.05955 | 78 |
| DRUGAL | 13.4545 | 2.07457 | 77 |
| LEGAL | 3.0000 | .76795 | 79 |
| FAMHIS | 19.8816 | 3.18734 | 76 |
| FAMSOC | 7.9231 | 1.25635 | 78 |
| PSYSTAT | 13.8718 | 2.46197 | 78 |

Correlations

| | | Gender2 | Age | Personal Status | Number of years employed | Number of years w/present county | Level of education | Area of specialization |
|----------------------------------|---------------------|---------|---------|-----------------|--------------------------|----------------------------------|--------------------|------------------------|
| Gender2 | Pearson Correlation | 1 | -.117 | .118 | -.029 | .042 | -.009 | .101 |
| | Sig. (2-tailed) | . | .326 | .312 | .799 | .718 | .939 | .394 |
| | N | 78 | 73 | 76 | 78 | 77 | 78 | 73 |
| Age | Pearson Correlation | -.117 | 1 | .184 | .213 | .244(*) | -.032 | .047 |
| | Sig. (2-tailed) | .326 | . | .117 | .068 | .038 | .785 | .697 |
| | N | 73 | 74 | 74 | 74 | 73 | 74 | 70 |
| Personal Status | Pearson Correlation | .118 | .184 | 1 | -.069 | -.064 | .000 | -.018 |
| | Sig. (2-tailed) | .312 | .117 | . | .551 | .580 | 1.000 | .882 |
| | N | 76 | 74 | 77 | 77 | 76 | 77 | 72 |
| Number of years employed | Pearson Correlation | -.029 | .213 | -.069 | 1 | .807(**) | .432(**) | -.033 |
| | Sig. (2-tailed) | .799 | .068 | .551 | . | .000 | .000 | .779 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Number of years w/present county | Pearson Correlation | .042 | .244(*) | -.064 | .807(**) | 1 | .262(*) | .105 |
| | Sig. (2-tailed) | .718 | .038 | .580 | .000 | . | .020 | .376 |
| | N | 77 | 73 | 76 | 78 | 78 | 78 | 73 |
| Level of education | Pearson Correlation | -.009 | -.032 | .000 | .432(**) | .262(*) | 1 | -.019 |
| | Sig. (2-tailed) | .939 | .785 | 1.000 | .000 | .020 | . | .871 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Area of specialization | Pearson Correlation | .101 | .047 | -.018 | -.033 | .105 | -.019 | 1 |
| | Sig. (2-tailed) | .394 | .697 | .882 | .779 | .376 | .871 | . |
| | N | 73 | 70 | 72 | 74 | 73 | 74 | 74 |
| Job title | Pearson Correlation | -.003 | -.030 | -.058 | -.089 | -.046 | .035 | -.233(*) |
| | Sig. (2-tailed) | .980 | .800 | .614 | .438 | .690 | .759 | .046 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Annual Income | Pearson Correlation | -.205 | .265(*) | .079 | .228 | .202 | .136 | .002 |
| | Sig. (2-tailed) | .082 | .027 | .507 | .051 | .087 | .248 | .984 |
| | N | 73 | 70 | 73 | 74 | 73 | 74 | 70 |
| Ethnicity | Pearson Correlation | -.105 | -.189 | -.040 | -.100 | -.089 | -.035 | .270(*) |
| | Sig. (2-tailed) | .361 | .106 | .728 | .382 | .438 | .756 | .020 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Hours worked | Pearson Correlation | -.072 | -.088 | .258(*) | -.083 | -.219 | -.064 | -.056 |
| | Sig. (2-tailed) | .535 | .458 | .024 | .470 | .056 | .580 | .639 |
| | N | 77 | 74 | 76 | 78 | 77 | 78 | 73 |
| Days off in the last yr. | Pearson Correlation | .030 | .189 | .089 | .308(**) | .180 | -.005 | -.032 |
| | Sig. (2-tailed) | .796 | .109 | .447 | .006 | .115 | .965 | .785 |
| | N | 77 | 73 | 76 | 78 | 78 | 78 | 73 |

| | | Gender2 | Age | Personal Status | Number of years employed | Number of years w/present county | Level of education | Area of specialization |
|--------------------------|---------------------|----------|-------|-----------------|--------------------------|----------------------------------|--------------------|------------------------|
| Training | Pearson Correlation | -.250(*) | -.043 | -.049 | -.046 | -.004 | -.061 | .136 |
| | Sig. (2-tailed) | .027 | .717 | .671 | .687 | .973 | .595 | .250 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Subscribe to journal | Pearson Correlation | -.082 | -.187 | -.076 | .040 | .026 | -.087 | .001 |
| | Sig. (2-tailed) | .473 | .111 | .511 | .729 | .821 | .448 | .994 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Belong to s.w. org. | Pearson Correlation | -.142 | .052 | -.076 | .029 | .062 | -.150 | -.016 |
| | Sig. (2-tailed) | .215 | .662 | .511 | .798 | .591 | .187 | .890 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| Attended s.w. conference | Pearson Correlation | .008 | .126 | .038 | .103 | .157 | -.104 | .167 |
| | Sig. (2-tailed) | .947 | .283 | .743 | .365 | .170 | .360 | .156 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| MEDSERV | Pearson Correlation | .086 | .162 | .075 | .172 | .055 | .084 | -.254(*) |
| | Sig. (2-tailed) | .454 | .169 | .515 | .130 | .633 | .463 | .029 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| EMPSUP | Pearson Correlation | .269(*) | .084 | .187 | .119 | .048 | .100 | -.235(*) |
| | Sig. (2-tailed) | .018 | .480 | .106 | .300 | .677 | .382 | .045 |
| | N | 77 | 73 | 76 | 78 | 77 | 78 | 73 |
| DRUGAL | Pearson Correlation | .072 | .027 | .056 | .046 | .051 | -.036 | .129 |
| | Sig. (2-tailed) | .536 | .824 | .630 | .694 | .664 | .758 | .281 |
| | N | 76 | 72 | 75 | 77 | 76 | 77 | 72 |
| LEGAL | Pearson Correlation | .146 | .048 | .124 | .012 | .000 | .030 | .096 |
| | Sig. (2-tailed) | .202 | .682 | .282 | .916 | 1.000 | .794 | .416 |
| | N | 78 | 74 | 77 | 79 | 78 | 79 | 74 |
| FAMHIS | Pearson Correlation | .286(*) | .034 | .131 | .017 | .011 | -.032 | .135 |
| | Sig. (2-tailed) | .013 | .778 | .265 | .885 | .922 | .784 | .263 |
| | N | 75 | 71 | 74 | 76 | 75 | 76 | 71 |
| FAMSOC | Pearson Correlation | .175 | .140 | .122 | .042 | .005 | -.136 | -.144 |
| | Sig. (2-tailed) | .129 | .237 | .293 | .717 | .965 | .234 | .225 |
| | N | 77 | 73 | 76 | 78 | 77 | 78 | 73 |
| PSYSTAT | Pearson Correlation | .095 | .201 | .118 | .087 | .084 | -.001 | -.079 |
| | Sig. (2-tailed) | .411 | .088 | .312 | .450 | .465 | .995 | .508 |
| | N | 77 | 73 | 76 | 78 | 77 | 78 | 73 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Correlations (cont)

| | | Job title | Annual Income | Ethnicity | Hours worked | Days off in the last yr. | Training | Subscribe to journal | Belong to s.w. org. |
|----------------------------------|---------------------|-----------|---------------|-----------|--------------|--------------------------|----------|----------------------|---------------------|
| Gender2 | Pearson Correlation | -.003 | -.205 | -.105 | -.072 | .030 | -.250(*) | -.082 | -.142 |
| | Sig. (2-tailed) | .980 | .082 | .361 | .535 | .796 | .027 | .473 | .215 |
| | N | 78 | 73 | 78 | 77 | 77 | 78 | 78 | 78 |
| Age | Pearson Correlation | -.030 | .265(*) | -.189 | -.088 | .189 | -.043 | -.187 | .052 |
| | Sig. (2-tailed) | .800 | .027 | .106 | .458 | .109 | .717 | .111 | .662 |
| | N | 74 | 70 | 74 | 74 | 73 | 74 | 74 | 74 |
| Personal Status | Pearson Correlation | -.058 | .079 | -.040 | .258(*) | .089 | -.049 | -.076 | -.076 |
| | Sig. (2-tailed) | .614 | .507 | .728 | .024 | .447 | .671 | .511 | .511 |
| | N | 77 | 73 | 77 | 76 | 76 | 77 | 77 | 77 |
| Number of years employed | Pearson Correlation | -.089 | .228 | -.100 | -.083 | .308(**) | -.046 | .040 | .029 |
| | Sig. (2-tailed) | .438 | .051 | .382 | .470 | .006 | .687 | .729 | .798 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| Number of years w/present county | Pearson Correlation | -.046 | .202 | -.089 | -.219 | .180 | -.004 | .026 | .062 |
| | Sig. (2-tailed) | .690 | .087 | .438 | .056 | .115 | .973 | .821 | .591 |
| | N | 78 | 73 | 78 | 77 | 78 | 78 | 78 | 78 |
| Level of education | Pearson Correlation | .035 | .136 | -.035 | -.064 | -.005 | -.061 | -.087 | -.150 |
| | Sig. (2-tailed) | .759 | .248 | .756 | .580 | .965 | .595 | .448 | .187 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| Area of specialization | Pearson Correlation | -.233(*) | .002 | .270(*) | -.056 | -.032 | .136 | .001 | -.016 |
| | Sig. (2-tailed) | .046 | .984 | .020 | .639 | .785 | .250 | .994 | .890 |
| | N | 74 | 70 | 74 | 73 | 73 | 74 | 74 | 74 |
| Job title | Pearson Correlation | 1 | -.508(**) | .136 | .003 | -.143 | -.087 | .040 | .034 |
| | Sig. (2-tailed) | . | .000 | .232 | .982 | .213 | .448 | .728 | .767 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| Annual Income | Pearson Correlation | -.508(**) | 1 | -.378(**) | -.006 | .316(**) | .094 | -.016 | -.002 |
| | Sig. (2-tailed) | .000 | . | .001 | .958 | .007 | .423 | .889 | .983 |
| | N | 74 | 74 | 74 | 73 | 73 | 74 | 74 | 74 |
| Ethnicity | Pearson Correlation | .136 | -.378(**) | 1 | .209 | .036 | .091 | .066 | .007 |
| | Sig. (2-tailed) | .232 | .001 | . | .067 | .756 | .427 | .562 | .955 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| Hours worked | Pearson Correlation | .003 | -.006 | .209 | 1 | -.074 | .270(*) | .041 | -.109 |
| | Sig. (2-tailed) | .982 | .958 | .067 | . | .522 | .017 | .723 | .344 |
| | N | 78 | 73 | 78 | 78 | 77 | 78 | 78 | 78 |
| Days off in the last yr. | Pearson Correlation | -.143 | .316(**) | .036 | -.074 | 1 | .032 | .071 | .036 |
| | Sig. (2-tailed) | .213 | .007 | .756 | .522 | . | .783 | .537 | .752 |
| | N | 78 | 73 | 78 | 77 | 78 | 78 | 78 | 78 |
| Training | Pearson Correlation | -.087 | .094 | .091 | .270(*) | .032 | 1 | -.060 | -.084 |
| | Sig. (2-tailed) | .448 | .423 | .427 | .017 | .783 | . | .597 | .462 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |

| | | Job title | Annual Income | Ethnicity | Hours worked | Days off in the last yr. | Training | Subscribe to journal | Belong to s.w. org. |
|--------------------------------|---------------------|-----------|------------------|-----------|-----------------|-----------------------------|-----------|-------------------------|------------------------|
| Subscribe to journal | Pearson Correlation | .040 | -.016 | .066 | .041 | .071 | -.060 | 1 | .647(**) |
| | Sig. (2-tailed) | .728 | .889 | .562 | .723 | .537 | .597 | . | .000 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| Belong to s.w. org. | Pearson Correlation | .034 | -.002 | .007 | -.109 | .036 | -.084 | .647(**) | 1 |
| | Sig. (2-tailed) | .767 | .983 | .955 | .344 | .752 | .462 | .000 | . |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| Attended s.w. conference | Pearson Correlation | .059 | .058 | -.148 | -.014 | .042 | .181 | -.114 | -.014 |
| | Sig. (2-tailed) | .603 | .621 | .194 | .904 | .716 | .110 | .319 | .902 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| MEDSERV | Pearson Correlation | -.120 | .014 | -.252(*) | .091 | .079 | -.170 | .121 | -.059 |
| | Sig. (2-tailed) | .292 | .904 | .025 | .428 | .493 | .134 | .288 | .607 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| EMPSUP | Pearson Correlation | .157 | -.292(*) | -.063 | .162 | -.065 | -.381(**) | -.009 | -.092 |
| | Sig. (2-tailed) | .169 | .012 | .583 | .160 | .577 | .001 | .940 | .425 |
| | N | 78 | 73 | 78 | 77 | 77 | 78 | 78 | 78 |
| DRUGAL | Pearson Correlation | .101 | -.136 | .139 | .040 | -.028 | -.153 | .022 | -.091 |
| | Sig. (2-tailed) | .381 | .253 | .227 | .731 | .811 | .184 | .851 | .433 |
| | N | 77 | 72 | 77 | 76 | 76 | 77 | 77 | 77 |
| LEGAL | Pearson Correlation | .134 | -.210 | .219 | .107 | .031 | -.174 | -.199 | -.332(**) |
| | Sig. (2-tailed) | .241 | .072 | .053 | .352 | .789 | .126 | .079 | .003 |
| | N | 79 | 74 | 79 | 78 | 78 | 79 | 79 | 79 |
| FAMHIS | Pearson Correlation | .107 | -.259(*) | .097 | .121 | -.082 | -.193 | -.180 | -.153 |
| | Sig. (2-tailed) | .358 | .029 | .403 | .300 | .482 | .095 | .120 | .188 |
| | N | 76 | 71 | 76 | 75 | 75 | 76 | 76 | 76 |
| FAMSOC | Pearson Correlation | -.065 | -.188 | -.197 | .047 | .098 | -.212 | .040 | -.081 |
| | Sig. (2-tailed) | .575 | .111 | .084 | .684 | .394 | .062 | .731 | .483 |
| | N | 78 | 73 | 78 | 77 | 77 | 78 | 78 | 78 |
| PSYSTAT | Pearson Correlation | .054 | -.137 | -.023 | .141 | -.069 | -.180 | -.096 | -.187 |
| | Sig. (2-tailed) | .637 | .249 | .842 | .222 | .551 | .114 | .405 | .100 |
| | N | 78 | 73 | 78 | 77 | 77 | 78 | 78 | 78 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Correlations (cont)

| | | Attended s.w. conference | MEDSERV | EMPSUP | DRUGAL | LEGAL | FAMHIS | FAMSOC | PSYSTAT |
|---|---------------------|--------------------------------|----------|----------|--------|-------|----------|--------|---------|
| Gender2 | Pearson Correlation | .008 | .086 | .269(*) | .072 | .146 | .286(*) | .175 | .095 |
| | Sig. (2-tailed) | .947 | .454 | .018 | .536 | .202 | .013 | .129 | .411 |
| | N | 78 | 78 | 77 | 76 | 78 | 75 | 77 | 77 |
| Age | Pearson Correlation | .126 | .162 | .084 | .027 | .048 | .034 | .140 | .201 |
| | Sig. (2-tailed) | .283 | .169 | .480 | .824 | .682 | .778 | .237 | .088 |
| | N | 74 | 74 | 73 | 72 | 74 | 71 | 73 | 73 |
| Personal Status | Pearson Correlation | .038 | .075 | .187 | .056 | .124 | .131 | .122 | .118 |
| | Sig. (2-tailed) | .743 | .515 | .106 | .630 | .282 | .265 | .293 | .312 |
| | N | 77 | 77 | 76 | 75 | 77 | 74 | 76 | 76 |
| Number of years employed | Pearson Correlation | .103 | .172 | .119 | .046 | .012 | .017 | .042 | .087 |
| | Sig. (2-tailed) | .365 | .130 | .300 | .694 | .916 | .885 | .717 | .450 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Number of years w/present county | Pearson Correlation | .157 | .055 | .048 | .051 | .000 | .011 | .005 | .084 |
| | Sig. (2-tailed) | .170 | .633 | .677 | .664 | 1.000 | .922 | .965 | .465 |
| | N | 78 | 78 | 77 | 76 | 78 | 75 | 77 | 77 |
| Level of education | Pearson Correlation | -.104 | .084 | .100 | -.036 | .030 | -.032 | -.136 | -.001 |
| | Sig. (2-tailed) | .360 | .463 | .382 | .758 | .794 | .784 | .234 | .995 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Area of specializati on | Pearson Correlation | .167 | -.254(*) | -.235(*) | .129 | .096 | .135 | -.144 | -.079 |
| | Sig. (2-tailed) | .156 | .029 | .045 | .281 | .416 | .263 | .225 | .508 |
| | N | 74 | 74 | 73 | 72 | 74 | 71 | 73 | 73 |
| Job title | Pearson Correlation | .059 | -.120 | .157 | .101 | .134 | .107 | -.065 | .054 |
| | Sig. (2-tailed) | .603 | .292 | .169 | .381 | .241 | .358 | .575 | .637 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Annual Income | Pearson Correlation | .058 | .014 | -.292(*) | -.136 | -.210 | -.259(*) | -.188 | -.137 |
| | Sig. (2-tailed) | .621 | .904 | .012 | .253 | .072 | .029 | .111 | .249 |
| | N | 74 | 74 | 73 | 72 | 74 | 71 | 73 | 73 |
| Ethnicity | Pearson Correlation | -.148 | -.252(*) | -.063 | .139 | .219 | .097 | -.197 | -.023 |
| | Sig. (2-tailed) | .194 | .025 | .583 | .227 | .053 | .403 | .084 | .842 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Hours- worked | Pearson Correlation | -.014 | .091 | .162 | .040 | .107 | .121 | .047 | .141 |
| | Sig. (2-tailed) | .904 | .428 | .160 | .731 | .352 | .300 | .684 | .222 |
| | N | 78 | 78 | 77 | 76 | 78 | 75 | 77 | 77 |
| Days off in the last yr. | Pearson Correlation | .042 | .079 | -.065 | -.028 | .031 | -.082 | .098 | -.069 |
| | Sig. (2-tailed) | .716 | .493 | .577 | .811 | .789 | .482 | .394 | .551 |
| | N | 78 | 78 | 77 | 76 | 78 | 75 | 77 | 77 |

| | | Attended s.w. conference | MEDSERV | EMPSUP | DRUGAL | LEGAL | FAMHIS | FAMSOC | PSYSTAT |
|--------------------------------|---------------------|--------------------------------|----------|-----------|----------|-----------|----------|----------|----------|
| Training | Pearson Correlation | .181 | -.170 | -.381(**) | -.153 | -.174 | -.193 | -.212 | -.180 |
| | Sig. (2-tailed) | .110 | .134 | .001 | .184 | .126 | .095 | .062 | .114 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Subscribe to journal | Pearson Correlation | -.114 | .121 | -.009 | .022 | -.199 | -.180 | .040 | -.096 |
| | Sig. (2-tailed) | .319 | .288 | .940 | .851 | .079 | .120 | .731 | .405 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Belong to s.w. org. | Pearson Correlation | -.014 | -.059 | -.092 | -.091 | -.332(**) | -.153 | -.081 | -.187 |
| | Sig. (2-tailed) | .902 | .607 | .425 | .433 | .003 | .188 | .483 | .100 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| Attended s.w. conference | Pearson Correlation | 1 | -.122 | -.108 | .099 | .000 | -.044 | -.100 | -.008 |
| | Sig. (2-tailed) | . | .283 | .346 | .394 | 1.000 | .707 | .385 | .946 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| MEDSERV | Pearson Correlation | -.122 | 1 | .474(**) | .049 | .133 | .110 | .792(**) | .521(**) |
| | Sig. (2-tailed) | .283 | . | .000 | .669 | .242 | .343 | .000 | .000 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| EMPSUP | Pearson Correlation | -.108 | .474(**) | 1 | .507(**) | .555(**) | .678(**) | .697(**) | .735(**) |
| | Sig. (2-tailed) | .346 | .000 | . | .000 | .000 | .000 | .000 | .000 |
| | N | 78 | 78 | 78 | 77 | 78 | 75 | 78 | 78 |
| DRUGAL | Pearson Correlation | .099 | .049 | .507(**) | 1 | .489(**) | .444(**) | .335(**) | .536(**) |
| | Sig. (2-tailed) | .394 | .669 | .000 | . | .000 | .000 | .003 | .000 |
| | N | 77 | 77 | 77 | 77 | 77 | 74 | 77 | 77 |
| LEGAL | Pearson Correlation | .000 | .133 | .555(**) | .489(**) | 1 | .678(**) | .388(**) | .607(**) |
| | Sig. (2-tailed) | 1.000 | .242 | .000 | .000 | . | .000 | .000 | .000 |
| | N | 79 | 79 | 78 | 77 | 79 | 76 | 78 | 78 |
| FAMHIS | Pearson Correlation | -.044 | .110 | .678(**) | .444(**) | .678(**) | 1 | .387(**) | .624(**) |
| | Sig. (2-tailed) | .707 | .343 | .000 | .000 | .000 | . | .001 | .000 |
| | N | 76 | 76 | 75 | 74 | 76 | 76 | 75 | 75 |
| FAMSOC | Pearson Correlation | -.100 | .792(**) | .697(**) | .335(**) | .388(**) | .387(**) | 1 | .669(**) |
| | Sig. (2-tailed) | .385 | .000 | .000 | .003 | .000 | .001 | . | .000 |
| | N | 78 | 78 | 78 | 77 | 78 | 75 | 78 | 78 |
| PSYSTAT | Pearson Correlation | -.008 | .521(**) | .735(**) | .536(**) | .607(**) | .624(**) | .669(**) | 1 |
| | Sig. (2-tailed) | .946 | .000 | .000 | .000 | .000 | .000 | .000 | . |
| | N | 78 | 78 | 78 | 77 | 78 | 75 | 78 | 78 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

T-Test

Group Statistics

| | Gender2 | N | Mean | Std. Deviation | Std. Error Mean |
|---------|---------|----|---------|----------------|-----------------|
| MEDSERV | Male | 9 | 8.6667 | 2.64575 | .88192 |
| | Female | 68 | 9.1176 | 1.95111 | .23661 |
| EMPSUP | Male | 8 | 12.6250 | 2.82527 | .99888 |
| | Female | 68 | 14.4706 | 1.90420 | .23092 |
| FAMHIS | Male | 9 | 17.2222 | 4.71110 | 1.57037 |
| | Female | 65 | 20.2154 | 2.82009 | .34979 |

Independent Samples Test

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
|---------|-----------------------------|---|------|------------------------------|-------|-----------------|-----------------|-----------------------|---|---------|
| | | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | | | | Lower | Upper |
| MEDSERV | Equal variances assumed | .953 | .332 | -.624 | 75 | .534 | -.4510 | .72237 | -1.89002 | .98806 |
| | Equal variances not assumed | | | -.494 | 9.187 | .633 | -.4510 | .91311 | -2.51016 | 1.60820 |
| EMPSUP | Equal variances assumed | 2.370 | .128 | -2.457 | 74 | .016 | -1.8456 | .75109 | -3.34217 | -.34900 |
| | Equal variances not assumed | | | -1.800 | 7.766 | .111 | -1.8456 | 1.02523 | -4.22223 | .53105 |
| FAMHIS | Equal variances assumed | 4.093 | .047 | -2.725 | 72 | .008 | -2.9932 | 1.09826 | -5.18250 | -.80382 |
| | Equal variances not assumed | | | -1.860 | 8.811 | .096 | -2.9932 | 1.60885 | -6.64458 | .65826 |

Descriptive Statistics

| | Mean | Std. Deviation | N |
|---------------|------|----------------|----|
| Annual Income | 3.54 | .894 | 74 |
| Ethnicity | 2.16 | .993 | 79 |

Correlations

| | | Annual Income | Ethnicity |
|---------------|---------------------|---------------|-----------|
| Annual Income | Pearson Correlation | 1 | -.378(**) |
| | Sig. (2-tailed) | . | .001 |
| | N | 74 | 74 |
| Ethnicity | Pearson Correlation | -.378(**) | 1 |
| | Sig. (2-tailed) | .001 | . |
| | N | 74 | 79 |

** Correlation is significant at the 0.01 level (2-tailed).

Case Processing Summary

| | | N | % |
|-------|-------------|----|-------|
| Cases | Valid | 74 | 93.7 |
| | Excluded(a) | 5 | 6.3 |
| | Total | 79 | 100.0 |

a Listwise deletion based on all variables in the procedure.

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| .842 | 7 |

Descriptive Statistics

| | Mean | Std. Deviation | N |
|----------------------------------|-------|----------------|----|
| Gender2 | .90 | .345 | 78 |
| Age | 3.72 | 1.092 | 74 |
| Personal Status | 2.00 | .688 | 77 |
| Number of years employed | 2.28 | 1.377 | 79 |
| Number of years w/present county | 2.47 | 1.483 | 78 |
| Level of education | 3.37 | 3.920 | 79 |
| Area of specialization | 44.89 | 203.520 | 74 |
| Job title | 3.11 | 1.000 | 79 |
| Annual Income | 3.54 | .894 | 74 |
| Ethnicity | 2.16 | .993 | 79 |
| Hours worked | 2.21 | .762 | 78 |
| Days off in the last yr. | 2.23 | 1.092 | 78 |
| Training | 1.18 | .384 | 79 |
| Subscribe to journal | 1.49 | .503 | 79 |
| Belong to s.w. org. | 1.52 | .503 | 79 |
| Attended s.w. conference | 1.52 | .503 | 79 |

Correlations

| | | Gender2 | Age | Personal Status | Number of years employed | Number of years w/present county |
|----------------------------------|---------------------|----------|----------|-----------------|--------------------------|----------------------------------|
| Gender2 | Pearson Correlation | 1 | -.117 | .118 | -.029 | .042 |
| | Sig. (2-tailed) | . | .326 | .312 | .799 | .718 |
| | N | 78 | 73 | 76 | 78 | 77 |
| Age | Pearson Correlation | -.117 | 1 | .184 | .213 | .244(*) |
| | Sig. (2-tailed) | .326 | . | .117 | .068 | .038 |
| | N | 73 | 74 | 74 | 74 | 73 |
| Personal Status | Pearson Correlation | .118 | .184 | 1 | -.069 | -.064 |
| | Sig. (2-tailed) | .312 | .117 | . | .551 | .580 |
| | N | 76 | 74 | 77 | 77 | 76 |
| Number of years employed | Pearson Correlation | -.029 | .213 | -.069 | 1 | .807(**) |
| | Sig. (2-tailed) | .799 | .068 | .551 | . | .000 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Number of years w/present county | Pearson Correlation | .042 | .244(*) | -.064 | .807(**) | 1 |
| | Sig. (2-tailed) | .718 | .038 | .580 | .000 | . |
| | N | 77 | 73 | 76 | 78 | 78 |
| Level of education | Pearson Correlation | -.009 | -.032 | .000 | .432(**) | .262(*) |
| | Sig. (2-tailed) | .939 | .785 | 1.000 | .000 | .020 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Area of specialization | Pearson Correlation | .101 | .047 | -.018 | -.033 | .105 |
| | Sig. (2-tailed) | .394 | .697 | .882 | .779 | .376 |
| | N | 73 | 70 | 72 | 74 | 73 |
| Job title | Pearson Correlation | -.003 | -.030 | -.058 | -.089 | -.046 |
| | Sig. (2-tailed) | .980 | .800 | .614 | .438 | .690 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Annual Income | Pearson Correlation | -.205 | .265(**) | .079 | .228 | .202 |
| | Sig. (2-tailed) | .082 | .027 | .507 | .051 | .087 |
| | N | 73 | 70 | 73 | 74 | 73 |
| Ethnicity | Pearson Correlation | -.105 | -.189 | -.040 | -.100 | -.089 |
| | Sig. (2-tailed) | .361 | .106 | .728 | .382 | .438 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Hours worked | Pearson Correlation | -.072 | -.088 | .258(*) | -.083 | -.219 |
| | Sig. (2-tailed) | .535 | .458 | .024 | .470 | .056 |
| | N | 77 | 74 | 76 | 78 | 77 |
| Days off in the last yr. | Pearson Correlation | .030 | .189 | .089 | .308(**) | .180 |
| | Sig. (2-tailed) | .796 | .109 | .447 | .006 | .115 |
| | N | 77 | 73 | 76 | 78 | 78 |
| Training | Pearson Correlation | -.250(*) | -.043 | -.049 | -.046 | -.004 |
| | Sig. (2-tailed) | .027 | .717 | .671 | .687 | .973 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Subscribe to journal | Pearson Correlation | -.082 | -.187 | -.076 | .040 | .026 |
| | Sig. (2-tailed) | .473 | .111 | .511 | .729 | .821 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Belong to s.w. org. | Pearson Correlation | -.142 | .052 | -.076 | .029 | .062 |
| | Sig. (2-tailed) | .215 | .662 | .511 | .798 | .591 |
| | N | 78 | 74 | 77 | 79 | 78 |
| Attended s.w. conference | Pearson Correlation | .008 | .126 | .038 | .103 | .157 |
| | Sig. (2-tailed) | .947 | .283 | .743 | .365 | .170 |
| | N | 78 | 74 | 77 | 79 | 78 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Correlations (cont)

| | | Level of education | Area of specialization | Job title | Annual Income | Ethnicity | Hours worked |
|----------------------------------|---------------------|--------------------|------------------------|-----------|---------------|-----------|--------------|
| Gender2 | Pearson Correlation | -.009 | .101 | -.003 | -.205 | -.105 | -.072 |
| | Sig. (2-tailed) | .939 | .394 | .980 | .082 | .361 | .535 |
| | N | 78 | 73 | 78 | 73 | 78 | 77 |
| Age | Pearson Correlation | -.032 | .047 | -.030 | .265(*) | -.189 | -.088 |
| | Sig. (2-tailed) | .785 | .697 | .800 | .027 | .106 | .458 |
| | N | 74 | 70 | 74 | 70 | 74 | 74 |
| Personal Status | Pearson Correlation | .000 | -.018 | -.058 | .079 | -.040 | .258(**) |
| | Sig. (2-tailed) | 1.000 | .882 | .614 | .507 | .728 | .024 |
| | N | 77 | 72 | 77 | 73 | 77 | 76 |
| Number of years employed | Pearson Correlation | .432(**) | -.033 | -.089 | .228 | -.100 | -.083 |
| | Sig. (2-tailed) | .000 | .779 | .438 | .051 | .382 | .470 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Number of years w/present county | Pearson Correlation | .262(*) | .105 | -.046 | .202 | -.089 | -.219 |
| | Sig. (2-tailed) | .020 | .376 | .690 | .087 | .438 | .056 |
| | N | 78 | 73 | 78 | 73 | 78 | 77 |
| Level of education | Pearson Correlation | 1 | -.019 | .035 | .136 | -.035 | -.064 |
| | Sig. (2-tailed) | . | .871 | .759 | .248 | .756 | .580 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Area of specialization | Pearson Correlation | -.019 | 1 | -.233(*) | .002 | .270(*) | -.056 |
| | Sig. (2-tailed) | .871 | . | .046 | .984 | .020 | .639 |
| | N | 74 | 74 | 74 | 70 | 74 | 73 |
| Job title | Pearson Correlation | .035 | -.233(*) | 1 | -.508(**) | .136 | .003 |
| | Sig. (2-tailed) | .759 | .046 | . | .000 | .232 | .982 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Annual Income | Pearson Correlation | .136 | .002 | -.508(**) | 1 | -.378(**) | -.006 |
| | Sig. (2-tailed) | .248 | .984 | .000 | . | .001 | .958 |
| | N | 74 | 70 | 74 | 74 | 74 | 73 |
| Ethnicity | Pearson Correlation | -.035 | .270(*) | .136 | -.378(**) | 1 | .209 |
| | Sig. (2-tailed) | .756 | .020 | .232 | .001 | . | .067 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Hours worked | Pearson Correlation | -.064 | -.056 | .003 | -.006 | .209 | 1 |
| | Sig. (2-tailed) | .580 | .639 | .982 | .958 | .067 | . |
| | N | 78 | 73 | 78 | 73 | 78 | 78 |
| Days off in the last yr. | Pearson Correlation | -.005 | -.032 | -.143 | .316(**) | .036 | -.074 |
| | Sig. (2-tailed) | .965 | .785 | .213 | .007 | .756 | .522 |
| | N | 78 | 73 | 78 | 73 | 78 | 77 |
| Training | Pearson Correlation | -.061 | .136 | -.087 | .094 | .091 | .270(*) |
| | Sig. (2-tailed) | .595 | .250 | .448 | .423 | .427 | .017 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Subscribe to journal | Pearson Correlation | -.087 | .001 | .040 | -.016 | .066 | .041 |
| | Sig. (2-tailed) | .448 | .994 | .728 | .889 | .562 | .723 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Belong to s.w. org. | Pearson Correlation | -.150 | -.016 | .034 | -.002 | .007 | -.109 |
| | Sig. (2-tailed) | .187 | .890 | .767 | .983 | .955 | .344 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |
| Attended s.w. conference | Pearson Correlation | -.104 | .167 | .059 | .058 | -.148 | -.014 |
| | Sig. (2-tailed) | .360 | .156 | .603 | .621 | .194 | .904 |
| | N | 79 | 74 | 79 | 74 | 79 | 78 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Correlations (cont)

| | | Days off in the last yr. | Training | Subscribe to journal | Belong to s.w. org. | Attended s.w. conference |
|----------------------------------|---------------------|-----------------------------|-----------|-------------------------|------------------------|--------------------------------|
| Gender2 | Pearson Correlation | .030 | -.250(**) | -.082 | -.142 | .008 |
| | Sig. (2-tailed) | .796 | .027 | .473 | .215 | .947 |
| | N | 77 | 78 | 78 | 78 | 78 |
| Age | Pearson Correlation | .189 | -.043 | -.187 | .052 | .126 |
| | Sig. (2-tailed) | .109 | .717 | .111 | .662 | .283 |
| | N | 73 | 74 | 74 | 74 | 74 |
| Personal Status | Pearson Correlation | .089 | -.049 | -.076 | -.076 | .038 |
| | Sig. (2-tailed) | .447 | .671 | .511 | .511 | .743 |
| | N | 76 | 77 | 77 | 77 | 77 |
| Number of years employed | Pearson Correlation | .308(**) | -.046 | .040 | .029 | .103 |
| | Sig. (2-tailed) | .006 | .687 | .729 | .798 | .365 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Number of years w/present county | Pearson Correlation | .180 | -.004 | .026 | .062 | .157 |
| | Sig. (2-tailed) | .115 | .973 | .821 | .591 | .170 |
| | N | 78 | 78 | 78 | 78 | 78 |
| Level of education | Pearson Correlation | -.005 | -.061 | -.087 | -.150 | -.104 |
| | Sig. (2-tailed) | .965 | .595 | .448 | .187 | .360 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Area of specialization | Pearson Correlation | -.032 | .136 | .001 | -.016 | .167 |
| | Sig. (2-tailed) | .785 | .250 | .994 | .890 | .156 |
| | N | 73 | 74 | 74 | 74 | 74 |
| Job title | Pearson Correlation | -.143 | -.087 | .040 | .034 | .059 |
| | Sig. (2-tailed) | .213 | .448 | .728 | .767 | .603 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Annual Income | Pearson Correlation | .316(**) | .094 | -.016 | -.002 | .058 |
| | Sig. (2-tailed) | .007 | .423 | .889 | .983 | .621 |
| | N | 73 | 74 | 74 | 74 | 74 |
| Ethnicity | Pearson Correlation | .036 | .091 | .066 | .007 | -.148 |
| | Sig. (2-tailed) | .756 | .427 | .562 | .955 | .194 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Hours worked | Pearson Correlation | -.074 | .270(*) | .041 | -.109 | -.014 |
| | Sig. (2-tailed) | .522 | .017 | .723 | .344 | .904 |
| | N | 77 | 78 | 78 | 78 | 78 |
| Days off in the last yr. | Pearson Correlation | 1 | .032 | .071 | .036 | .042 |
| | Sig. (2-tailed) | . | .783 | .537 | .752 | .716 |
| | N | 78 | 78 | 78 | 78 | 78 |
| Training | Pearson Correlation | .032 | 1 | -.060 | -.084 | .181 |
| | Sig. (2-tailed) | .783 | . | .597 | .462 | .110 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Subscribe to journal | Pearson Correlation | .071 | -.060 | 1 | .647(**) | -.114 |
| | Sig. (2-tailed) | .537 | .597 | . | .000 | .319 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Belong to s.w. org. | Pearson Correlation | .036 | -.084 | .647(**) | 1 | -.014 |
| | Sig. (2-tailed) | .752 | .462 | .000 | . | .902 |
| | N | 78 | 79 | 79 | 79 | 79 |
| Attended s.w. conference | Pearson Correlation | .042 | .181 | -.114 | -.014 | 1 |
| | Sig. (2-tailed) | .716 | .110 | .319 | .902 | . |
| | N | 78 | 79 | 79 | 79 | 79 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Frequencies

Statistics

| | N | |
|----------------------------------|-------|---------|
| | Valid | Missing |
| Impact Employment | 79 | 0 |
| Medical Status | 79 | 0 |
| Physical health | 79 | 0 |
| Social relationships | 79 | 0 |
| Psychiatric status | 79 | 0 |
| History of aod | 79 | 0 |
| Family's needs | 77 | 2 |
| Family conflict | 79 | 0 |
| Attitudes in problem behavior | 77 | 2 |
| Antisocial behavior | 78 | 1 |
| Academic failure | 78 | 1 |
| Commitment to school/work | 78 | 1 |
| Availability of drugs | 78 | 1 |
| Community laws | 78 | 1 |
| Community attitudes | 77 | 2 |
| Community resources | 78 | 1 |
| Neighborhood attachment | 78 | 1 |
| Economic deprivation | 78 | 1 |
| Alienation | 79 | 0 |
| Rebelliousness | 79 | 0 |
| Friends who engage in aod | 79 | 0 |
| Early initiation | 79 | 0 |
| Gender importance | 79 | 0 |
| Child abuse | 79 | 0 |
| Major crisis | 79 | 0 |
| Law enforcement | 79 | 0 |
| Gender2 | 78 | 1 |
| Age | 74 | 5 |
| Personal Status | 77 | 2 |
| Number of years employed | 79 | 0 |
| Number of years w/present county | 78 | 1 |
| Level of education | 79 | 0 |
| Area of specialization | 74 | 5 |
| Job title | 79 | 0 |
| Annual Income | 74 | 5 |
| Ethnicity | 79 | 0 |
| Hours worked | 78 | 1 |
| Days off in the last yr. | 78 | 1 |
| Training | 79 | 0 |
| Subscribe to journal | 79 | 0 |
| Belong to s.w. org. | 79 | 0 |
| Attended s.w. conference | 79 | 0 |
| medserv | 79 | 0 |
| empsup | 78 | 1 |
| drugal | 77 | 2 |
| legal | 79 | 0 |
| famhis | 76 | 3 |
| famsoc | 78 | 1 |
| psystat | 78 | 1 |

Frequency table

Impact Employment

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------|-----------|---------|---------------|--------------------|
| Valid | Strongly Disagree | 5 | 6.3 | 6.3 | 6.3 |
| | Agree | 14 | 17.7 | 17.7 | 24.1 |
| | Strongly Agree | 60 | 75.9 | 75.9 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Medical Status

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------|-----------|---------|---------------|--------------------|
| Valid | Strongly Disagree | 5 | 6.3 | 6.3 | 6.3 |
| | Agree | 16 | 20.3 | 20.3 | 26.6 |
| | Strongly Agree | 58 | 73.4 | 73.4 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Physical health

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------|-----------|---------|---------------|--------------------|
| Valid | Strongly Disagree | 5 | 6.3 | 6.3 | 6.3 |
| | Agree | 16 | 20.3 | 20.3 | 26.6 |
| | Strongly Agree | 58 | 73.4 | 73.4 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Social relationships

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------|-----------|---------|---------------|--------------------|
| Valid | Strongly Disagree | 5 | 6.3 | 6.3 | 6.3 |
| | Agree | 10 | 12.7 | 12.7 | 19.0 |
| | Strongly Agree | 64 | 81.0 | 81.0 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Psychiatric status

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------------|-----------|---------|---------------|--------------------|
| Valid Strongly Disagree | 5 | 6.3 | 6.3 | 6.3 |
| Neither Disagree or Agree | 1 | 1.3 | 1.3 | 7.6 |
| Agree | 22 | 27.8 | 27.8 | 35.4 |
| Strongly Agree | 51 | 64.6 | 64.6 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

History of aod

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------------|-----------|---------|---------------|--------------------|
| Valid Somewhat Important | 5 | 6.3 | 6.3 | 6.3 |
| Important | 34 | 43.0 | 43.0 | 49.4 |
| Very Important | 40 | 50.6 | 50.6 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Family's needs

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------------|-----------|---------|---------------|--------------------|
| Valid Somewhat Important | 7 | 8.9 | 9.1 | 9.1 |
| Important | 26 | 32.9 | 33.8 | 42.9 |
| Very Important | 44 | 55.7 | 57.1 | 100.0 |
| Total | 77 | 97.5 | 100.0 | |
| Missing System | 2 | 2.5 | | |
| Total | 79 | 100.0 | | |

Family conflict

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 1 | 1.3 | 1.3 | 1.3 |
| Somewhat Important | 6 | 7.6 | 7.6 | 8.9 |
| Important | 32 | 40.5 | 40.5 | 49.4 |
| Very Important | 40 | 50.6 | 50.6 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Attitudes in problem behavior

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Not Important | 1 | 1.3 | 1.3 | 1.3 |
| | Somewhat Important | 6 | 7.6 | 7.8 | 9.1 |
| | Important | 29 | 36.7 | 37.7 | 46.8 |
| | Very Important | 41 | 51.9 | 53.2 | 100.0 |
| | Total | 77 | 97.5 | 100.0 | |
| Missing System | | 2 | 2.5 | | |
| Total | | 79 | 100.0 | | |

Antisocial behavior

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Not Important | 1 | 1.3 | 1.3 | 1.3 |
| | Somewhat Important | 10 | 12.7 | 12.8 | 14.1 |
| | Important | 40 | 50.6 | 51.3 | 65.4 |
| | Very Important | 27 | 34.2 | 34.6 | 100.0 |
| | Total | 78 | 98.7 | 100.0 | |
| Missing System | | 1 | 1.3 | | |
| Total | | 79 | 100.0 | | |

Academic failure

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Not Important | 2 | 2.5 | 2.6 | 2.6 |
| | Somewhat Important | 26 | 32.9 | 33.3 | 35.9 |
| | Important | 30 | 38.0 | 38.5 | 74.4 |
| | Very Important | 20 | 25.3 | 25.6 | 100.0 |
| | Total | 78 | 98.7 | 100.0 | |
| Missing System | | 1 | 1.3 | | |
| Total | | 79 | 100.0 | | |

Commitment to school/work

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 1 | 1.3 | 1.3 | 1.3 |
| Somewhat Important | 18 | 22.8 | 23.1 | 24.4 |
| Important | 35 | 44.3 | 44.9 | 69.2 |
| Very Important | 24 | 30.4 | 30.8 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Availability of drugs

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 1 | 1.3 | 1.3 | 1.3 |
| Somewhat Important | 11 | 13.9 | 14.1 | 15.4 |
| Important | 24 | 30.4 | 30.8 | 46.2 |
| Very Important | 42 | 53.2 | 53.8 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Community laws

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 5 | 6.3 | 6.4 | 6.4 |
| Somewhat Important | 21 | 26.6 | 26.9 | 33.3 |
| Important | 32 | 40.5 | 41.0 | 74.4 |
| Very Important | 20 | 25.3 | 25.6 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Community attitudes

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 6 | 7.6 | 7.8 | 7.8 |
| Somewhat Important | 18 | 22.8 | 23.4 | 31.2 |
| Important | 29 | 36.7 | 37.7 | 68.8 |
| Very Important | 24 | 30.4 | 31.2 | 100.0 |
| Total | 77 | 97.5 | 100.0 | |
| Missing System | 2 | 2.5 | | |
| Total | 79 | 100.0 | | |

Community resources

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 1 | 1.3 | 1.3 | 1.3 |
| Somewhat Important | 11 | 13.9 | 14.1 | 15.4 |
| Important | 25 | 31.6 | 32.1 | 47.4 |
| Very Important | 41 | 51.9 | 52.6 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Neighborhood attachment

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 2 | 2.5 | 2.6 | 2.6 |
| Somewhat Important | 9 | 11.4 | 11.5 | 14.1 |
| Important | 31 | 39.2 | 39.7 | 53.8 |
| Very Important | 36 | 45.6 | 46.2 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Economic deprivation

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 4 | 5.1 | 5.1 | 5.1 |
| Somewhat Important | 6 | 7.6 | 7.7 | 12.8 |
| Important | 29 | 36.7 | 37.2 | 50.0 |
| Very Important | 39 | 49.4 | 50.0 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Alienation

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 1 | 1.3 | 1.3 | 1.3 |
| Somewhat Important | 12 | 15.2 | 15.2 | 16.5 |
| Important | 31 | 39.2 | 39.2 | 55.7 |
| Very Important | 35 | 44.3 | 44.3 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Rebelliousness

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 4 | 5.1 | 5.1 | 5.1 |
| Somewhat Important | 19 | 24.1 | 24.1 | 29.1 |
| Important | 33 | 41.8 | 41.8 | 70.9 |
| Very Important | 23 | 29.1 | 29.1 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Friends who engage in aod

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 1 | 1.3 | 1.3 | 1.3 |
| Somewhat Important | 2 | 2.5 | 2.5 | 3.8 |
| Important | 23 | 29.1 | 29.1 | 32.9 |
| Very Important | 53 | 67.1 | 67.1 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Early initiation

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Somewhat Important | 3 | 3.8 | 3.8 | 3.8 |
| | Important | 32 | 40.5 | 40.5 | 44.3 |
| | Very Important | 44 | 55.7 | 55.7 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Gender importance

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Not Important | 34 | 43.0 | 43.0 | 43.0 |
| | Somewhat Important | 26 | 32.9 | 32.9 | 75.9 |
| | Important | 14 | 17.7 | 17.7 | 93.7 |
| | Very Important | 5 | 6.3 | 6.3 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Child abuse

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Not Important | 4 | 5.1 | 5.1 | 5.1 |
| | Somewhat Important | 17 | 21.5 | 21.5 | 26.6 |
| | Important | 30 | 38.0 | 38.0 | 64.6 |
| | Very Important | 28 | 35.4 | 35.4 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Major crisis

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Not Important | 2 | 2.5 | 2.5 | 2.5 |
| | Somewhat Important | 20 | 25.3 | 25.3 | 27.8 |
| | Important | 32 | 40.5 | 40.5 | 68.4 |
| | Very Important | 25 | 31.6 | 31.6 | 100.0 |
| | Total | 79 | 100.0 | 100.0 | |

Law enforcement

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Not Important | 2 | 2.5 | 2.5 | 2.5 |
| Somewhat Important | 17 | 21.5 | 21.5 | 24.1 |
| Important | 39 | 49.4 | 49.4 | 73.4 |
| Very Important | 21 | 26.6 | 26.6 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Gender2

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid Male | 9 | 11.4 | 11.5 | 11.5 |
| Female | 68 | 86.1 | 87.2 | 98.7 |
| 2 | 1 | 1.3 | 1.3 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Age

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid 25-34 | 12 | 15.2 | 16.2 | 16.2 |
| 35-44 | 18 | 22.8 | 24.3 | 40.5 |
| 45-54 | 26 | 32.9 | 35.1 | 75.7 |
| 55-64 | 15 | 19.0 | 20.3 | 95.9 |
| 65-74 | 3 | 3.8 | 4.1 | 100.0 |
| Total | 74 | 93.7 | 100.0 | |
| Missing System | 5 | 6.3 | | |
| Total | 79 | 100.0 | | |

Personal Status

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid Single | 17 | 21.5 | 22.1 | 22.1 |
| Married | 44 | 55.7 | 57.1 | 79.2 |
| Divorced | 15 | 19.0 | 19.5 | 98.7 |
| Widow/Widower | 1 | 1.3 | 1.3 | 100.0 |
| Total | 77 | 97.5 | 100.0 | |
| Missing System | 2 | 2.5 | | |
| Total | 79 | 100.0 | | |

Number of years employed

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------|-----------|---------|---------------|--------------------|
| Valid 1-4 | 25 | 31.6 | 31.6 | 31.6 |
| 5-9 | 31 | 39.2 | 39.2 | 70.9 |
| 10-14 | 10 | 12.7 | 12.7 | 83.5 |
| 15-19 | 7 | 8.9 | 8.9 | 92.4 |
| 20-24 | 2 | 2.5 | 2.5 | 94.9 |
| 25-30 | 3 | 3.8 | 3.8 | 98.7 |
| 1mo.-11mo. | 1 | 1.3 | 1.3 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Number of years w/present county

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid 1-4 | 22 | 27.8 | 28.2 | 28.2 |
| 5-9 | 26 | 32.9 | 33.3 | 61.5 |
| 10-14 | 14 | 17.7 | 17.9 | 79.5 |
| 15-19 | 10 | 12.7 | 12.8 | 92.3 |
| 20-24 | 2 | 2.5 | 2.6 | 94.9 |
| 25-30 | 2 | 2.5 | 2.6 | 97.4 |
| 1mo.-11mo. | 1 | 1.3 | 1.3 | 98.7 |
| 30+ | 1 | 1.3 | 1.3 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Level of education

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid BA | 17 | 21.5 | 21.5 | 21.5 |
| MA | 7 | 8.9 | 8.9 | 30.4 |
| MSW | 38 | 48.1 | 48.1 | 78.5 |
| MFT | 5 | 6.3 | 6.3 | 84.8 |
| LCSW | 3 | 3.8 | 3.8 | 88.6 |
| DSW/Ph.D | 5 | 6.3 | 6.3 | 94.9 |
| Other | 3 | 3.8 | 3.8 | 98.7 |
| 35 | 1 | 1.3 | 1.3 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Area of specialization

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------------------------------|-----------|---------|---------------|--------------------|
| Valid Adoption/Permanency Planning | 17 | 21.5 | 23.0 | 23.0 |
| Family Reunification | 16 | 20.3 | 21.6 | 44.6 |
| Family Maintenance | 6 | 7.6 | 8.1 | 52.7 |
| Intake/Emergency Response | 26 | 32.9 | 35.1 | 87.8 |
| 23 | 4 | 5.1 | 5.4 | 93.2 |
| 123 | 1 | 1.3 | 1.4 | 94.6 |
| 234 | 2 | 2.5 | 2.7 | 97.3 |
| 1234 | 2 | 2.5 | 2.7 | 100.0 |
| Total | 74 | 93.7 | 100.0 | |
| Missing System | 5 | 6.3 | | |
| Total | 79 | 100.0 | | |

Job title

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------------|-----------|---------|---------------|--------------------|
| Valid SSSP | 7 | 8.9 | 8.9 | 8.9 |
| Deputy Director | 1 | 1.3 | 1.3 | 10.1 |
| SSP | 56 | 70.9 | 70.9 | 81.0 |
| SWII | 10 | 12.7 | 12.7 | 93.7 |
| CWSM | 1 | 1.3 | 1.3 | 94.9 |
| Other | 4 | 5.1 | 5.1 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Annual Income

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------------|-----------|---------|---------------|--------------------|
| Valid Under \$35,000 | 1 | 1.3 | 1.4 | 1.4 |
| \$35,000-45,000 | 7 | 8.9 | 9.5 | 10.8 |
| \$45,000-55,000 | 27 | 34.2 | 36.5 | 47.3 |
| \$55,000-65,000 | 29 | 36.7 | 39.2 | 86.5 |
| Over \$65,000 | 10 | 12.7 | 13.5 | 100.0 |
| Total | 74 | 93.7 | 100.0 | |
| Missing System | 5 | 6.3 | | |
| Total | 79 | 100.0 | | |

Ethnicity

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------------------|-----------|---------|---------------|--------------------|
| Valid African American | 16 | 20.3 | 20.3 | 20.3 |
| Caucasian | 46 | 58.2 | 58.2 | 78.5 |
| Hispanic | 10 | 12.7 | 12.7 | 91.1 |
| Asian | 2 | 2.5 | 2.5 | 93.7 |
| Other | 5 | 6.3 | 6.3 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Hours worked

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid 20-39 | 3 | 3.8 | 3.8 | 3.8 |
| 40-59 | 64 | 81.0 | 82.1 | 85.9 |
| 60-79 | 7 | 8.9 | 9.0 | 94.9 |
| 80-100 | 1 | 1.3 | 1.3 | 96.2 |
| 5 | 2 | 2.5 | 2.6 | 98.7 |
| 6 | 1 | 1.3 | 1.3 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Days off in the last yr.

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid 0-9 | 17 | 21.5 | 21.8 | 21.8 |
| 10-19 | 39 | 49.4 | 50.0 | 71.8 |
| 20-29 | 15 | 19.0 | 19.2 | 91.0 |
| 30-39 | 4 | 5.1 | 5.1 | 96.2 |
| 50+ | 3 | 3.8 | 3.8 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

Training

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|-----------|---------|---------------|--------------------|
| Valid Yes | 65 | 82.3 | 82.3 | 82.3 |
| No | 14 | 17.7 | 17.7 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Subscribe to journal

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|-----------|---------|---------------|--------------------|
| Valid Yes | 40 | 50.6 | 50.6 | 50.6 |
| No | 39 | 49.4 | 49.4 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Belong to s.w. org.

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|-----------|---------|---------------|--------------------|
| Valid Yes | 38 | 48.1 | 48.1 | 48.1 |
| No | 41 | 51.9 | 51.9 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

Attended s.w. conference

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|-----------|---------|---------------|--------------------|
| Valid Yes | 38 | 48.1 | 48.1 | 48.1 |
| No | 41 | 51.9 | 51.9 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

medserv

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------|-----------|---------|---------------|--------------------|
| Valid 2.00 | 5 | 6.3 | 6.3 | 6.3 |
| 8.00 | 14 | 17.7 | 17.7 | 24.1 |
| 9.00 | 4 | 5.1 | 5.1 | 29.1 |
| 10.00 | 56 | 70.9 | 70.9 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

empsup

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid 8.00 | 1 | 1.3 | 1.3 | 1.3 |
| 9.00 | 1 | 1.3 | 1.3 | 2.6 |
| 10.00 | 1 | 1.3 | 1.3 | 3.8 |
| 11.00 | 5 | 6.3 | 6.4 | 10.3 |
| 12.00 | 5 | 6.3 | 6.4 | 16.7 |
| 13.00 | 13 | 16.5 | 16.7 | 33.3 |
| 14.00 | 13 | 16.5 | 16.7 | 50.0 |
| 15.00 | 14 | 17.7 | 17.9 | 67.9 |
| 16.00 | 12 | 15.2 | 15.4 | 83.3 |
| 17.00 | 13 | 16.5 | 16.7 | 100.0 |
| Total | 78 | 98.7 | 100.0 | |
| Missing System | 1 | 1.3 | | |
| Total | 79 | 100.0 | | |

drugal

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid 8.00 | 1 | 1.3 | 1.3 | 1.3 |
| 9.00 | 4 | 5.1 | 5.2 | 6.5 |
| 10.00 | 2 | 2.5 | 2.6 | 9.1 |
| 11.00 | 8 | 10.1 | 10.4 | 19.5 |
| 12.00 | 7 | 8.9 | 9.1 | 28.6 |
| 13.00 | 12 | 15.2 | 15.6 | 44.2 |
| 14.00 | 15 | 19.0 | 19.5 | 63.6 |
| 15.00 | 14 | 17.7 | 18.2 | 81.8 |
| 16.00 | 14 | 17.7 | 18.2 | 100.0 |
| Total | 77 | 97.5 | 100.0 | |
| Missing System | 2 | 2.5 | | |
| Total | 79 | 100.0 | | |

legal

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------|-----------|---------|---------------|--------------------|
| Valid 1.00 | 2 | 2.5 | 2.5 | 2.5 |
| 2.00 | 17 | 21.5 | 21.5 | 24.1 |
| 3.00 | 39 | 49.4 | 49.4 | 73.4 |
| 4.00 | 21 | 26.6 | 26.6 | 100.0 |
| Total | 79 | 100.0 | 100.0 | |

famhis

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-------|-----------|---------|---------------|--------------------|
| Valid | 9.00 | 1 | 1.3 | 1.3 | 1.3 |
| | 11.00 | 1 | 1.3 | 1.3 | 2.6 |
| | 15.00 | 5 | 6.3 | 6.6 | 9.2 |
| | 16.00 | 5 | 6.3 | 6.6 | 15.8 |
| | 17.00 | 7 | 8.9 | 9.2 | 25.0 |
| | 18.00 | 3 | 3.8 | 3.9 | 28.9 |
| | 19.00 | 6 | 7.6 | 7.9 | 36.8 |
| | 20.00 | 12 | 15.2 | 15.8 | 52.6 |
| | 21.00 | 12 | 15.2 | 15.8 | 68.4 |
| | 22.00 | 6 | 7.6 | 7.9 | 76.3 |
| | 23.00 | 7 | 8.9 | 9.2 | 85.5 |
| | 24.00 | 11 | 13.9 | 14.5 | 100.0 |
| | Total | 76 | 96.2 | 100.0 | |
| Missing System | | 3 | 3.8 | | |
| Total | | 79 | 100.0 | | |

famsoc

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-------|-----------|---------|---------------|--------------------|
| Valid | 4.00 | 3 | 3.8 | 3.8 | 3.8 |
| | 5.00 | 2 | 2.5 | 2.6 | 6.4 |
| | 6.00 | 4 | 5.1 | 5.1 | 11.5 |
| | 7.00 | 10 | 12.7 | 12.8 | 24.4 |
| | 8.00 | 29 | 36.7 | 37.2 | 61.5 |
| | 9.00 | 30 | 38.0 | 38.5 | 100.0 |
| | Total | 78 | 98.7 | 100.0 | |
| Missing System | | 1 | 1.3 | | |
| Total | | 79 | 100.0 | | |

Reliability

Case Processing Summary

| | | N | % |
|-------|-------------|----|-------|
| Cases | Valid | 74 | 93.7 |
| | Excluded(a) | 5 | 6.3 |
| | Total | 79 | 100.0 |

a Listwise deletion based on all variables in the procedure.

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| .842 | 7 |

psystat

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-------|-----------|---------|---------------|--------------------|
| Valid | 7.00 | 1 | 1.3 | 1.3 | 1.3 |
| | 8.00 | 1 | 1.3 | 1.3 | 2.6 |
| | 9.00 | 1 | 1.3 | 1.3 | 3.8 |
| | 10.00 | 7 | 8.9 | 9.0 | 12.8 |
| | 11.00 | 6 | 7.6 | 7.7 | 20.5 |
| | 12.00 | 5 | 6.3 | 6.4 | 26.9 |
| | 13.00 | 8 | 10.1 | 10.3 | 37.2 |
| | 14.00 | 11 | 13.9 | 14.1 | 51.3 |
| | 15.00 | 16 | 20.3 | 20.5 | 71.8 |
| | 16.00 | 10 | 12.7 | 12.8 | 84.6 |
| | 17.00 | 12 | 15.2 | 15.4 | 100.0 |
| | Total | 78 | 98.7 | 100.0 | |
| Missing System | | 1 | 1.3 | | |
| Total | | 79 | 100.0 | | |

REFERENCES

- Amodeo, M., & Fassler, I. (2000). Social workers and substance-abusing clients: Caseloads composition and competency. Drug Alcohol Abuse, 26, 629-641.
- Amodeo, M., & Litchfield, L. (1999). Integrating substance abuse content into social work courses: Effects of intensive faculty training. Substance Abuse, 20, 5-15.
- Beckman, L., & Mays, V. (1985). Educating community gatekeepers about alcohol abuse in women: Changing attitudes, knowledge and referral practices. Journal of Drug Education, 15(4), 289-309.
- Besinger, B., & Garland, A. F., Litrownik, A.J., & Landsverk, J. A. (1999). Caregiver substance abuse among maltreated children placed in out-of-home care. Child Welfare, 78 (2), 221-240.
- Clark, W. H. (2001). Residential substance abuse treatment for pregnant women and postpartum women and their children: Treatment and policy implication. Child Welfare, 80, 182-196.
- D'Aunno, L., & Chisum, G. (1998). Parental substance abuse and permanency decision making: Measuring progress in substance abuse recovery. Children's Legal Right, 18, 1-11.
- Dore, M. M., & Doris, J. M. (1998). Preventing child placement in substance-abusing families: Research-informed practice. Child Welfare, 77, 407-426.
- Dore, M. M., Doris, J. M., & Wright, P. (1995). Identifying substance abuse in maltreating families: A child welfare challenge. Child Abuse and Neglect, 19, 531-543.
- Googins, B. (1984). Avoidance of the alcoholic client. Social Work, 29(2), 161-166.
- Gorman, D. M. (1993). A theory-driven approach to the evaluation of professional training in alcohol abuse. Addiction, 88, 229-236.

- Gregoire, T. K. (1994). Assessing the benefits and increasing the utility of addiction training for public child welfare. Child Welfare, 73(1), 69-82.
- Gregoire, K. A., & Schults, D. (2001). Substance-abusing child welfare treatment and child placement outcomes. Child Welfare, 80, 433-453.
- Hall, M. N., Amodeo, M., Shaffer, H. J., & Bilt, J.V. (2000). Social workers employed in substance abuse treatment agencies: A training needs assessment. Social Work, 45, 141-154.
- Hall, M. N., Shaffer, H. J., & Vander Bilt, J. (1997). Measuring substance abuse treatment provider training needs: Developing an index of training need. Journal of Substance Abuse Treatment, 14(6), 593-606.
- Jones, M. & Biesecker, J. (1980). Training in permanency planning: Using what is known. Child Welfare, 68, 481-489.
- Kagle, J. D. (1987). Secondary prevention of substance abuse. Social Work, 32, 446-448.
- King, G. & Lorenson, J. (1989). Alcoholism training for social workers. Social Casework, 375-382.
- Levinson, V.R. & Straussner, S.L.A. (1978). Social workers as "enablers" in the treatment of alcoholics. Social Casework, 59(1), 14-20.
- NASW Policy statement on Alcohol and other drugs. (2002). Social Work Speaks. National Association of Social Workers.
- McLellan, A.T., Kushner, H., Metzger, D., Peters, F., (1992). The Fifth Edition of the Addiction Severity Index. Journal of Substance Abuse Treatment, 9, 199-213.
- Nelson-Zlupko, L., Kauffman, E., & Dore, M. M. (1995). Gender differences in drug addiction and treatment: Implications for social work intervention with substance-abusing women. Social Work, 40(1), 45-54.

- Pecora, P., Delewski, C., Booth, C., Haapala, D., & Kinney, J. (1985). Home-Based, Family-Centered services: The impact of training on worker attitudes. Child Welfare, 75(5), 529-540.
- Reynolds, B., & Reid, L. (1985). Factors associated with public health nurses' perceptions of skill in chemical dependency assessment and referral. Journal of Drug Education, 15(1), 23-32.
- Roar, J. (1988). The effect of continuing education on staff performance. Journal of Continuing Social Work Education, 4(4), 26-30.
- Saleebey, D. (1996). The strengths perspective in social work: Extensional cautions. Social Work, 41(3), 295-305
- Semidei, J., Radel, L.F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. Child Welfare, 80, 109-129.
- Thompson, L. (1990). Working with alcoholic families in a child welfare agency: The problem of underdiagnosis. Child Welfare, 69(5), 464-471.
- Tracy, E. M., & Farkas, K. J. (1994). Preparing practitioners for child welfare practice with substance-abusing families. Child Welfare, 73, 57-69.
- U.S. Department of Health and Human Services. (1999). Blending perspectives and building common ground. Washington, DC: U.S. Government Printing Office.
- Van Wormer, K. (1987). Training social work students for practice with substance abusers: An ecological approach. Journal of Social Work Education, 2, 47-56.
- Wechsler, H., & Rohman, M. (1985). Future caregivers' views on alcoholism treatment: A poor prognosis. In social work practice with clients who have alcohol problems, Freeman, E. (ed.) Springfield, IL: Thomas.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Josefina Reyes

Assisted By: Michael Leslie Lau

2. Data Entry and Analysis:

Team Effort: Michael Leslie Lau & Josefina Reyes

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Josefina Reyes & Michael Lau

b. Methods

Team Effort: Josefina Reyes & Michael Lau

c. Results

Team Effort: Josefina Reyes & Michael Lau

d. Discussion

Team Effort: Josefina Reyes & Michael Lau