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Therapeutic Foster Care: Some Characteristics of Youth and Children in Out of Home Placements in the State of North Dakota

Paul B. White Jr.

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**THERAPEUTIC FOSTER CARE: SOME CHARACTERISTICS
OF YOUTH AND CHILDREN IN OUT OF HOME
PLACEMENTS IN THE STATE OF NORTH DAKOTA**

EXPLORATORY RESEARCH DESIGN

PAUL B. WHITE, JR.

AUGUST 1997

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
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CERTIFICATE OF APPROVAL

This is to certify the Master's thesis of:

Paul B. White, Jr.

*has been approved by the Examining Committee for the thesis requirements for
the Master of Social Work Degree*

Date of Presentation: _____ August 5, 1997

Thesis Committee: _____


Vern Bloom, MSW

Thesis Advisor


Debra J. DeWitz, MSW

Thesis Reader


Sheila M. Schmaltz, MSW

Thesis Reader

DEDICATION

This paper is dedicated with love and gratitude to my wife Pamela,
and our three children, Zachary, Kelsey and Elizabeth who
were supportive and understanding during
the entire educational process
and
to my mother, Phyllis J. White who was instrumental
in teaching me the importance of family,
and individual needs
and
to my wife's parents, Harold and Norma Helm who were
always supportive and helpful at all of the right times
and
to my father, Paul B. White who continues to be
quietly supportive of the decisions and
learning of his children as life
goes on.

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**THERAPEUTIC FOSTER CARE: SOME CHARACTERISTICS OF YOUTH AND
CHILDREN IN OUT OF HOME PLACEMENTS IN THE STATE OF NORTH**

DAKOTA

EXPLORATORY RESEARCH DESIGN

PAUL B. WHITE, JR.

August 1997

This study provides a description of the children and youth who are in out of home placements. The study population consists of an analysis of some characteristics of 146 children and youth to be used as a baseline analysis which can be utilized for agency program planning, policy development, and administration. The characteristics of the children and youth were obtained from individuals residing in therapeutic foster care in the state of North Dakota, supervised by the Professional Association of Treatment Homes (PATH). An independent organization tabulated the raw data utilized in this study. The information was collected for a period of 18 months, beginning April 1, 1995.

The analysis of the information collected will provide a partial profile of the children and youth served by PATH, differentiated by gender, psychiatric diagnosis, involvement with the judicial system, length of service, race, school problems, and family problems.

The information concluded from this study will assist with future planning and program development for PATH of North Dakota. Recent political decisions and economic downsizing necessitate awareness of agency functioning and

effectiveness. Ability to adapt and improve is the key to agency survival in order to maintain the commitment of quality service to the children and families served through PATH.

TABLE OF CONTENTS

Title.....	i
Certificate of Approval.....	ii
Dedication.....	iii
Acknowledgments.....	iv
Abstract.....	v
Table of Contents.....	vii
I. Introduction.....	1
A. Statement of Problem.....	1
B. Purpose of Study.....	3
C. Scope of Study.....	5
II. Literature Review.....	8
A. Historical Context	
1. Historical Perspective and Evolution of Treatment Foster Care.....	8
2. History of Professional Association of Treatment Homes.....	9
B. Changing Demographics.....	10
1. Societal Changes.....	10
2. Increasing Costs.....	11
III. Theoretical and Conceptual Framework.....	16
1. Treatment Foster Care Approach.....	16

2.	Systems Approach.....	18
3.	Structural Family Approach.....	18
IV.	Research Questions.....	20
V.	Methodology.....	22
A.	Definition of Terms.....	22
B.	Population Sample.....	23
C.	Sampling Method.....	24
D.	Data Collection Instrument.....	25
E.	Data Collection Procedures.....	25
F.	Protection of Human Subjects.....	26
G.	Data Analysis.....	26
VI.	Findings.....	28
A.	Demographics.....	28
B.	Adjudication.....	31
C.	Emotional Behaviors.....	35
D.	School Issues.....	38
E.	Family.....	44
F.	Previous Living Environments.....	48
VII.	Discussion.....	49
A.	Relevance to Research Question.....	49
B.	Relevance to Social Work Practice.....	53
C.	Implications for Further Research.....	54

VIII.	Limitations of This Study.....	56
IX.	Conclusion.....	58
X.	Bibliography.....	60
XI.	Appendices	
	A. Institutional Review Board Approval	
	B. PATH Research Committee Approval	
	C. Child and Family Characteristics Questionnaire	

INTRODUCTION

Statement of Problem

The Professional Association of Treatment Homes (PATH) of North Dakota is a nonprofit child placing agency. It is committed to utilizing the family as the core therapeutic agent in serving children. PATH strives for participation of all concerned parties at all levels to ensure integrity of its programs. It also endorses respect and dignity toward the family. PATH of North Dakota attempts to achieve the highest level of quality service toward the individual and family, with the goal of reaching mutually desirable and acceptable outcomes. The therapeutic foster care program is relatively new. Thus, an in-depth analysis of the programs, examination of populations served, the effectiveness of services to children and youth, recruitment and training needs of the foster parents, and the development of baseline data has not been done on a formal basis. The issues identified are critical in the progression and growth of the agency in an attempt to lead the field in this portion of child welfare services.

There are approximately 485,000 children in out of home care in this country currently, which is a 61 percent increase from 1984 until 1995. The United States experienced a 10 percent increase in the number of children in out of home placements from 1990 through 1995. There were 12 states that were able to document a decrease in demand for this service. Thirty-eight states reported increases in out of home placements, with North Dakota encountering an increase of 180 percent (Boyd, Curtis & Petit, 1997). The rate of children reentering placement for children in out of home placements has

increased 20 to 30 percent during the period between 1983 and 1993 (United States Government Accounting Office, 1993). This raises questions about the effectiveness of services to this population. One element that may contribute to this problem is that the child or youth in placement is receiving treatment services, but the family's needs are not being addressed adequately. The individual in care may be returned to their family prematurely resulting in family systems failure. Services to the family may be terminated upon family reunification, where transitional services may have been warranted. Funding for placement programs, treatment for youth and children in placement, family therapy, and the child welfare system in general face economic strains and increasing demands on available services resulting in a rationing process to be instituted (Coulton, 1981). An assessment of treatment need is evaluated at every service level, from entry into the child welfare system through placement services to the family reunification process. The most severe situations tend to receive the wealth of attention and intervention.

The field of child welfare is very broad and encompasses a wide variety of programs, services, interventions and theories about how best money and resources should be implemented. Examining the clientele entering PATH of North Dakota and the needs that the children and youth have will assist the agency in the delivery of services. This not only applies to the children and youth, but to the foster parents who provide the 24 hours per day face to face supervision and intervention. Strategic planning for the agency in the near

future and long term planning need solid information in which to base their decision making judgements.

In 1987, the United States Department of Health and Human Services designated the failure to reunify families as a child welfare system problem, citing national figures regarding the high proportion (29 percent to 33 percent) of children reentering placement (Federal Register, 1987). Previous studies have stressed the importance of maintaining and enhancing positive family interaction. Gains made by the child in care are often reversed when family reunification happens without resolving the major issues that preceded the initial removal of the child (Mullucio, 1994).

Youth with high risk behaviors, severe mental illness, or participation in numerous delinquent activities can result in out of home placements. Treatment is intense, with a multi-disciplinary approach to address and treat all of the child's needs. Attempts are always made to include the biological family in treatment services whenever it is feasible. Services may consist of educational, nutritional, psychiatric, psychological, recreational, occupational, counseling and other therapies to mention a few (United States General Accounting Office, 1995).

Purpose of Study

The purpose of this study is to examine some of the major characteristics of the children and youth upon utilization of placement services through PATH of North Dakota. It is helpful to know what services have been expended

historically in behalf of the client, as this relates to the treatment planning and making the best match between the foster child and foster parent(s). Conducting this research study will assist PATH of North Dakota in their strategic planning process in meeting the agency's mission statement.

When a child or youth cannot remain in their custodial home safely, child welfare agencies are mandated to find a placement that will meet the needs of the youth. A number of different factors are examined in the process of assessing what are the appropriate treatment and nurturing needs so that the least restrictive, most cost effective alternative is utilized. Among those items that are considered are the characteristics of the biological family. Professional standards established by agencies such as the Child Welfare League of America and Foster Family-Based Treatment Association provides guidelines for this multimillion dollar industry.

PATH has contracted with the Child Welfare League of America (CWLA) to tabulate data on the clientele served by the agency. The Odyssey Research Project is a consortium of member agencies as a research-based organization located in Washington, D.C. PATH as an agency values research and assessment. The Odyssey Research Project is a consortium of agencies who are members of the Child Welfare League of America (CWLA), whose mission is to study children in out of home care. CWLA is an organization committed to the concept that all children and families are entitled to respect, dignity, and the highest level of quality service. CWLA was founded in 1920 and has a

membership of nearly 1,000 public and nonprofit agencies in the United States (CWLA, 1997).

There are nearly forty agencies that participate in the Odyssey Research Project which is a descriptive and prospective study of children in residential treatment, group homes, and therapeutic foster care utilizing a number of measurement tools. The Odyssey Research Project assesses an annual fee to member agencies to participate in this study. The raw data are collected, processed, analyzed and provided to members to assist them in delivering a more refined product to their customer (Child Welfare League of America, 1995).

The data gathered by the Odyssey Research Project is designed to assist the child welfare system with information that may be useful in developing services for individuals who are placed in out of home care. The data can indicate treatment needs within an organization that are not being met. Program analysis is a major component of agency functioning where the collected data will impact the service organization in delivery of services and planning for the future. This coincides with the strategic planning process within an agency to improve service delivery to the children and youth in placement.

Scope of the Study

The study will be an exploratory examination of a few key child and family characteristics of the children and youth in therapeutic foster care in North Dakota. The data that has been gathered to date will be useful in assessing current programming with respect to the individuals receiving services through

PATH of North Dakota. The characteristics being examined primarily focus on the family, due to the belief that family influence plays a significant role in the development of children and youth. The study includes the children and youth in therapeutic foster care in North Dakota from April 1, 1995 through October 1, 1996. There were 146 children and youth whose data was collected and processed through the Odyssey Research Project. There are numerous characteristics of children and youth that could be examined and analyzed. Some of the principal factors incorporated in this study were: age, gender, ethnicity, diagnoses, juvenile court involvement, school problems, family, and treatment resources utilized historically.

One of the beliefs that grew with this grass root's movement was the conviction that the core group of foster parents knew how they wanted to be treated in their capacity as professional foster parents. The policies that were instituted were based on their experiences as foster parents.

PATH of North Dakota is a private, nonprofit treatment foster care agency that was founded in 1972 by a group of foster parents in Minnesota who sought a more personalized approach to serving youth and children in family-based foster care. This grass roots movement was initiated as a result of a group of individual foster parents who cared deeply for children and youth, but they felt that the established bureaucratic system was not meeting the needs of the immediate service providers, or the children and youth. As a result, a private agency was developed and grew. The organization has expanded to provide

therapeutic foster care throughout Minnesota, western Wisconsin, and North Dakota. The organization is governed by a board consisting of foster parents as elected representatives

North Dakota's state administered treatment foster program merged with PATH in January 1, 1994 to its current status as a nonprofit agency and is now referred to as PATH of North Dakota (PATH-ND). Rapid growth occurred from the initial six social workers serving 40 youth and children, to fifteen social workers hired who served between 85 to one hundred youth across the entire state. The demand continues to escalate which in turn creates more opportunities for PATH to implement programming in an attempt to meet the identified need. Family reunification and maintenance is a successful outcome measurement of foster care services. A better understanding of the characteristics and causes of home placements for the youth and children in North Dakota is needed in order to serve this population more effectively. A baseline measure was initiated utilizing the Odyssey research data which began on April 1, 1995. This information will be useful in planning for future practice, program development, policy and administration as a means of maintaining quality care and upholding the highest standards of care for the families served through PATH of North Dakota. The agency is relatively young and has expanded significantly in the last three years after privatizing therapeutic foster care services.

LITERATURE REVIEW

Historical Perspective and Evolution of Treatment Foster Care

The earliest recorded examples of socially accepted child-placing utilized as a means of caring for dependent children can be found in the Old Testament scriptures and in the Talmud. The practice was usually with orphans, who were placed in a selected home which was sanctioned by law and perpetuated into the early Christian Church. Children were boarded with families deemed worthy by the church and stipends were granted which were funded by various congregations. Orphanages were present beginning in the second century, establishing the model which is still in existence today. England began the practice of child placing for profit under an indenture which was an accepted practice in the sixteenth century. This system migrated to the American Colonies and was an accepted practice until 1875. A new practice was instituted which consisted of relocating homeless children to parts of the country that was more accepting of having orphans. A practical benefit resulted from this custom, since the children were usually placed with farmers who were thus provided with inexpensive labor. Service agencies continued this practice and by 1929, 150,000 children had new homes. Beginning in the 1940's, healthy Caucasian infants were placed in adoptive homes. The rest of the homeless children were placed in foster homes or institutions (Costin, 1972).

An awareness of child maltreatment was developing in this country in the late 1960's and early 1970's. Legislation was instituted to define the problem of

child abuse and neglect and provide measures to resolve identified issues. The term "battered child syndrome" was introduced by Dr. Ray Helfer and Dr. C. Henry Kempe to depict the condition of children injured by their parents. Public awareness of child abuse developed which resulted in a major impact on the child welfare system. Each state developed their own child abuse laws, which included mandating certain professionals to report suspected child abuse or neglect (Costin, 1972).

History of Professional Association of Treatment Homes

The concept of PATH was developed by a group of foster parents in the late 1960's in St. Paul, Minnesota. The foster parents were disillusioned with the support they were receiving, the lack of professional training and receiving very little guidance from the licencing agency. The foster families were providing placement services for children and youth with severe emotional and behavioral problems without a true understanding or knowledge base of how to do an effective and therapeutic job. One of the beliefs that grew with this grass roots' movement was the conviction that the core group of foster parents knew how they wanted to be treated in their capacity as professional foster parents. The policies that were instituted were based on their experiences as foster parents with county government. The organization is governed by foster parents who are elected. There is representation on the board from every region served by PATH. The governing board establishes policy and operates primarily on a macro level. Day to day operations is handled by the professional staff,

who are accountable to the board of directors.

CHANGING DEMOGRAPHICS

Societal Changes

Today, children of color comprise 61 percent of all children in placement in 1995 (National Committee to Prevent Child Abuse, 1996), whereas the majority of the foster parents are Caucasian. The majority (51%) of families that terminate services as foster parents do so as a direct result of a problem working with the foster child or youth. The other more significant reasons for wanting out of foster parenting is directly attributable to how much training and support they receive in the course of their duties. Open communication and sharing all of the important facets about a family are key ingredients in determining how well the placement will do, based on the amount and quality of the information that flows in and out of the foster home. The reimbursements for providing care traditionally do not cover all of the expenses associated with providing foster care.

Children of color and the welfare system were studied by Hogen and Sau-Fong (1988). This study documented the historical account of racial bias in the treatment of children of color by social service agencies. The study differentiates separate races consisting of: African American, Native American, European Americans and Hispanic children. The study began by reviewing demographics of children in the welfare system. Forty-two percent of out of home placements were children of color. African American children in foster

care accounted for 79% of their race, 7% in group homes, 6% in residential treatment centers, and the remaining 8% in “other” placements or the information was unknown. Additionally, African American children were in foster care an average of one year longer than European American children (Hogen, 1988). Between 25 and 35% of all Native American children were placed in foster homes, adoptive homes, or institutions where there were very few Native American families who could qualify for foster or adoptive licensure under European American cultural standards (Hogen & Sau-Fong, 1988).

There were 147,000 foster homes in 1985 serving 276,000 children in care. This is compared to 125,000 foster homes in 1995 serving 485,000 youth in care (National Committee to Prevent Child Abuse, 1996). This data implies that placement standards are not being complied with. Current standards require fewer children per foster home necessitating a demand for even more foster homes. Youth are coming into care with more behavioral problems and with mental health issues that are far more demanding than what most care providers are trained to handle.

Increasing Costs

It has been the observation of this author that the cost of raising a child continues to escalate, which is even more apparent for a youth in placement. They are restricted by bureaucratic rules, cost containments, and regulations which change on a regular basis. The biological families appear to have more needs and issues than their child in care. The current treatment strategies are

to provide as much service to the biological family as is provided to the youth in care. The basis for this practice is based on the theory that you can't just "fix the child" and return them back into an environment that was a significant and contributing factor to their placement in care initially (Barbell, 1996). The increase in HIV/AIDS related placements continue to increase at alarming rates placing further demands on the foster care system that is already overburdened.

There was approximately \$14.3 billion spent on foster care in the United States during the fiscal year of 1994. This represents a 13 per cent increase from the previous fiscal year. North Dakota spent \$7,676,000 on foster care during the 1994 fiscal year (ND Department of Human Services, 1995).

Barbell (1996) conducted a survey in an attempt to ascertain the perceptions of foster parents with regard to the utilization of funds for the care of children and youth in out of home placements. The survey was mailed to 450 agencies who were members of the Child Welfare League of America (no public sector agencies). The focus of the study was on the perceptions of the foster care providers toward the delivery of services, job satisfaction (benefits and support), retention, and financial compensation. The preliminary results of the survey indicate that the private sector reimburses foster parents at a slightly higher rate than their counterparts in the public sector. It is believed that the enhanced payments assist with retention of the foster families, but that foster parents generally subsidize the actual costs of caring for a youth regularly (Barbell, 1996).

This author believes that the support system afforded the foster parents has a direct impact on the quality of nurturing and treatment given to the youth in care. For example, a family that was recently licenced as a therapeutic foster home received almost daily contact with their social worker. They were unsure of the agency rules, their role as parents within a foster care setting, what was expected of them from the system as a whole, and what is an appropriate intervention for misbehavior. The PATH philosophy is to provide the foster parents with training to address the multitude of issues that arise when a foster child enters their home. Another significant support to the foster parent is the availability of the PATH social worker to the foster parents 24 hours per day, seven days per week. This availability provides security to the foster parent, and allows them the freedom to seek out information or consultation when a situation demands immediate attention.

Pam Meadowcroft and several colleagues (1994) summarized the empirical literature on treatment foster care and provided suggestions for future research directions. Results from program evaluations and survey research yields data that supports the contention that treatment foster care is an effective alternative to residential treatment or group home placement for a child. However, research has failed to provide rigorous controls regarding the populations served, the critical components of treatment foster care, and the interventions utilized that produce the positive results for the children served. They believe that once effective program components and client interventions

are identified, a theoretical base can develop for effective implementation of treatment foster care services. In their review of current research, the authors found that the intensity of services and treatment interventions may be an important variable in successfully treating seriously troubled youth. Research has not clearly defined and then systematically compared measurable dimensions of treatment intensity, such as the number of hours spent in a therapeutic activity to meet a particular child's needs. Most of the research has been under the broad category of, "Does this service work?" Outcomes can be measured by whether or not the child or youth reenters placement. Another approach is to examine expenditures for placements which are traditionally funded through state and federal budgets. The length of time that a child or youth spends in placement would be another means of analysis. An administrative perspective would examine the utilization of services, compared to the expenditures related to the cost of the placement, which directly impacts the overall cost of the placement. The emphasis is to strive for family reunification in as short a time frame as possible. Future research needs to be more specific and inquire how it works and what makes it effective (Meadowcroft, Thomlinson, & Chamberlain, 1994).

Current research is clearly not definitive as to measuring the practicality of therapeutic foster care, but that is not say that the present model is ineffective. PATH of North Dakota is one of the leading agencies in the United States providing therapeutic foster care. One administrative function is to

analyze and evaluate program effectiveness and efficiency as a means of assuring that the very best care is provided to the children and youth.

THEORETICAL AND CONCEPTUAL FRAMEWORK

Treatment Foster Care: A System and Structural Perspective

The systems perspective makes reference to gaining a better understanding of the forces in the social field, and then utilizing those forces to affect change in behaviors. Personnel interaction, nurturing and therapy are the key components when attempting to make a connection with the client system. Social systems are complex, and there are multiple forces that may be mobilized to cause effect. The goals are to provide a multitude of behavioral choices, so that more adaptive patterns emerge (Minuchin, 1990).

From this perspective, the child and his or her family would be viewed as the system involved in a network involved in interaction, processing and change from a number of sources. In general, efforts are made toward family reunification if feasible, which is determined by the treatment team. The treatment team is composed of representatives from all parties that impact the care and treatment of the youth or child in care. Team members may include the biological parents, case manager, custodian, therapist, school official, psychiatric and psychological representative, and the person in care. There may be other entities involved not listed. The progressive approach is to empower the biological family, developing a meaningful and healthy relationship by incorporating a number of resources within the treatment network (Minuchin, 1990).

There are four general levels of care of out of home placements in North Dakota. The first level and least restrictive is regular foster care which is administered by the 52 county social service offices. These foster homes typically provide service to younger children with fewer problems. The length of stay is relatively short and the children usually return to the parental home.

Therapeutic foster care is provided by PATH as a service to assist parents reestablish parental care and strengthen parent/child relationships, with a 25-year history of service. This service is provided with a high degree of collaboration and teamwork, with all parties represented and having an equal status. Assessments are conducted on the foster child or youth to determine their treatment needs which are reevaluated once every three months. Length of stay averages from 6 to 12 months, with an emphasis on family reunification occurring as soon as possible. The program is community based with a strong emphasis on family ties and reunification. Training and support of the foster parents is critical to assure that foster parents are skilled and attentive.

Group home care is more restrictive with the facility staffed 24 hours per day. Cost for daily care is generally higher than foster care. Treatment services may be provided by staff or community providers may be utilized. Length of stay is usually longer than foster care, with a 12 to 18 month average. Residential care is the last category. Facilities are usually locked, staffed 24 hours per day and follow a medical model for treatment. Length of stay is similar to group care,

although transitioning out of care usually takes place utilizing a less restrictive environment. Cost is considerably higher than foster care, and the facility may not be in close proximity to the family's residence.

Systems Perspective

This viewpoint as described by Pincus and Minahan (1973) stresses that it was developed specifically for social work practice. It attempts to avoid placing emphasis only on the individual, but on all systems to which a person has a connection. It is believed that strengthening these connections will produce a positive change (Devore, 1991).

The systems perspective focuses on the relationship of resources, the environment and the effects on the individual, recognizing their strengths as well as their problems (Pincus, 1973). It lends itself well to the emphasis of ethnic minorities and their assertion of a unique position in society. While minority groups are used in examples of systems theory implementation in the literature, there are no direct strategies for a specific minority group (Pincus, 1973; Devore, 1991).

Structural Perspective

Structural family concept examines how inequities are built into the social structure, and what social provisions may or may not be available to families. This impacts the role of a family and the difficulties they may experience in society (Devore, 1991; Kahn, 1965; Titmuss, 1968). Siporin (1977) stressed that social institutions play a major role in generating problems and stresses. The

individual and family needs and experiences are important as they are factors which influence the intervention process.

Hartman and Laird (1983) describe structural family approach in the context of family boundaries which must be permeable to allow interaction with society and the environment. A balance needs to be developed between separateness and connectiveness. These concepts apply to the individual within the family, as well as the family interacting with society. The origin of the family plays a significant role in defining the family, their structure and provides some predictability for future behaviors.

This concept stresses working and dealing with the individual and family in their reality. One problem with this approach is that it does not specify alternate modes of intervention based on ethnicity, which makes up 20% of the children and youth in placement in PATH of North Dakota. The population of North Dakota is 641,000 which includes an approximate 5% Native American census (United States Bureau of Census, 1996). There are a disproportionate number of children from minority populations in the child welfare system. These children tend to remain in the system longer than children from majority populations. PATH strives to be a culturally competent agency, with a philosophy that reflects a comprehensive understanding of the dynamics of ethnic and cultural differences and that provides a framework for eliminating bias in services intervention. They also strive to use concepts of culture in a manner that empowers the individual and enhances family values.

RESEARCH QUESTIONS

Advocates of out of home placements traditionally claim that their programs serve the most troubled youth. There is a generalized belief that the youth and children served by the varied factions have similar problems and come from troubled families with similar characteristics. Several questions present themselves when focusing on families and their children who are placed in out of home treatment foster care homes. Three questions are the basis of this research project:

1. What are the race and gender of the children and youth as they enter out of home care in therapeutic foster care?
2. What risk and protective factors characterize children and youth as they enter out of home care in therapeutic foster care?
3. What are the specific types of placements for children and youth prior to entering therapeutic foster care with PATH of North Dakota?

There are an unlimited number of research questions that could be studied, with the major constraints consisting of funding the research, and the time needed to address all of the issues that exist. The questions listed above were chosen because of the potential practical application that exists in the current functioning of the agency. The issues identified are significant and somewhat generic in nature in this field of practice, allowing some possible generalizability. The data was relatively accessible due to the established relationship between PATH of North Dakota and the Odyssey Research Project.

Finding an answer to these questions may assist program development staff in an analysis of the agency, with the goal of fine tuning programming to better serve the client system. The analysis may also assist in determining if the Mission Statement at PATH is being adhered to regarding its service to children, youth and their families.

METHODOLOGY

Treatment foster care has evolved to a service that provides care for the child or youth in placement and their family, working in collaboration with community resources in an attempt to provide successful intervention with their emotional disability. The primary client is difficult to identify due to the collaborative nature of the treatment process. Emphasis is placed with the child or youth in placement, but the family is a fundamental component in the equation, as well as the custodian and the providers of therapies.

Definition of Terms

Treatment teams are composed of individuals from the family, judicial, educational, medical, human services, and therapeutic arenas, that gather minimally once every three months for the purpose of developing and reviewing service plans. For the purpose of this study, out of home placement refers to a child or youth who have been removed from the custody of their legal parent or guardian, and placed in a state licenced or regulated home or institution. The term youth in this study refers to any individual between the ages of three to eighteen, without differentiation to race. They are residents or legal aliens of the United States.

Therapeutic foster care in North Dakota is provided by licensed, highly trained foster parents, in a community-based setting. The homes are closely supervised and they work with a multi-disciplinary treatment team (Foster Family-Based Treatment Association, 1995). This service is utilized as a less

intrusive treatment option (Duerr-Berrick, 1993). Youth who exhibit high risk behaviors, have severe mental illness, or were involved in numerous delinquent activities can be placed in therapeutic foster care. Treatment will be intense, utilizing a multi-disciplinary approach consisting of educational, psychiatric, psychological, recreational, occupational, counseling, and other therapies within the agency in conjunction with community resources (United States General Accounting Office, 1994).

Population Sample

The population used in this study were individuals between the ages of three through eighteen, noting but not excluding anyone with regard to gender, race, treatment outcome status, family structure, and involvement with a juvenile court system, or geographic area. Utilization of predetermined instruments are administered on an established timetable. The data utilized in this study was collected from April 1, 1995 through October 1, 1996. Approval from the Institutional Review Board of Augsburg College was gained prior to initiating the research project.

PATH is the primary agency in North Dakota providing therapeutic foster care to children and youth. Clients of PATH voluntarily participated with the research project. Clientele voluntarily agree to participate in the Odyssey Research Project which has to be supported by their custodian or parent. There are not any rewards, inducements, or any other determinant utilized for participation in the study. Approximately 83% of the children and youth at PATH

were involved in the study. There were 146 out of a potential 175 children and youth from North Dakota in out of home placements during the prescribed time period who participated in the Odyssey study. This is the first study of demographic data of the children and youth served by PATH of North Dakota, which will serve as a baseline for research conducted in the future.

Sampling Method

All to the children and youth enrolled in the Odyssey Research Project during the allotted time were used in this descriptive study. There was a total of 175 individuals eligible for this study during the eighteen-month period. Not all of the assessments were submitted by their respective social worker and were not included in the final data analysis.

Client information submitted to the Odyssey Project does not have any identifying data which assures client anonymity. There are approximately 110 children in placement on any given day who are assessed and monitored by the Odyssey Project of Washington, D.C. from data submitted by PATH. PATH is one of the agencies in the Consortium that subscribe to this research organization that contribute data on their clientele, utilizing predetermined instruments administered on an established timetable. The consortium consists of 37 nonprofit agencies who are sanctioned by governmental agencies, but they are not part of the "public sector" serving the identified population. The foster children are located throughout the state of North Dakota serviced by PATH offices in Williston, Minot, Devils Lake, Grand Forks, Fargo, Jamestown,

Bismarck and Dickenson. Clients of each respective agency voluntarily participate in this program.

Data Collection Instrument

All study subjects have completed the Child and Family Characteristics Demographic Information form developed by the Odyssey Project. It is a 27-page document containing 59 questions pertaining to the foster child or youth, their family of origin, and intelligence testing which is done as an adjunct to this instrument. The specific information for this study will be drawn from this instrument, as outlined in the research questions stated previously.

Development and pretesting of this research document were conducted by the Odyssey Research Project prior to implementation. This document is utilized by the 37 members' consortiums of the Odyssey Research Project.

Data Collection Procedure

Permission has been gained from PATH to conduct the stated research. The tabulated information was obtained from the Odyssey Research Project Consortium of Washington, D.C. through the Research and Evaluation Department. The Child and Family Characteristics assessment tool has already been administered to the child and youth residing in therapeutic foster homes between the specified dates. Reference to this document is possible through the Appendix. Validity is difficult to establish due to the number of individuals involved in the data collection process. Data from approximately 6% of the study population was unavailable, as it had not been received by the Odyssey

Research Project. The assessment tool takes 90 to 120 minutes to complete, which is done by one of fourteen PATH social workers for each participating child and youth. The document is mailed to the Fargo PATH office where it is proofed by the Research Coordinator and bundled together with other Odyssey forms. The materials are mailed directly to Washington, D.C. where the data are computerized. The documents are forwarded back to the PATH Research Coordinator, and redistributed to the appropriate social worker.

Protection of Human Subjects

The foster children participate voluntarily in the research study signing a consent form in conjunction with written consent signed by their legal custodian and/or parent allowing their participation. The material and data that are collected are coded, with only one administrator within the agency having access to the coding identification master sheet. All documents use a numerical code given to the subject which maintains client anonymity. Anonymity is maintained throughout the research study. The research proposal was sent to an institutional review board for review as another means of preventing any harm or violation of individual rights of the participants of the study.

Data Analysis

The variables being examined in this study will consist of the following Information on the children and youth in out of home care: gender, age, race, diagnosis, previous out of home placements, adjudication, and their level of functioning in an educational setting.

Comparisons will be made for each variable addressed in the research questions. Services were contracted through D. H. Research of Fargo, ND to tabulate the frequencies of responses. The process of univariate analysis was used to examine the distribution of responses for one variable at a time to provide a description of the characteristics of the population (Rubin & Babbie, 1993). Differences were examined between the characteristics of the youth and children by PATH of North Dakota.

FINDINGS

Demographics

The results of the tabulation of the children and youth show that there were slightly more males being served by PATH of North Dakota during the period of study. As reflected in Figure 1, there were 56% (82) males participating in the Odyssey Research Project compared to 44% (64) females during the same time period.

FIGURE 1

Gender

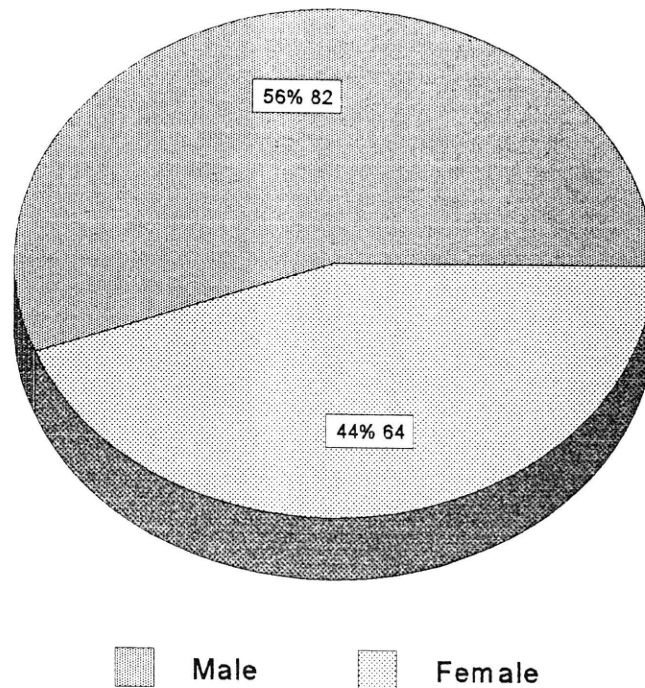


Figure 1 Gender (N=146). Reference to question 4.

The ethnic background of the population served by PATH is composed of five groups, with the highest number of participants being Caucasian with 65.1% (95). The next largest group was Native American consisting of 23.3% (34) of the population in this study. Latinos had 1.4% (2) and African Americans composed 0.7% (1) of the population. The remainder 9.6% (14) were an assortment of different races, and was categorized as other or unknown.

FIGURE 2

Child's Ethnicity

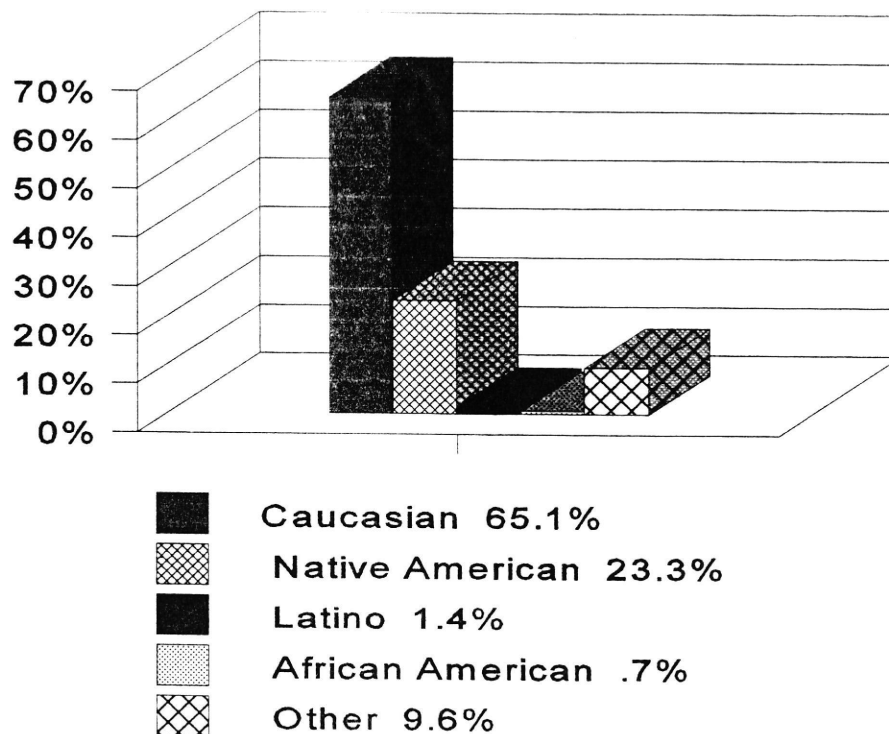


Figure 2 Child's Ethnicity (N=146). Reference to question 5.

The children and youth ages range from birth through age 18. The first group is birth to 6 years old, and 6% (9) of the children are in this section. The second category was from age 7 through age 12, with 21% (30) of the children in this division. The last age range was from 13 through 18, with 72% (105) of the youth in this field. There were 1% (2) of the reports in this category that were missing or unknown. The Mean age was 14.1696, Median age was 15.3333 with a standard deviation of 3.3649.

Figure 3

Age Groups

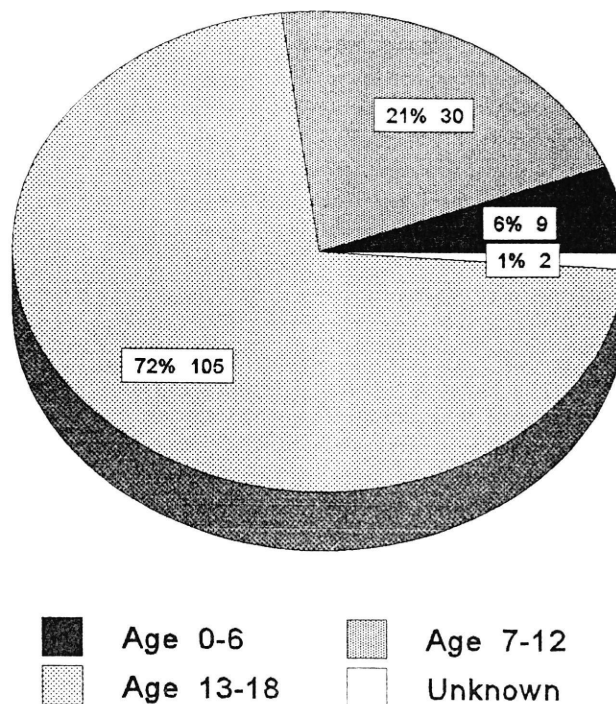


Figure 3 Age Groups (N=146). Reference to question 7.

Adjudication

There were 18% (27 children and youth) who adjudicated as deprived in the juvenile court system and 18% (26 children and youth) had not been adjudicated. Twelve percent (18 children and youth) were in the unknown category which implies that the social worker did not know if their client had been adjudicated or the information had not been collected.

Figure 4

Adjudication Status

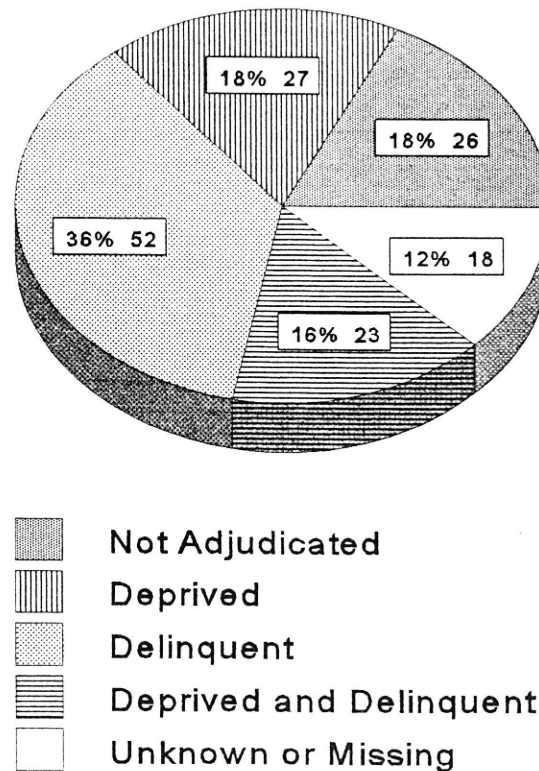


Figure 4 Adjudication Status (N=146). Reference to question 41.

Criminal behavior against another person had 20% (30 children and youth) with valid responses, 75% (109 children and youth) who were not adjudicated for this crime, and 5% (7 children and youth) who were in the unknown category.

Figure 5

Crime Against Person

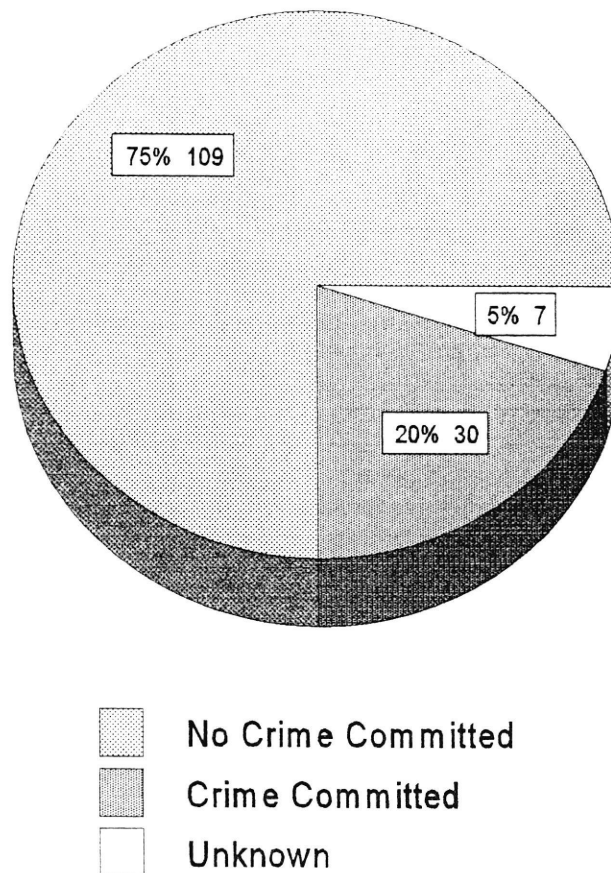


Figure 5 Crimes Against Person (N=146). Reference to question 52.

Only 8% (12 children and youth) were reported to have committed a drug related crime, with 87% (127 children and youth) were not prosecuted for this behavior. Five percent (7 children and youth) of the responses were unknown.

Figure 6

Drug Related Crime

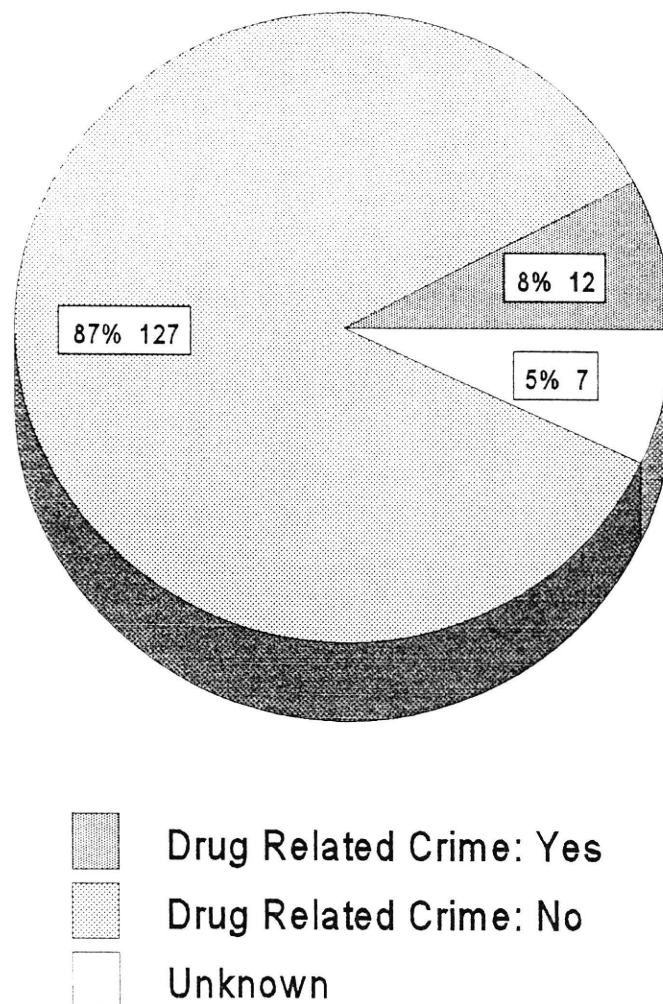


Figure 6 Drug Related Crime (N=146). Reference to question 52.

Involvement with gangs resulted in 11% (16 children and youth) indicating that they had some sort of interaction. The majority consisting of 85% (124 children and youth) stated that they did not have any gang involvement. There were 4% (6 children and youth) who were in the unknown response category.

Figure 7

Gang Involvement

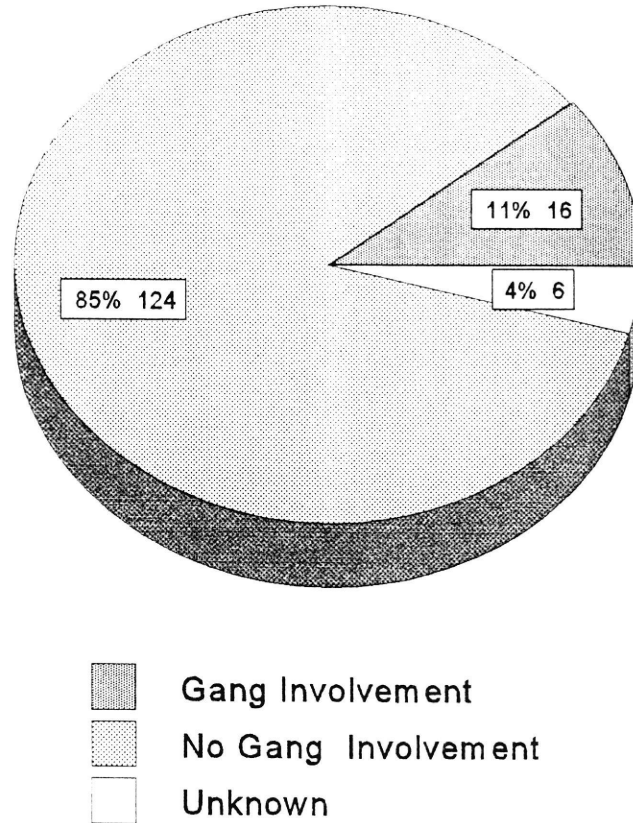


Figure 7 Gang Involvement (N=146). Reference to question 52.

Emotional Behaviors

All of the clients who are in placement in a therapeutic foster home in PATH of North Dakota have a psychiatric diagnosis, which is one of the admission criteria. Suicidal ideation was an issue for 24% (35 children and youth) of the clientele at PATH. There were 72% (105) of the children and youth who stated that they did not have any suicidal ideations. Four percent (6 children and youth) were in the unknown response category.

Figure 8

Suicidal Ideation

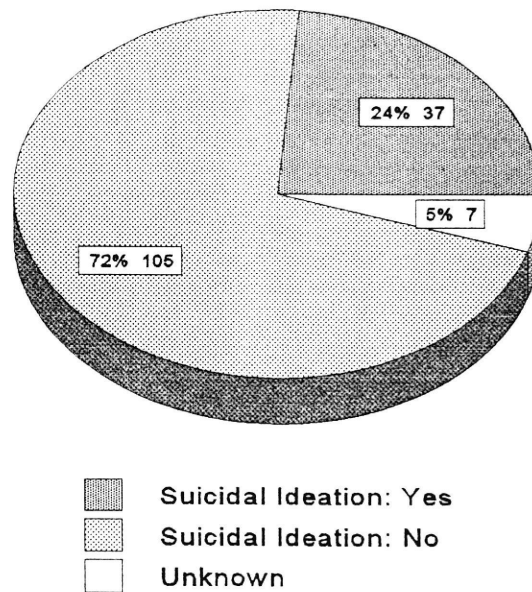


Figure 8 Suicidal Ideation (N=146). Reference to question 52.

There were 25% (37 children and youth) who indicated that they had this dependent problem prior to entering placement, with 70% indicating that it was not a problem in their life, and there were 5% (7 children and youth) who were in the unknown response category.

Figure 9

Alcohol and Chemical Dependency

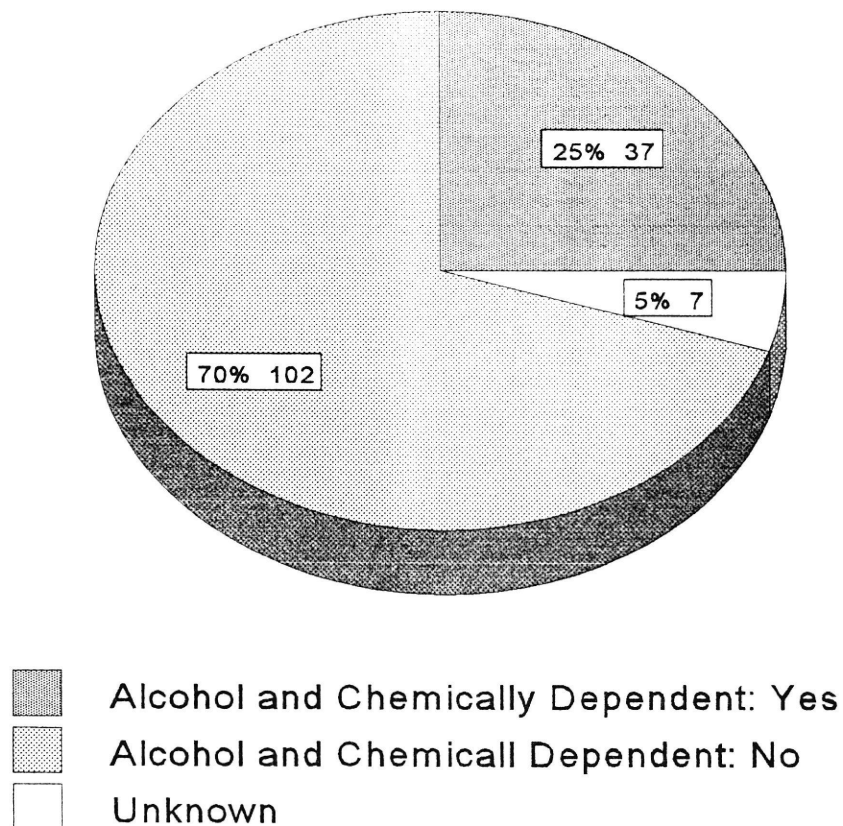


Figure 9 Alcohol and Chemical Dependency (N=146). Reference to question 52.

Individuals with eating disorders acknowledged this problem while clients residing in foster care. There were 12% (17 children and youth) stating that they have experienced this disorder. The majority (83%) of foster children and youth (122) reported that this issue was not a problem in their lives. There were 5% (7 children and youth) that were in the unknown response category.

Figure 10

Eating Disorder

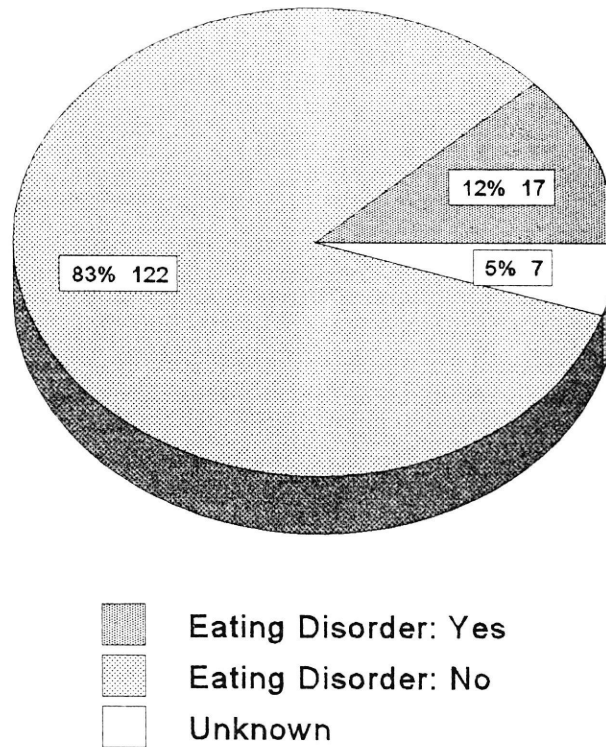


Figure 10 Eating Disorder (N=146). Reference to question 52.

School Issues

The generalized question inquiring about whether or not the child or youth has had school problems was asked. An overwhelming number (82%) of responses indicated that problems did occur at school. Thirteen percent (19 children and youth) respondents indicated that there were not any problems while they were at school, and there were 5% (8 children and youth) who were in the unknown category.

Figure 11

School Problems

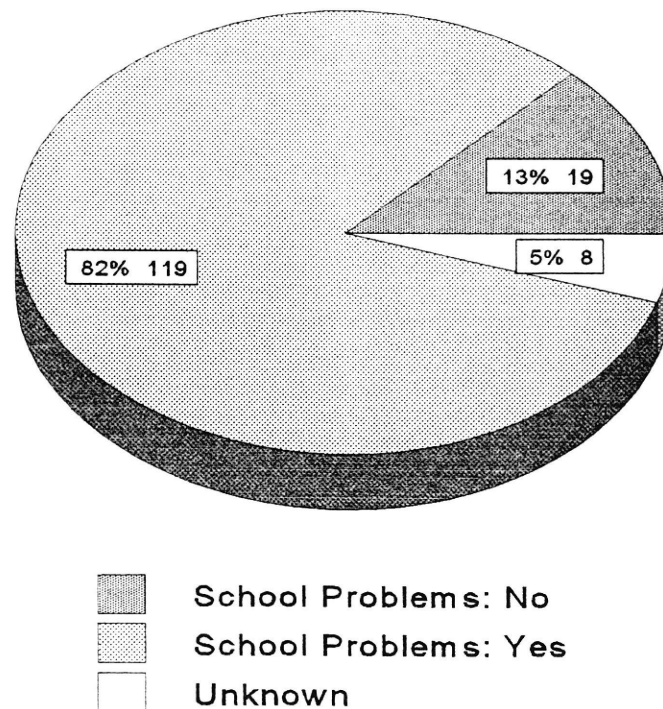


Figure 11 School Problems (N=146). Reference to question 54.

The next item examined was if the PATH client was in special education placement. Forty-two percent (61 children and youth) stated that they were in this program while at PATH. Fifty-four percent (79 children and youth) indicated that they were not utilizing this service, and there were 4% (6 children and youth) who were in the unknown category.

Figure 12

Special Education Services

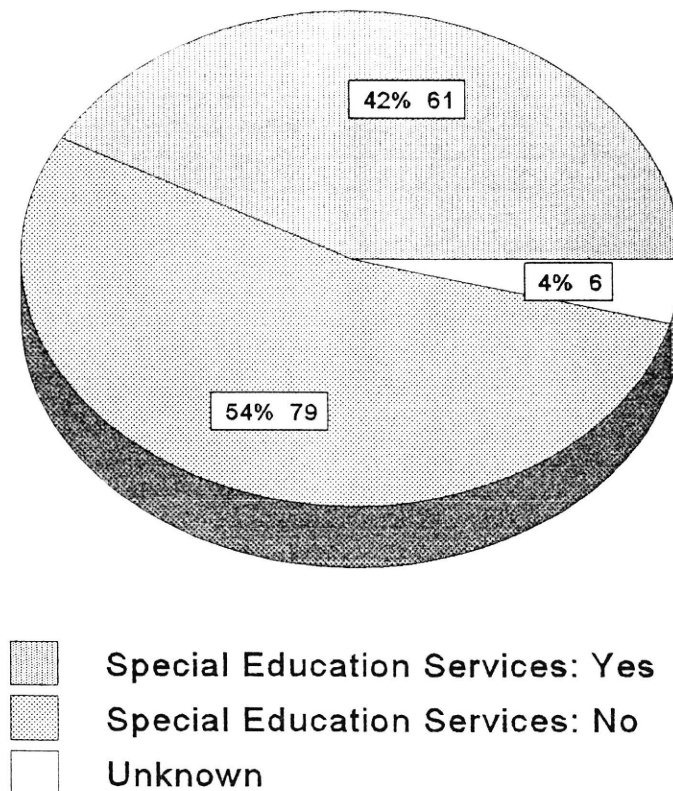


Figure 12 Special Education Services (N=146). Reference to question 53.

Children and youth who experience a number of problems in the school system may be retained in a grade level to assist them with the learning process. There were 20% (29 children and youth) of the PATH clients who were repeated a grade level. Seventy-four percent (108 children and youth) of the respondents stated that they were not retained in any grade level. There were 6% (9 children and youth) of the study population that were in the unknown category.

Figure 13

Grade Retention

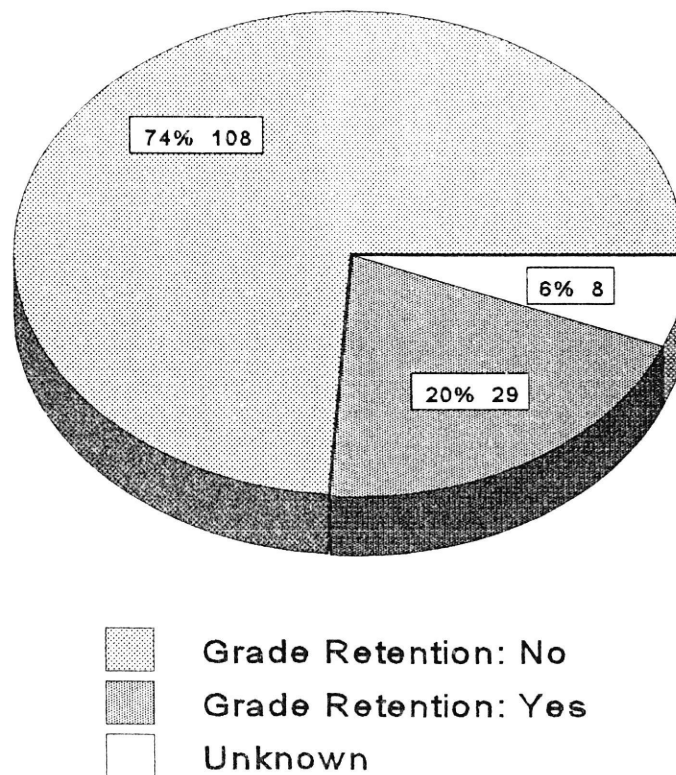


Figure 13 Grade Retention (N=146). Reference to question 54.

Individuals whose behavior is not acceptable within a school can eventually be expelled from school. Ten percent (14) of the children and youth stated they had been expelled from their school, whereas, 84% (123 children and youth) of the population indicated that they were not expelled from their school. Six percent (8) of the group were unknown.

Figure 14

School Expulsion

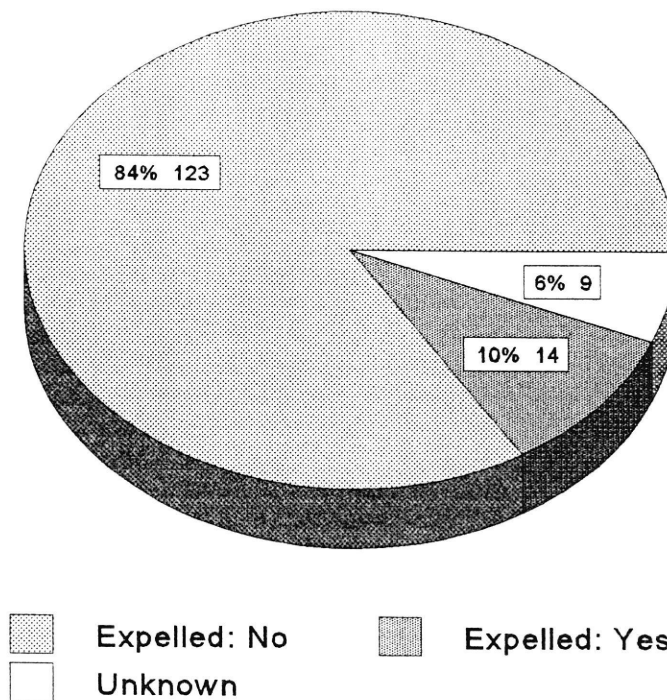


Figure 14 School Expulsion (N=146). Reference to question 54.

Data was obtained from the research population regarding school suspensions on more than one occasion. Seventy-five percent (110) of the respondents stated they have not experienced multiple suspensions. Twenty percent (28) of the youth and children indicated that they have been suspended multiple times. The remaining 5% (8 children and youth) had unknown outcomes for this category.

Figure 15

Multiple School Suspensions

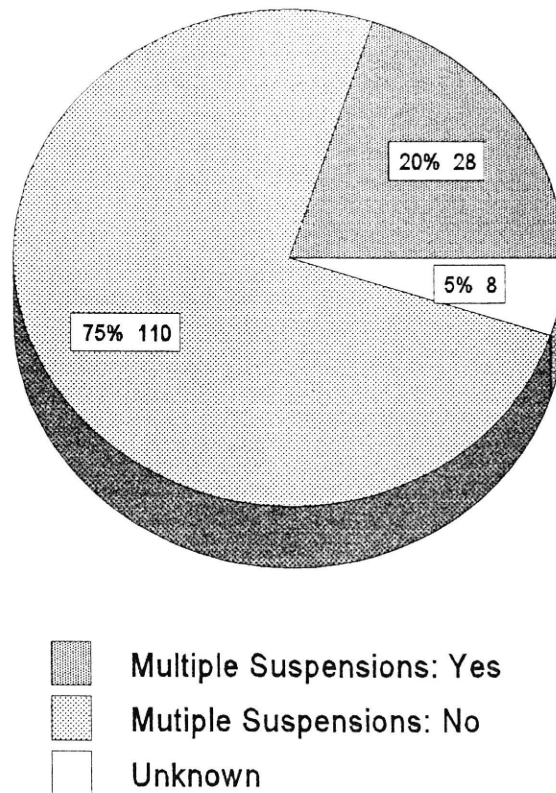


Figure 15 Multiple School Suspensions (N=146). Reference to question 54.

Children and youth were questioned about whether or not they were truant from school. Forty-three percent (63) of the population in this study stated they were truant (defined as an unexcused absence) from school. Fifty-two percent (75) of the children and youth stated that they were not truant. The implications of this category on the remaining 5% (8) of the children and youth are unknown

Figure 16

School Truancy

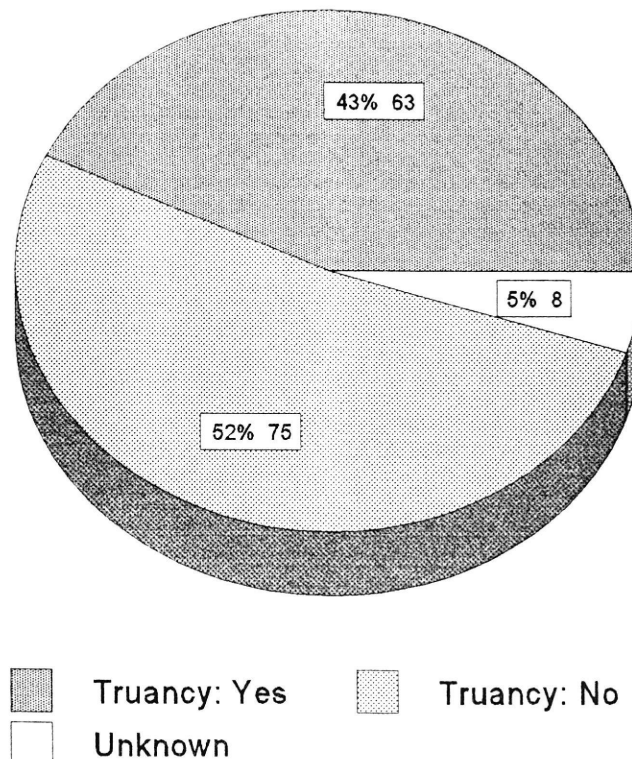


Figure 16 School Truancy (N=146). Reference to question 54.

Family

The data obtained for this section reflects on the parent and child relationship. Children and youth who were abandoned accounted for 25% (36) of the population in this study. Sixty-nine percent (101 children and youth) were not abandoned by their parent. The results of the remaining 6% (9 children and youth) are unknown.

Figure 17

Abandonment

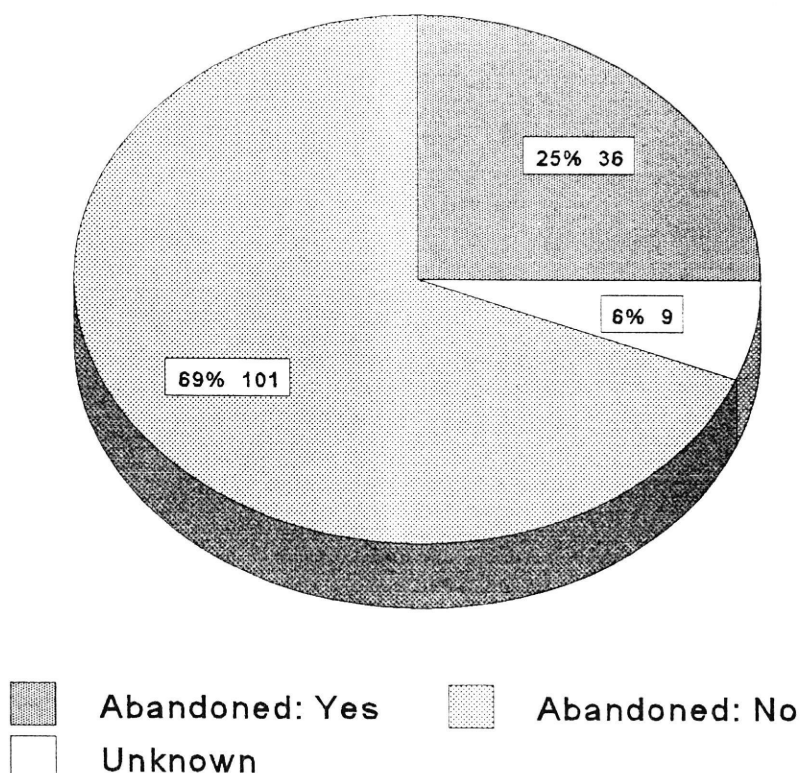


Figure 17 Abandonment (N=146). Reference to question 57.

The children and youth in this study reported to have been sexually abused in 38% (56) of the study population. There were 56% (81 children and youth) who reported that they were not victims of sexual abuse. Six percent (9 children and youth) were in the unknown category.

Figure 18

Sexually Abused

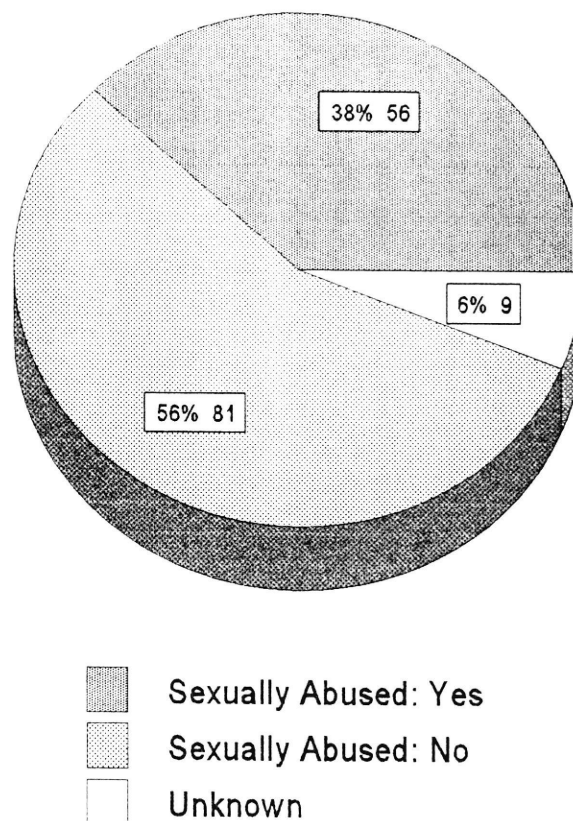


Figure 18 Sexually Abused (N=146). Reference to question 57.

Physical abuse of a child is another child characteristic for which data was collected in this study. Forty-six percent (67 children and youth) reported being physically abused. There were 48% (81 children and youth) who reported that they were not physically abused. Six percent (9 children and youth) were in the unknown category.

Figure 19

Physically Abused

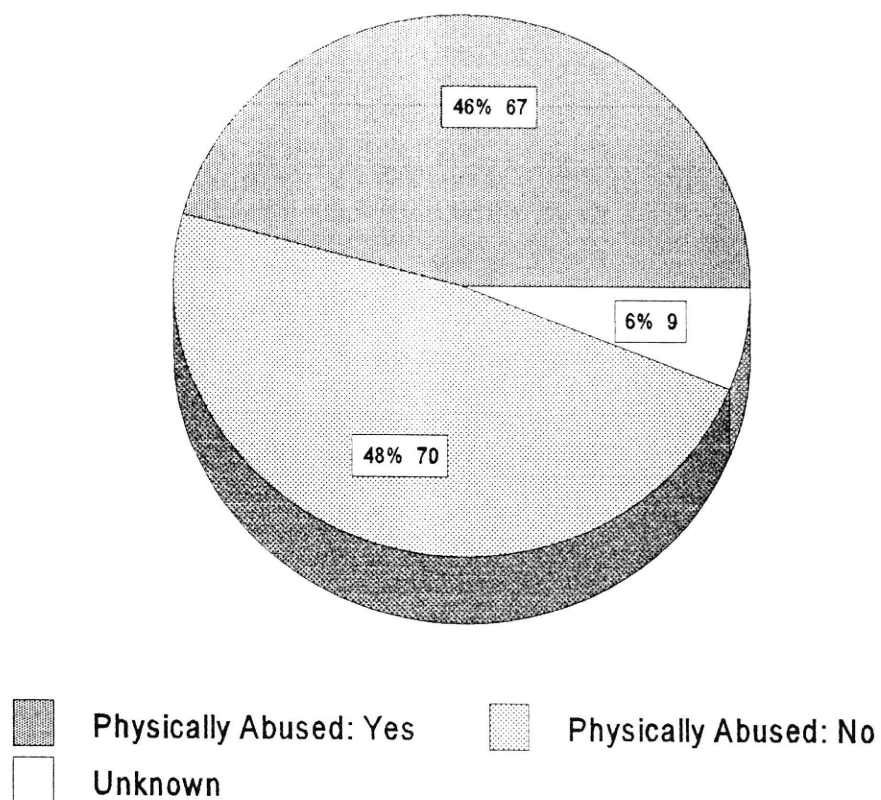


Figure 19 Physically Abused (N=146). Reference to question 57.

Children and youth were neglected in 51% (75) of the study population. There were 42% (61) of the children and youth who not neglected. The remaining 7% (10 children and youth) were in the unknown category.

Figure 20

Neglected Child

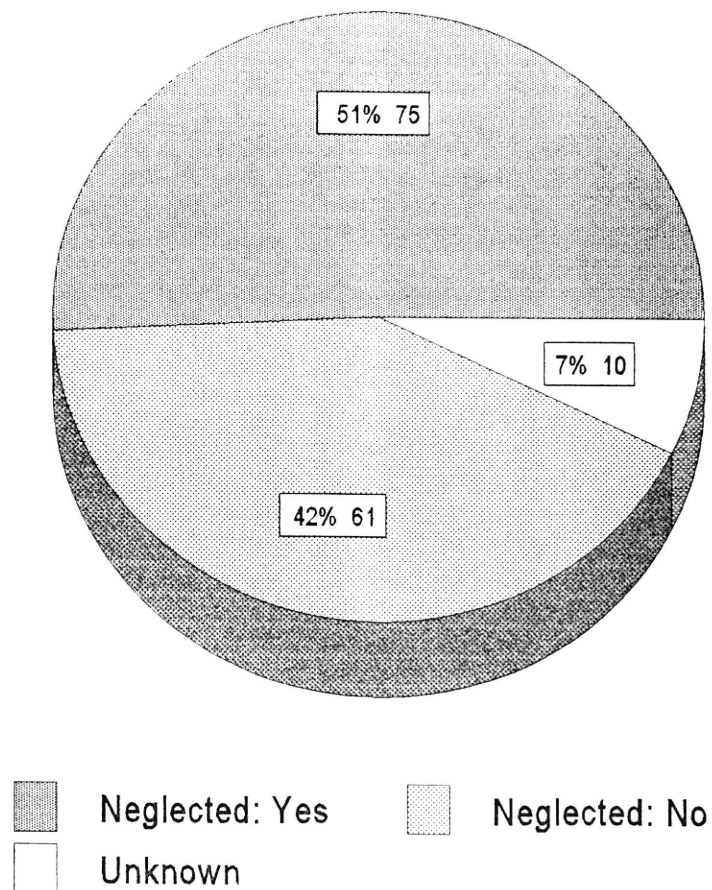


Figure 20 Neglected Child (N=146). Reference to question 57.

Previous Living Environments

The children and youth of this study entered therapeutic foster care from numerous living environments. The data was condensed into four major groups along with the unknown category. Children and youth coming from their home reflects 18% (27) of the group. Children and youth coming from regular foster care represents 32% (46) of this population. Children and youth leaving group care and entering PATH represented 6% (9). There were 36% (52) of the study population who arrived from residential care. There were 8% (12) who were in the unknown group.

Figure 21

Previous Living Environment

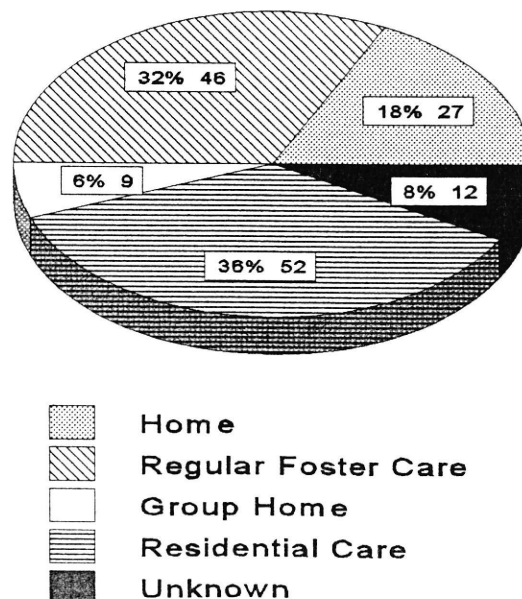


Figure 21 Previous Living Environment (N=146). Reference to question 51.

DISCUSSION

The results of this study indicate that there are multiple issues confronting the children and youth in placements. This author has been working with families for over twenty years in the child welfare system and the data confirms the contention that school problems, emotional and behavioral patterns, family disruptions and psychiatric disorders are more severe and happening at an earlier age. The treatment needs of PATH's clientele are demanding which impacts the quality of care needed as provided by therapeutic foster parents.

The data confirmed a belief of this author that the clients of PATH have similar problems as their counter parts in other institutions. In the process of analyzing the wealth of information compiled, it is apparent that additional research is needed to understand the complexities associated with serving families.

Relevance to Research Questions

Therapeutic foster care as provided by PATH of North Dakota provides a service to children and youth who exhibit a number of behavioral and emotional issues. The majority (65%) of the clientele were Caucasian, although a fair number (25%) of the children and youth were children of color. This has a bearing on the recruitment of new foster parents with regard to diversifying a mix of cultural heritage in the development of a reservoir of foster homes. This also implies that the current foster homes need to be culturally sensitive and racially unbiased.

The findings show that more of the clientele were male (56%) than female (44%). Implications of this information can impact recruitment, with the need for more male role models for the children and youth entering therapeutic foster care. Single individuals are encouraged to be foster parents if they have the desire and fortitude to accept the responsibility. Policy dictates that same sex matches are made when placements are made with a single parent, which would mean that there is a need for more male foster parents.

The data indicates that there is a greater percentage of youth in the older population bracket (13-18). PATH policy indicates that services are available to all minors (0-18). The second largest age group ranged in age from 7 through 12 and accounted for 21% of the clientele in placement.

All of the clientele in PATH in this study have been to Juvenile Court and have a legal custodian. A relatively large percentage (72) of children and youth in therapeutic foster care in North Dakota have been adjudicated during the study time frame. These individuals are either delinquent, deprived or both. The children and youth processed through the juvenile court system reported being involved in crimes against people (20%) and gang involvement (11%). It is the belief of this author that antisocial behaviors are happening at an earlier age and the offenders are not facing consequences that inhibit further inappropriate activities. The attitude of the offender toward their criminal behavior shows little remorse or understanding of their actions. Conducting a bi-variant analysis of the data would provide an opportunity for cross-referencing

age to behavior.

Some of the major psychological issues that are being addressed with this population are suicidal ideation (24%), alcohol and chemical dependency (25%), and eating disorders (12%). All of the children entering therapeutic foster care in North Dakota have a psychiatric diagnosis. This area was not examined and could be a field for future analysis. The children and youth entering PATH usually have significant issues to address, in addition to the work with the family when reunification is warranted. It is necessary to collaborate with other professionals in the community in order to confront the identified issues and disorders.

PATH as an organization values education and views it as one of the core treatment components. It has a policy that mandates their clientele attend school on a regular basis in order to remain in therapeutic foster care. There are a few exceptions to this policy, such as hospitalization or incarceration. Children and youth entering a PATH foster home usually (82%) bring a history of school problems. There are 42% of the children and youth receiving special education services. Twenty percent of the children and youth report repeating a grade. Another issue facing this group is their inability to maintain continual attendance. There were 10% of the study population reporting being expelled from school. More significantly, 75% of the respondents stated that they were not involved in multiple school suspensions. Nearly half (43%) of the children and youth were truant from school.

The data pertaining to school issues and problems suggests that there is a major portion of service recipient that are experiencing some sort of deficit in the field of education. Foster parents need to be aware of this matter, and have a solid working relationship with their school system in order to challenge this deficiency. It also recommended that the foster parent take the time necessary to assist the foster child or youth with their assignments, and either provide additional tutoring or secure this service for the client.

Families of the children and youth in PATH therapeutic foster homes periodically mistreat their offspring. This can happen by abandonment, which happened to 25% of the study population. It can also take the form of sexual abuse, which 38% of the children and youth indicated they experienced. Forty-six percent of the children and youth stated that they were physically abused. The abuse and neglect endured by the individuals in placement. The foster need sensitivity training to better understand this phenomenon, and to give them tools to assist the children and youth make the transition from victims to survivors. It is believed that the foster children do not reveal all of the secrets of their past, which makes it difficult to predict behaviors and provide the appropriate treatments. Foster parents have a tremendous opportunity to positively influence the lives of the children and youth that they provide services. It is the responsibility of the agency to assess the needs of the clientele, as defined as the children and youth, their families, and the foster parents. The agency should evaluate, develop, and improve the programming

necessary to meet the needs of these client systems.

The children and youth arrive at PATH from a variety of resources. The two largest sources are regular foster care (32%) and residential care (36%). This implies that the client is in need of more intensive therapeutic services, or is in the process of working toward an environment that is less restrictive. It is suspected that these trends will continue, especially with the legislative mandate to utilize the least restrictive, most cost effective, and quickest mode of treatment for children and youth in placements. There are a number of other factors that influence this industry. The most significant and influential factor that shapes and controls programming is funding. The managed care syndrome will impact this industry, although it is not known at this time as to what predictions can be made.

Relevance to Social Work Practice

Children, youth and their families need to understand and appreciate the value of the family and all that it can offer. PATH of North Dakota and their social workers continues to have a responsibility to serve individuals and their families, striving toward family reunification utilizing a continuum of services and collaborative effort within a community-based program. It is a level of reconnection and rejoining of family members. However, the structure and composition of the family is defined.

Social workers have a professional responsibility and mandate to examine the faults and deficits that exist in the child welfare field. This

philosophy not only applies to social workers, but to the agencies where they ply their trade. Ongoing assessment is needed as a tool to assure that the highest quality of services are expended in behalf of the client. PATH of North Dakota has a mission statement that addresses this concern. It is the responsibility of every social worker to assess their level of performance and strive for improvement. An examination of values, beliefs, attitudes, and knowledge base should be done periodically, although an unanswered question remains as to whose responsibility it is to assure that this assessment occurs: the individual social worker, or the administrative body governing the social worker's practice? None the less, training to improve a social worker's sensitivity to cultural differences, diversity and attitudes is an important topic that needs ongoing attention.

Several issues are raised as a result of this research. The possibility exists that additional placements may not be needed, but a stronger educational system approach addressing the issues examined in this study (truancy, suspensions, special education programs, and grade retention). Specific recruitment of social workers of color is another area that could be examined.

Implications for Further Research

The research study represents the beginning of the data analysis pertaining to the clientele served by PATH of North Dakota. The current study will provide a baseline for future studies. These studies may examine the assorted variables in more depth, such as cross referencing the differences

between gender and some of the other chosen categories. A further breakdown of the age brackets within each of the topics would be another method of conducting more in depth research. Data could be obtained from foster parents as to their impressions of service delivery, the matches made between foster child and foster home as with minority placements, implementation of current programs, and an analysis of the strategic planning done by PATH administration with regard to implementation, process of development, and the politics associated with this condition. These are only a few of the multitude of possibilities for additional research studies. Time and money would be the major barriers to what studies could be undertaken.

PATH of North Dakota is participating in a longitudinal study in conjunction with the Child Welfare League of America and the Odyssey Research Project. This study will look at outcomes of different levels of care (therapeutic foster care, group care, and residential care), relative to the identified problems and behaviors of the children and youth and their families.

LIMITATIONS OF THE STUDY

The design of the study is secondary analysis, utilizing existing data. There are not any means of assuring that established standards of research were adhered to during the compilation of information. There are a number of individuals involved in the collection and storage of data until it is processed by the Odyssey Research Project. Client confidentiality could be compromised due to the number of social workers and support staff involved in the processing of client data. The personal interviews conducted for the data collection were done by fourteen social workers for this study, making it virtually impossible to confirm or deny the findings, or to account for uniformity in the interview process. The interviewer is not trained in uniform interview techniques, nor are they provided with definitive descriptions of the terminology utilized in the measurement device. The measurement device does not operationally define the variables.

This study is only examining children and youth who reside in therapeutic foster care in the state of North Dakota. The data collected was not compiled in a random basis. There is not a way to determine if any of the study populations are residents from another state who may be temporally residing in a therapeutic foster home in North Dakota. The study is time limited to the stated eighteen month time frame. The results are not generalizable due to the data originating from a population contained within one private nonprofit agency. The data may not be representative of PATH since it services children and youth in three states. This agency is not representative of all agencies providing therapeutic

foster care in the United States, either in the public or private sector. There were no control groups utilized in this study. Personnel bias is another point that may adversely influence the outcome of this study. The data used in this study is gathered from the children and youth in therapeutic foster care and is based on their honesty in responding to the questions.

Different techniques of data analysis could have been implemented, such as a bi-variant method. A comparison of age to gender, or these two variables compared to the frequency of chemical dependency would be an example of further comparison.

The influence of Managed Care is unknown at this time. It is expected that PATH of North Dakota will be impacted somehow, such as dictating limitations on length of stay for the children and youth in placement. It may also regulate what treatment services are available to the clients of PATH of North Dakota.

CONCLUSIONS

An organization faces numerous obstacles in the performance of their mission. A critical factor in the daily operation of a human service agency is to know the client system and to be able to identify the needs of those individuals and families. One way of accomplishing this goal is to examine some of the characteristics of the clients served as a means of understanding their service needs. Utilization of the data collection process through the Odyssey Research Project has allowed PATH of North Dakota to compile some baseline information, which will be useful in program planning, budget development and deployment, recruitment of foster families, training new and seasoned foster parents, and program evaluation.

PATH of North Dakota is a family based, community centered treatment foster care organization serving children and youth and their respective primary families. The purpose of conducting this exploratory study was to gain a better understanding of the clientele served by PATH of North Dakota and to establish a baseline for reference for future research. Additional benefits resulting from this study is gaining a more lucid perspective of the children and youth served, which will benefit the administration and foster parents. The data collected substantiates the claim that the children and youth served by PATH of North Dakota have multiple issues upon entering placements. The organization has to be responsive to the identified needs of the clientele and their primary families.

Education of staff and foster parents is essential to assist them in doing a

difficult job on topics such as protocol, cultural sensitivity and diversity, child development stages, intervention strategies to treat and cope with mental illness, and stressing the importance of teamwork. Treatment foster care is a therapeutic and more humane approach to children and youth who have emotional and behavioral problems. It is an approach that provides the nurturing environment of a home and family, which is less restrictive than institutional care. The data reflects that the children and youth served in these placements have some similar characteristics of the clientele who receive higher levels of care.

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Professional Association of Treatment Homes - North Dakota

Administrative Office

825 28th St. SW
Suite E
Fargo, ND 58103
(701)280-9545
FAX (701)280-9520
1-800-376-6608

Branch Offices

2718 Gateway Ave.
Suite 101
Bismarck, ND 58501
(701)224-9611
FAX (701)224-9747
1-800-766-9279

501 3rd St.
Devils Lake, ND 58301
(701)662-4913
FAX (701)662-4963
1-800-766-9389

T-Rex Plaza
1173 3rd Ave. W
Dickinson, ND 58601
(701)225-3310
FAX (701)225-2208
1-800-766-9351

825 28th St. SW
Suite E
Fargo, ND 58103
(701)280-9545
FAX (701)280-9520
1-800-766-9321

1604 S. Washington St.
Suite 104
Grand Forks, ND 58201
(701)775-7725
FAX (701)775-7880
1-800-766-9356

300 2nd Ave. NE
Jamestown Mall
Suite 202
Jamestown, ND 58401
(701)251-9150
FAX (701)251-9130
1-800-766-9363

13 1st Ave. SW
Suite 304
Minot, ND 58701
(701)839-8887
FAX (701)839-8990
1-800-766-9885

307 5th Ave. N
Wahpeton, ND 58075
(701)642-8722
FAX (701)642-8722
1-800-766-9364

Box 729
Williston, ND 58801
(701)572-7650
FAX (701)572-7656
1-800-766-9387

November 18, 1996

Dr. Rita Weisbrod, Chairperson
Augsburg College Institutional Review Board
Augsburg College
2211 Riverside Avenue
Campus Mail # 186
Minneapolis, MN 55454-1351

RE: Paul White, ACBSW, LSW

Dear Dr. Weisbrod:

This letter is being written to you with regard to Paul White who is a graduate student at Augsburg College. Mr. White has his field placement at this agency and will be conducting a research study at PATH utilizing existing data on the clientele that have been served through PATH of North Dakota.

It is the belief of the PATH administration that the research conducted by Mr. White will assist with the strategic planning of this agency. Mr. White has permission to proceed with this study utilizing the client records regarding family characteristics of the youth in placement. Agency policy will be adhered to during the study.

Mr. White also has permission to access agency resources to assist with the research project, such as office space, office supplies, and secretarial support. Please contact me if you have any questions or if you would like to discuss this matter.

Sincerely,

Sheila Schmaltz, MSW, LCSW
North Dakota PATH Area Director

ACCREDITED



COUNCIL ON ACCREDITATION
OF SERVICES FOR FAMILIES
AND CHILDREN, INC.

A Nonprofit Organization

An Equal Opportunity Employer and Provider



THE ODYSSEY PROJECT
A Descriptive and Prospective Study of Children
in Residential Treatment, Group Homes, and Therapeutic Foster Care

CHILD AND FAMILY CHARACTERISTICS

Demographic Information

1. Agency membership number:
2. Child's ID number:
Member ID # Child #
3. Date of admission into the Odyssey Project:
month day year
4. Child's gender: 1 Male 2 Female
5. Child's ethnicity (please circle only one):
- | | |
|-------------------|--------------------------|
| 1 Caucasian | 4 African American/Black |
| 2 Native American | 5 Asian/Pacific Islander |
| 3 Latino/a | 6 Other _____
specify |
6. What language does the child speak most fluently?
- | | |
|-----------|--------------------------|
| 1 French | 2 English |
| 3 Spanish | 4 Other _____
specify |
7. Child's date of birth:
month day year
8. Child's age at entry into the Odyssey Project:
years months

Referral Information

9. Referral source:
- 1 State public child welfare agency
 - 2 County/local public child welfare agency
 - 3 Juvenile justice system
 - 4 Mental health system
 - 5 Voluntary, not-for-profit agency
 - 6 Family
 - 7 Private practitioner
 - 8 Private psychiatric hospital
 - 9 Insurance company/HMO
 - 10 Other _____
specify

10. Payor:
- 1 State/local child welfare agency
 - 2 Out-of-state child welfare agency
 - 3 Current agency
 - 4 MCO
 - 5 Medicaid
 - 6 State/local school system
 - 7 Private insurance
 - 8 Other _____
specify

11. Per diem rate (round to the nearest dollar): _____

12. Referral conditions:
- 1 Voluntary acceptance by agency
 - 2 No refusal by agency permitted

13. Is this an in-state placement for the child? 1 No 2 Yes 9 Don't know

14. Has the child been served by this agency before? 1 No 2 Yes

- a) If Yes, was the child most recently served in:
- 1 Residential treatment
 - 2 Group home
 - 3 Therapeutic foster care
 - 4 Regular foster care
 - 5 Other _____
specify

b) If Yes, what was the most recent date of admission?
month day year

15. Type of program child is currently entering:

- 1 Residential treatment
- 2 Group home
- 3 Therapeutic foster care

16. Is the child covered by Medical Assistance (Medicaid)?

- 1 No
- 2 Yes
- 9 Don't know

17. Is the child covered by commercial insurance?

- 1 No
- 2 Yes
- 9 Don't know

Family Information

18. How many siblings does the child have? _____

19. Number of child's siblings who have ever been in placement: _____

9 Don't know

20. Have any of the child's siblings received services from this agency?

1 No

2 Yes

9 Don't know

a) If Yes, what types of services have the siblings received?

Sibling 1: 1 Residential treatment
2 Group home
3 Therapeutic foster care
4 Other _____
specify

Sibling 2: 1 Residential treatment
2 Group home
3 Therapeutic foster care
4 Other _____
specify

Sibling 3: 1 Residential treatment
2 Group home
3 Therapeutic foster care
4 Other _____
specify

Sibling 4: 1 Residential treatment
2 Group home
3 Therapeutic foster care
4 Other _____
specify

21. Ethnicity of birth mother (please circle only one):

1 Caucasian

4 African American/Black

2 Native American

5 Asian/Pacific Islander

3 Latina

6 Other _____
specify

9 Don't know

22. Status of birth mother:

- 1 Married
- 2 Living with a partner
- 3 Living alone
- 4 Deceased

a) Year deceased: _____

- b) Cause of death:
- 1 Aging
 - 2 Accident
 - 3 Victim of violence
 - 4 Disease (other than AIDS)
 - 5 Self-inflicted
 - 6 AIDS
 - 7 Drug overdose
 - 8 Other _____
specify
 - 9 Don't know

9 Don't know

23. Educational level of birth mother:

01-12 Highest grade completed _____
specify

- 13 GED
- 14 Post hs/technical training
- 15 Some college/trade school
- 16 College degree (BS, BA)
- 17 Some graduate study
- 18 Graduate degree
- 99 Don't know

24. Birth mother's history

- a) **Psychiatric disorder:** 1 No
2 Yes
9 Don't know

i) **If yes, diagnosis:** _____

- ii) **Has she had a psychiatric hospitalization?** 1 No
2 Yes
9 Don't know

- b) **Convicted of a criminal offense:** 1 No
2 Yes
9 Don't know

- i) **If yes, was the offense against:** 1 Property
2 Person
9 Don't know

- ii) **Served jail time:** 1 No
2 Yes
9 Don't know

- c) **Does the birth mother suffer from alcohol dependency?** 1 No
2 Yes
9 Don't know

- d) **Has she been treated for alcohol dependency?** 1 No
2 Yes
9 Don't know

- e) Does the birth mother suffer from chemical dependency? 1 No
2 Yes
9 Don't know

- f) Has she been treated for chemical dependency? 1 No
2 Yes
9 Don't know

25. Employment of birth mother: 1 Employed outside the home, regularly
2 Employed outside the home, sporadically
3 Unemployed/laid-off
4 Disabled
5 Retired
6 Never employed
7 Student/employed (part/full-time)
8 Student/unemployed
9 Other _____
specify
99 Don't know

26. Sources of income for birth mother (please circle all that apply):

- 1 Income from employment
2 Social Security Disability Income (SSDI)
3 Supplemental Security Income (SSI)
4 Financial assistance - welfare (AFDC, food stamps, etc.)
5 Unemployment compensation
6 Alimony/child support
7 Income from spouse/other household member
8 Other _____
specify
9 Don't know

27. Ethnicity of birth father (please circle only one):

- | | | | |
|---|-----------------|---|------------------------|
| 1 | Caucasian | 4 | African American/Black |
| 2 | Native American | 5 | Asian/Pacific Islander |
| 3 | Latino | 6 | Other _____
specify |
| | | 9 | Don't know |

28. Status of birth father:

- | | |
|---|-----------------------------|
| 1 | Married |
| 2 | Living with a partner |
| 3 | Living alone |
| 4 | Deceased |
| | a) Year deceased: _____ |
| | b) Cause of death: |
| | 1 Aging |
| | 2 Accident |
| | 3 Victim of violence |
| | 4 Disease (other than AIDS) |
| | 5 Self-inflicted |
| | 6 AIDS |
| | 7 Drug overdose |
| | 8 Other _____
specify |
| 9 | Don't know |

29. Educational level of birth father:

- 01-12 Highest grade completed _____
specify
- 13 GED
- 14 Post hs/technical training
- 15 Some college/trade school
- 16 College degree (BS, BA)
- 17 Some gradate study
- 18 Graduate degree
- 99 Don't know

30. Birth father's history

- a) Psychiatric disorder: 1 No
- 2 Yes
- 9 Don't know

i) If yes, diagnosis: _____

- ii) Has he had a psychiatric hospitalization? 1 No
- 2 Yes
- 9 Don't know

- b) Convicted of a criminal offense: 1 No
- 2 Yes
- 9 Don't know

- i) If yes, was the offense against: 1 Property
- 2 Person
- 9 Don't know

- ii) Served jail time: 1 No
2 Yes
9 Don't know

- c) Does the birth father suffer from alcohol dependency? 1 No
2 Yes
9 Don't know

- d) Has he been treated for alcohol dependency? 1 No
2 Yes
9 Don't know

- e) Does the birth father suffer from chemical dependency? 1 No
2 Yes
9 Don't know

- f) Has he been treated for chemical dependency? 1 No
2 Yes
9 Don't know

31. Employment of birth father: 1 Employed outside the home, regularly
2 Employed outside the home, sporadically
3 Unemployed/laid-off
4 Disabled
5 Retired
6 Never employed
7 Student/employed (part/full-time)
8 Student/unemployed
9 Other _____
specify
99 Don't know

32. Sources of income for birth father (please circle all that apply):

- 1 Income from employment
- 2 Social Security Disability Income (SSDI)
- 3 Supplemental Security Income (SSI)
- 4 Financial assistance - welfare (AFDC, food stamps, etc.)
- 5 Unemployment compensation
- 6 Alimony/child support
- 7 Income from spouse/other household member
- 8 Other _____
specify
- 9 Don't know

Primary Parent Figure Information

If the child's primary parent figure is not his/her biological parent, please complete the following questions.

33. Primary parent figure's relationship to the child:

- | | |
|-------------------|--|
| 1 Adoptive mother | 6 Foster father |
| 2 Adoptive father | 7 Grandparent(s) |
| 3 Stepmother | 8 Aunt/Uncle |
| 4 Stepfather | 9 Sibling |
| 5 Foster mother | 10 Unrelated adult |
| | 11 Kinship foster parent _____
specify relationship |

34. Ethnicity of primary parent figure (please circle only one):

- | | |
|-------------------|--------------------------|
| 1 Caucasian | 4 African American/Black |
| 2 Native American | 5 Asian/Pacific Islander |
| 3 Latino/a | 6 Other _____
specify |
| | 9 Don't know |

35. Status of primary parent figure:

1 Married	3 Living alone
2 Living with a partner	9 Don't know

36. Educational level of primary parent figure:

- 01-12 Highest grade completed _____
specify
- 13 GED
 - 14 Post hs/technical training
 - 15 Some college/trade school
 - 16 College degree (BS, BA)
 - 17 Some gradate study
 - 18 Graduate degree
 - 99 Don't know

37. Primary parent figure's history

a) **Psychiatric disorder:** 1 No

2 Yes

9 Don't know

i) **If yes, diagnosis:** _____

ii) **Has he/she had a psychiatric hospitalization?**

1 No

2 Yes

9 Don't know

b) **Convicted of a criminal offense:** 1 No

2 Yes

9 Don't know

i) **If yes, was the offense against:** 1 Property

2 Person

9 Don't know

ii) **Served jail time:** 1 No

2 Yes

9 Don't know

c) **Does the primary parent figure suffer from alcohol dependency?** 1 No

2 Yes

9 Don't know

d) **Has he/she been treated for alcohol dependency?** 1 No

2 Yes

9 Don't know

Child's History and Status at Referral

40. Birth related problems

- a) Premature birth: 1 No
2 Yes (Number of weeks premature _____)
9 Don't know
- b) Low birth weight: 1 No
2 Yes (number of ounces below normal wt.: _____ oz)
9 Don't know
- c) Oxygen deprivation during birth: 1 No
2 Yes
9 Don't know
- d) Positive toxicity at birth: 1 No
2 Yes
9 Don't know
- e) Fetal alcohol syndrome: 1 No
2 Yes
9 Don't know

41. Legal status

- a) **Parental rights:**
 - 1 Not terminated
 - 2 Terminated
 - 9 Don't know

- b) **Adjudication status:**
 - 1 Not adjudicated (includes neglect, abuse)
 - 2 Dependent (CHINS, PINS, MINS, etc.)
 - 3 Delinquent
 - 4 Dependent and delinquent
 - 9 Don't know

- c) **Child's probation status:**
 - 1 Never on probation
 - 2 Formerly on probation
 - 3 Currently on probation
 - 4 Awaiting probation intake
 - 9 Don't know

- d) **Child's parole status:**
 - 1 Never on parole
 - 2 Formerly on parole
 - 3 Currently on parole
 - 9 Don't know

42. **Adoptive status**

a) **Was child ever adopted?**

- 1 No
2 Yes

Date first adoption finalized:
month day year

Date second adoption finalized:
month day year

- 9 Don't know

b) **If the child was adopted, has adoption been disrupted?**

- 1 No

2 Yes Date first adoption disrupted:
month day year

Date second adoption disrupted:
month day year

- 9 Don't know

43. **Services received prior to entry into the Odyssey Project**

a) **Were services received prior to Project entry?** 1 No 2 Yes 9 Don't know

b) **If so, please circle all services received.**

- | | |
|---------------------------------------|---|
| 1 Day treatment | 8 Inpatient psychiatric services |
| 2 Drug and alcohol treatment services | 9 Justice services (correction/detention/probation) |
| 3 Family counseling | 10 Outpatient services |
| 4 Family preservation | 11 Preventive services (health, pregnancy/AIDS, STD prevention) |
| 5 Group counseling | 12 Recreational services |
| 6 Independent living skills training | 13 Special education services |
| 7 Individual counseling | 14 Vocational services |

44. a) Was the child on psychotropic medication at entry into service?

- 1 No
- 2 Yes
- 9 Don't know

b) If so, type of psychotropic medication (please circle all that apply):

Antipsychotics

- 1 Thorazine
- 2 Mellaril
- 3 Haldol
- 4 Other antipsychotic

Antidepressants

- 5 Prozac
- 6 Tofranil (Imipramine)
- 7 Zoloft
- 8 Other antidepressant

Anti-anxiety

- 9 Valium
- 10 Librium
- 11 Xanax
- 12 Ativan
- 13 Other anti-anxiety drug

ADHD

- 14 Ritalin
- 15 Cyclert
- 16 Lithium Carbonate

45. Has a psychiatric diagnosis been established for this child?

- 1 No
- 2 Yes
- 9 Don't know

a) If so, is the diagnosis based on: 1 DSM III-R

2 DSM IV

b) What are the most recent diagnoses?

Axis I _____ Code: _____

_____ Code: _____

Axis II _____ Code: _____
 _____ Code: _____

Axis III _____ Code: _____
 _____ Code: _____

Axis IV _____

Axis V _____

46. Does the child have a medical diagnosis? 1 No
 2 Yes _____
 specify

47. What is the permanency goal of the referring agency for this child?

1 Return to biological parent	5 Supervised independent living
2 Return to relative	6 Foster care
3 Independent living	7 Other _____
4 Adoption	9 Don't know specify

48. Highest grade child completed: (specify grade 1-12)

66 = some college
 77 = Ungraded class
 88 = GED
 99 = Don't know

Psychological Testing

49. Most recent IQ test: 1 Stanford Binet, Fourth Edition
2 Wechsler Intelligence Scale for Children (WISC-III)

a) Date administered:
 month day year

b) Stanford Binet, Fourth Edition

Quantitative Reasoning SAS (Standard Age Score): _____

Abstract/Visual Reasoning SAS: _____

Verbal Reasoning SAS: _____

Short-Term Memory SAS: _____

Test Composite: _____

c) Wechsler Intelligence Scale for Children (WISC-III)

Scale Scores

Full: _____

Verbal: _____

Performance: _____

50. Achievement Testing

a) Woodcock Johnson

i) Date administered:
 month day year

ii) Broad scores

Broad reading: _____

Broad math: _____

Broad written language: _____

Broad Knowledge: _____

b) WIAT

i) Date administered:
 month day year

ii) Standard scores

Language: _____

Math: _____

Reading: _____

Written expression: _____

51. Living Environment History

List information starting on the first line with the living environment the child is in at the time of referral and continue on, in order, to the oldest living environment in this child's history. Please make sure to document all living environments and time periods between your first and last entries.

Code/Living Environment	Chronological record of living environment (record code #)	Approx. length of stay in months	Was living environment... within 50 miles of family's home		
			N	Y	DK
01 Independent, living alone	1.		N	Y	DK
02 Independent, living with friend	2.		N	Y	DK
03 Home - biological parents	3.		N	Y	DK
04 School dormitory	4.		N	Y	DK
05 Home - relative	5.		N	Y	DK
06 Home - adoptive	6.		N	Y	DK
07 Home - family friend	7.		N	Y	DK
08 Supervised independent living	8.		N	Y	DK
09 Regular foster care	9.		N	Y	DK
10 Regular foster care/special rates	10.		N	Y	DK
11 Specialized foster care	11.		N	Y	DK
12 Therapeutic foster care/Treatment foster care	12.		N	Y	DK
13 Individual home - emergency shelter	13.		N	Y	DK
14 Foster-family-based treatment home/kinship care	14.		N	Y	DK
15 Group home	15.		N	Y	DK
16 Residential Job Corps Center	16.		N	Y	DK
17 Group emergency shelter			N	Y	DK
18 Residential treatment center			N	Y	DK
19 Psychiatric residential treatment			N	Y	DK
20 Wilderness camp (24 hr/yr round)			N	Y	DK
21 Inpatient - medical hospital			N	Y	DK
22 Inpatient - drug/alcohol rehab center			N	Y	DK
23 Inpatient - private psychiatric hospital			N	Y	DK
24 Intensive treatment unit			N	Y	DK
25 Youth correctional center			N	Y	DK
26 County detention center			N	Y	DK
27 State mental hospital			N	Y	DK
28 Jail			N	Y	DK
29 AWOL			N	Y	DK
88 Other _____			N	Y	DK
99 Don't know			N	Y	DK

Past and Current Risk Factors

Please circle all that apply.

52. Behavior

a) **Has the child had any behavior problems?**

- 1 No (Skip to #53)
- 2 Yes
- 9 Don't know (Skip to #53)

b) **If so, please circle all that apply.**

- | | |
|---|------------------------------|
| 1 Adjustment failure/previous placement | 9 Gang involvement |
| 2 Alcohol, chemical dependency | 10 Prostitution |
| 3 Crime - drug related | 11 Self care/hygiene failure |
| 4 Crime - other offenses | 12 Sex offender |
| 5 Crime - person | 13 Sexually active |
| 6 Crime - property | 14 Multiple sexual partners |
| 7 Cult involvement | 15 Smokes |
| 8 Eating disorder | 16 Suicidal ideation |
| | 17 Other behavioral problem |

53. Special Education Placement

- a) Has the child had a special education placement?
- 1 No (Skip to #54)
 - 2 Yes
 - 9 Don't know (Skip to #54)

b) If so, please circle all that apply.

- 1 Educable mentally retarded (EMR)/Moderately mentally retarded
- 2 Totally mentally retarded (TMR)/Severely or profoundly mentally retarded
- 3 Learning disabled
- 4 Mildly mentally retarded
- 5 Behavioral disorder
- 6 Emotionally disabled
- 7 Other special education placement
- 9 Unknown special education placement

54. School Problems

a) Has the child had any school problems?

- 1 No (Skip to #55)
- 2 Yes
- 9 Don't know (Skip to #55)

b) If so, please circle all that apply.

- 1 Grade retention
- 2 Expulsion
- 3 Multiple suspensions
- 4 Truancy
- 5 Other school problem

55. Handicap

a) Does the child have any handicaps?

- 1 No (Skip to #56)
- 2 Yes
- 9 Don't know (Skip to #56)

b) If so, please circle all that apply.

- | | |
|--------------------|-------------------------------------|
| 1 Autism | 5 Physically handicapped |
| 2 Downs Syndrome | 6 Speech/language problem |
| 3 Hearing impaired | 7 Vision impairment not correctable |
| 4 Non-ambulatory | 8 Other handicap |

56. Medical

a) Does the child have any medical problems?

- 1 No (Skip to #57)
- 2 Yes
- 9 Don't know (Skip to #57)

b) If so, please circle all that apply.

- | | |
|-----------------------------------|--------------------------|
| 1 Burns | 7 Congenital defect |
| 2 Diabetes | 8 Failure to thrive |
| 3 Hepatitis | 9 HIV |
| 4 Neurologically impaired | 10 Seizures |
| 5 Sensory/motor problems | 11 Sickle cell anemia |
| 6 Sexually transmitted disease(s) | 12 Tracheotomy |
| | 13 Other medical problem |

57. Social

a) Has the child had any social problems (see the list below for examples)?

- 1 No (Skip to #58)
- 2 Yes
- 9 Don't know (Skip to #58)

b) If so, please circle all that apply.

- 1 Abandoned
- 2 Abused sexually (Please answer #57c)
- 3 Abused physically (Please answer #57d)
- 4 Family member victim of violence outside the home
- 5 Neglected
- 6 Victim of violence outside the home
- 7 Witness to domestic violence
- 8 Witness to violence outside the home

c) If the child has been sexually abused, please circle the perpetrator(s).

- | | |
|---------------------|-----------------|
| 1 Biological mother | 6 Stepfather |
| 2 Stepmother | 7 Relative |
| 3 Sibling | 8 Family friend |
| 4 Stranger | 9 Other _____ |
| 5 Biological father | specify |
| | 99 Don't know |

d) If the child has been physically abused, please circle the perpetrator(s).

1 Biological mother

5 Biological father

2 Stepmother

6 Stepfather

3 Sibling

7 Relative

4 Stranger

8 Family friend

9 Other _____

specify

99 Don't know

58. Special situations

1 Gay/lesbian/bisexual

2 Unwed with child(ren)

59. Reproductive history

Females:

a) Currently pregnant: 1 No 2 Yes 9 Don't know

b) Total number of pregnancies: _____
9 Don't know

c) Number of live births: _____
9 Don't know

d) Number of abortions: _____
9 Don't know

Males:

e) Number of children fathered: _____
9 Don't know

Augsburg College
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