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EXPLORATION OF PROGRAM IMPACT ON ADOLESCENT GIRLS RESIDING IN A  
GROUP HOME

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

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

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by  
Leonlida Bernice Machado  
June 1994



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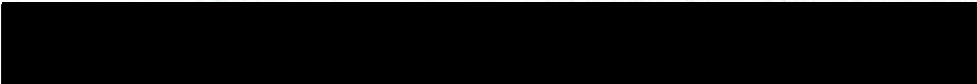
Leonlida Bernice Machado


June 1994

Approved by:

  
\_\_\_\_\_  
Lucy Cardona, Project Advisor, Social Work

6/9/94  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Cathy Corby, Agency Representative

  
\_\_\_\_\_  
Dr. Teresa Morris, Chair of Research



## ABSTRACT

This research was an exploratory study that examined program impact of a group home in one community of San Bernardino County. The focus of the study was on residents' progress in the program. To complete the study the researcher examined case records, and conducted individual interviews. Information gathered from case records did not reflect an improvement in behavior. Individual interviews reflected several concerns about the group home staff. The residents indicated a need for improved staff-resident relations. A review of behavior charts showed inconsistencies and discrepancies. The inconsistencies and discrepancies noted in behavior charts suggest that the group home staff lack adequate training. This lack of adequate training then reflects on the quality of service offered to the group home residents.



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## INTRODUCTION

### Problem Statement

Each year over 6,000 children are placed in group homes, due to the abuse and neglect experienced in their own homes (Select Committee on Children Youth and Families, 1987). In 1981 over 20,000 children were in group care for emotional disturbances (Young, et al., 1988). The number of placements in residential treatment centers has increased significantly over the last two decades, with the numbers tripling from 1950 to 1970 (Termini, 1991; Early and Poertner, 1993). In 1983 there were 19,215 children in residential treatment, in 1986 that number increased by 32% to 25,334 (Wells, 1991).

Various types of problem youth are placed in group homes. Treatment is geared to the youth according to the problems identified. These problems include: dependent and neglected, or abused, delinquents, status offenders, emotionally disturbed children, mentally ill, pregnant teens, substance abusers, and those considered in need of temporary shelter, or detention (Young, et al., 1988).

Treatment models for the individual programs vary widely according to the focus population being served. These models include psychoanalytic, behavioral, psychoeducational, and peer cultural (Wells, 1991). The most commonly used model is based on behavioral theory. Behavior studies were based on stimulus-response theories of



conditioning. These studies were popularized by Pavlov and Skinner. Behavior theory focuses on conditioning client's behavior. The assumption is that by conditioning, behavior can be shaped. The youth placed in these facilities are in need of a structured program that can manage their "acting out" behaviors. The behavior modification models use token economies, or methods for rewarding appropriate behavior, and for penalizing inappropriate behaviors. The idea is to motivate those who are not doing well to improve their performance.

A study by Wells and Whittington (1991) found that 56% of the youth referred to placement came from families where abuse occurred. Children from abusive homes show numerous behavior problems. Abused children are more likely to show signs of depression, demonstrate inappropriate aggression, difficulties relating to peers, and delays in cognitive, and interpersonal development (Small, et al., 1991; Fatout, 1990; Young, et al., 1988). Abused children experience a low self-esteem, a self-fulfilling prophecy for failure, and may adopt their parent's dysfunctional behavior. They are likely to internalize the parent(s) actions against them causing them to build up tension which is then released in outside social situations.

These youth may release their tension in many ways: sexual misconduct, physical violence, property destruction, self-mutilation, drug/alcohol abuse, truancy, school



dysfunction, running away, compulsive lying, poor peer relations, parent-child conflicts, disobedience or noncompliance, illegal behavior, and suicidal ideations/attempts (Roberts, 1974; Jaklitsch & Barry, 1990; Kelley, et al., 1989; Young et al., 1988). These behavioral problems result in youth being placed in group homes.

Youth who are placed in group homes are status offenders, or emotionally disturbed, and socially maladjusted children (Smoller & Condelli, 1990). Group homes are one type of residential treatment center which provide services for a small number (6 to 12 residents), in a home setting. These homes are staffed 24 hours a day, and are licensed to provide mental health treatment on a live-in, day to day basis (Wells, 1991). Youths are placed in these facilities where the environment is structured to help modify behavior, and improve functioning. The structure that is available in group homes is more than what can be provided in their own home, and more than what is available in foster care. These do not provide as much structure as is found in large institutions that house 50 or more. The increased amount of structure found in group homes incurs a large cost.

The cost of placing a child in residential treatment runs approximately \$26,000 per child per year (Smoller & Condelli, 1990). With so many youth dependent on this system of care, and the millions of dollars invested into



this system, it is important to evaluate the impact of these services.

It is the responsibility of the county and state to regulate and monitor residential facilities, but it is the ultimate responsibility of the individual facilities to evaluate the impact of their program to ensure that they are meeting their goals.

Some have recommended methods for studying the impact of programs. According to Wells, residential treatment centers need to provide written statements that describe their programs. These should be in the form of objectives or hypotheses. There should be some information on the successes and failures, and there should be some information on the outcomes and the rationale for the approach used (Wells, 1991).

Each facility may have a different treatment modality such as behavior therapy, psychotherapy, reality therapy, or vocational therapy (Wells, 1991). Differing treatment modalities require varied outcome measures to judge program impact. Evaluations that are specific to the individual program will improve understanding about the efficacy of such programs (Zimmerman, 1990).

It is a disservice to the resident to offer a service which has not been evaluated. Evaluating a facility allows for program strengths to be reinforced, and its weaknesses to be identified, and modified. This in turn helps to



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support the program's policy, and direct service procedures that lead to positive program impact. According to LeCroy, "to perform competently, social workers must know which approaches are most likely to produce intended effects" (LeCroy, 1992: 227).

Unfortunately, the studies conducted in group homes have not been about which specific areas have improved, nor what aspects of a program makes a difference. The research is in its infancy and does not reflect "anything approaching a science or clear model of what works" (Zimmerman, 1990: 37). Thus, new research will delineate factors that make a program successful. In addition, new research should include in its effort an examination of residents' environment, interpersonal relationships, parental involvement, and the quality of workers present (Miskimins, 1990; Zimmerman, 1990; LeCroy, 1992).

A few studies have used more rigorous methods. For instance, some have used a control group. Research conducted in group homes lack the ability to use control groups as a comparison (Curry, 1991; Zimmerman, 1990). Financial demands, and ethical considerations preclude the use of control group comparison (Zimmerman, 1990).

The newest trend in evaluating effectiveness involves looking beyond observable behaviors, and exploring more qualitative measures, eg. interpersonal, and intrapersonal functioning (Zimmerman, 1990). Looking at the observable



behaviors in conjunction with intrapersonal growth, and interpersonal functioning, offers a better overall evaluation of the program impact on the individual. Rather than use a quantitative approach, what is recommended is an exploratory approach. This type of research is lacking in the field.

An exploratory, positivist approach is "essential for breaking new ground and almost always yields new insights into a topic" (Rubin & Babbie, 1987: 87). It seeks to understand a program or phenomena from the point of view of the persons being studied. The goal of this type of research is to understand the population (Royse, 1991). This approach allows the "subjects" to talk about their views in informal interviews. The researcher may find patterns in these interviews which can generate a hypothesis for later studies (Royse, 1991). This orientation is needed because this home has never been evaluated, and a variety of areas will be explored.

Given the aforementioned problems, this study intends to evaluate a group home, located in San Bernardino County. This home treats emotionally disturbed, abused/neglected, and/or delinquent adolescent girls, using a cognitive-behavioral approach. This approach combines techniques from behavioral and cognitive theory. These techniques include: a level system, allowances and privileges based on weekly performance, and structured individual and group therapy



that focuses on increasing residents' cognition of acceptable behaviors.

This study will be a formative evaluation of a six bed group home. Formative evaluations help to identify the "key ingredients" and conditions that affect the residents while in placement, and is the "route to program excellence" (Miskimins, 1990: 868). The purpose of this evaluation is to improve the program by examining the various aspects of the program. Of interest is the residents' behaviors, and the factors that contribute to the successful outcome of the treatment program. This type of evaluation is supported by Royse (1991).

Therefore, research conducted in this facility will be used to assess its ability to meet the residents' needs. Information will be gathered through informal interviews and case file documentation. It is anticipated that the outcome of this research will have a positive impact on the program. For instance, the research may lead to improved service delivery and to new policies and planning. The benefit derived from this research are that referrals and funding resources may increase.

### **Problem Focus**

An exploratory-positivist approach was used to explore the impact of a group home and its treatment program. This research will aim to answer whether this program is



effective in aiding positive changes in behavior, interpersonal relations, and intrapersonal functioning of the residents. These findings may lend support to the program's functioning, and help to identify areas for continued growth.

Clients entering this home have all suffered physical, emotional, or sexual abuse in their childhoods. Residents are placed at the facility to modify dysfunctional social behaviors, and to build interpersonal relations, and intrapersonal functioning. Intrapersonal functioning refers to the client's self-perception, self-esteem, insight, judgment and intellectual ability. Interpersonal functioning refers to the quality of relationships among the clients, with family members, staff, and the community.

Treatment services in this program focus on therapy and behavior modification. Individual and group counseling are offered on a weekly basis to deal with such issues as self esteem, family problems, drug/alcohol use, and difficulties relating with peers or staff. Residents' behavior is monitored daily on score sheets. Areas of focus include daily routine, peer relations, attitude, and personal goals. Scores are then calculated for the entire week, and the girls are assigned a level based on these scores. The weekly levels range from 1 to 4, with 1 being the highest level. These are structured services that the girls would not otherwise receive if they were at home or in foster



placement. It is expected that such an environment will yield positive effects on the resident during her stay there, both behaviorally, and emotionally.

### Literature Review

Most of the research conducted in the past two decades has focused on the success of behavior modification during and after placement, and the adjustment process following treatment, and the return home (Parsons, et al., 1989; Zimmerman, 1990; LeCroy, 1992; Select Committee on Children Youth and Families, 1987; Curry, 1991). Some research has focused on the various behaviors displayed by residents, the number of children in placement, and the different types of group homes available (Fatout, 1990; Wells, 1991; Small et al., 1991).

The evidence shows some improvement in behavior across the studies (Zimmerman, 1990; LeCroy, 1992; Curry, 1991). Curry (1991) outlines several studies of behavior outcome in residential treatment. These studies focused on boys and girls ranging in age from 12 to 19 years old. Behavioral outcome in these studies was viewed as an overall improvement of functioning in academics, social relations, and family relationships. Rates of improvements ranged from 27% to 71% in each of these areas. The groups studied were small, thereby limiting the ability to make an



generalizations to other populations.

The greatest influence in the adolescents' improvements during and following residential treatment were based on the severity of their diagnoses (Curry, 1991; Zimmerman, 1990). Those diagnosed with personality or psychotic disorders were less likely to improve their behavior than other diagnoses. Their rate of improvement ranged from 25-60%. Other areas of influence on improvement included onset of behaviors, intelligence level, degree of family disturbance, completion of treatment, and continuation of therapy following discharge (Zimmerman, 1990).

Some authors have linked an improvement in residents' behavior to the involvement of the youth's family with the treatment program (Kelley, et al., 1989; Small, et al., 1991; Termini, 1991). They suggest that the residents' behaviors cannot be considered in isolation from their family. Kelley, et al (1991) found that 73 percent of adolescents treated with family therapy reduced "acting-out" behaviors, whereas 37 percent of those treated individually showed an improvement. The authors suggest that residents who have actively involved parents are more likely to be successful in completing the program.

As can be seen there are only a few studies that describes what helps residents progress in their treatment. This paucity of studies reflect a need for increased research. It is important to continue to study individual



group homes, to ensure that they are attaining their goals, and providing beneficial services to their residents.

## **RESEARCH DESIGN AND METHOD**

### **Purpose of Study**

The purpose of this study was to conduct a formative evaluation of resident behavior within the group home setting. Information was gathered from case records, and individual interviews with the residents.

This study used an exploratory, positivist approach. This approach is used to explore the impact of a group home designed to help modify dysfunctional social behavior. This approach is also being used to evaluate whether the group home is able to meet the residents' interpersonal and intrapersonal needs and goals. A variety of areas were explored to provide information to the staff regarding strengths and weaknesses in meeting residents' needs.

Background information, and documentation of behavior was gathered from the residents' records. Residents participated in individual, hour-long interviews which allowed them to describe what they felt was most helpful in attaining program goals, as well as identifying areas that should be changed or improved.



### Research Questions

Three questions guided this exploratory research:

1. What indicators are there that reflect resident improvement in behavior?
2. What specific methods used in the program residents feel are helping to manage their problems?
3. What aspects of the program do residents feel hinder their growth?

### Sample

The subjects for this research study were all five clients residing in a group home located in San Bernardino County. All the subjects of this study are female adolescents, between the ages of 12 and 17. The residents have Caucasian, African-American, or Latino backgrounds. These subjects are considered to be either dependents or wards of the court, placed by San Bernardino, Orange and Riverside Counties. Placements are made by probation officers or social workers, who feel the resident would benefit from this type of structured environment in order to modify and maintain "acting out" behavior. The sample was selected from records dated January, 1994 to March, 1994.

Because so many changes could occur throughout the year, it was important to conduct the study at the same time of the year for all the residents. Changes can result in residents having a change in their behaviors. Such changes



include: a turn over in staff, the entry of a new resident, a physical change in the environment, holiday stress, and return to school. Furthermore, it was important to acknowledge that they share common stressors, and to note possible differences and similarities in adapting to these events.

### **Data Collection and Instruments**

Data collection took place within the agency, through case files and individual interviews with the residents.

In this program residents are scored daily, and given a level between 1 and 4. Level 1 indicates superior behavior and compliance in all aspects of the program, and a strong advancement in personal goals. Level 2 indicates very good compliance with the program, with few problems. Level 3 indicates that the resident is having great difficulty meeting the program's expectations, and is having numerous problems. Level 4 indicates that the resident is not able to follow the program's expectations, and is regressing. Daily scores are then averaged into a weekly score, which is assigned to the resident for the next week. With each level there are privileges and consequences.

Progress notes are kept on all the residents on a daily basis. The child care workers make notations about the resident's behavior during their shift. Child care workers may also note home passes indicating departure and return of



the resident.

A data abstraction form was used to document the information from the files. A list of questions were used to guide the interviews. Program impact was measured according to the ability of the resident to identify progress toward functional social behavior. Evidence of intrapersonal growth, and increased interpersonal functioning, were noted in weekly progress notes, and weekly level scores.

The questions, and variables chosen for this study were developed by the researcher to replicate the exploratory study conducted by Kelley, et al., (1989). A formative evaluation of the program was done to determine the impact of the program structure on residents' behavior.

To determine weekly behavior, the most frequently noted comments made by workers in the progress notes throughout the week were selected. When comments were made more than three times a week, those words were chosen to represent the resident's overall weekly behavior. If a resident was on a home pass for three or more days out of the week, no notations were selected. The workers' choice of words were used as much as possible. Weekly notations and level scores were combined in behavior charts.

Resident interviews were conducted to obtain their subjective views of their progress, and opinions about the program. Questions included asking the client what areas of



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the program have helped her most, what she feels she needs and is not receiving, and in what ways she has "changed." Responses to the questions were recorded on grid showing all of the residents' responses.

Looking at program impact through qualitative measures allowed for an ongoing notation of progress within this setting. Instruments were developed specifically for this population. No generalizations were made from this research to other group homes, or resident populations. Researcher bias may have affected the results, because of previous employment within the agency.

The greatest strength of this research was that it allowed the residents to identify the areas they felt were more helpful, rather than making assumptions about possible influencing areas.

Each of these methods have advantages and disadvantages. There are advantages and disadvantages in the use of secondary data. Use of secondary data saves a significant amount of time because data is already documented, bias of the reporting party is known and accepted, it causes no harmful effects to the subjects, and it enables a comparison in reported data (Royse, 1991). Individual interviews allow the participants to formulate their own answers to the questions, and to seek clarification from the researcher during the interview.

One of the weaknesses associated with obtaining



information from case files is that most of the information obtained is subjective and can affect further interpretations. Another weakness is that there may be gaps in the information available. Still another weakness is that the information may be recorded in a different format or system than the other files, causing a delay in data collection (Royse, 1991). Individual interviews can be influenced by the researcher's order of questioning, selected hearing, and the researcher's presence may cause the participant to answer differently.

## **RESULTS**

### **Procedure**

Individual interviews and information gathered from client files were the core of this exploratory research. Residents participated in individual interviews lasting approximately one hour (see Appendix A for interview questions.) These interviews were conducted within the facility. Responses to questions were formulated into a group response grid. Data from client files was recorded on a data construct (see Appendix B.) In addition, weekly level scores and progress notes were collected. This information was dated from October, 1993 to March, 1994.

The researcher collected the data without assistance, so as not to invite further bias. Interviews, and data



collection from files took place over a three month period (January, 1994 to March, 1994).

### Demographic Information

Demographic information was taken from the residents' individual files. Areas documented included age, ethnicity, why they were placed in the program, the length of time in the program, the referral source, the number of family contacts, number of prior placements, if reunification is planned, and the total number of years in out-of-home placement. For a group overview of demographic information, with corresponding respondent numbers, see Appendix C.

The ages of the residents ranged from 13 to 17 years old. There were two 13 year-old respondents, one 14 year-old, one 15 year-old, and one 17 year-old.

The girls were identified as Caucasian, Latina, or African-American. Two respondents were Caucasian, two were Latina, and one was African-American.

The reasons why these girls were placed were grouped into five different responses: theft, aggressive behavior, abused, defiant/noncompliant, or other. One resident was placed because of theft, one for aggressive behavior, one for abuse, and two for other reasons. One of the "others" was placed in the program so as not to separate her from her sister, the other was placed with this group home because she requested to be removed from her previous placement.



The amount of time in the program was measured in months up to March, 1994. Responses ranged from one month to 23 months. One resident had been there for only one month, one was there for three months, another was there for 10 months, another for 17 months, and the last for 23 months. The average length of time in this program was 10.8 months.

Residents in this program have either been placed by a social worker for Child Protective Services (CPS), or by a county probation officer. Three residents were placed by CPS, and two by probation officers.

The number of family contacts each resident had ranged from daily to never. Family consisted of parents, siblings, and extended family members. One resident had daily contact with her family, two had weekly contacts, one had bimonthly contacts, and one had no contact with her family. The average number of family contacts was between weekly and two times a month.

Prior placements consisted of group homes, foster care, detention centers, and psychiatric facilities. These numbers ranged from 1 to 9. One resident had been in one previous placement, two residents had been in four previous placements, one had been in five previous placements, and one had been in nine previous placements. The average number of previous placements in this group was 4.6.

Possibility of reunification was also documented.



Reunification refers to the resident returning to the custody of their parents. Four out of the five residents did not have reunification plans.

Lastly, the total number of years in out-of-home placement was noted. This ranged from .2 years to 7 years. One resident had been in placement for .2 years, one for three years, two for six years, and one for seven years. The average number of years in placement was 4.4.

### Interview Responses

Responses to question number one were different for every participant (see Appendix A for list of questions, and Appendix D for group responses.) Question #1 asked the residents to state the reason why they were placed at this group home. Respondent 1 stated that the reason she was placed at this facility was that her social worker wanted her to come with her sister. Respondent 2 stated that her dad hit her a lot, and that her parents couldn't handle her. Respondent 3 stated that she was placed because of grand theft auto, and that she kept running from previous placements. Respondent 4 stated that she was terminated from her other group home. Respondent 5 stated that she was unhappy at home, and could not get along with her mother. Thus, three of the residents linked their placement with familial problems, and the other two with institutional problems.



Question #2 asked the resident if she felt this program was helping her. Respondents 1, and 3 responded yes. Respondents 2, 4, and 5 replied with no. Therefore, 2 out of five responded affirmative.

Question #3 asked the residents what part of the program helps them most. Respondent 1 replied that what helps her most is that there are people to talk to. Respondent 2 stated that the level system helps her because she knows she is getting scored. Respondent 3 stated that the overall structure of the program along with having staff members to talk to when she had problems. Respondent 4 replied that the staff forcing her to go to school was most helpful. Respondent 5 attributed study hour with helping her most because it helped to improve her grades. According to the residents there seemed to be an appreciation of the group home structure and the emotional support provided by the staff members.

Question #4 asked the residents what they feel they need from the program. Respondent 1 said she wanted staff that understand and encourage her in a genuine manner. Respondent 2 stated she wanted more counselors (meaning child care workers) who she felt more comfortable with, and family counseling. Respondent 3 stated that she wanted to be able to go out and socialize with her friends. Respondent 4 stated she didn't need anything from the program. Respondent 5 replied that she would like more



stress relief activities. These responses indicated a need for psychological and functional support.

Question #5 asked the girls to describe how they have changed since they have been in the program. Respondent 1 stated that she didn't lie as much, and that she was more interested in personal hygiene. Respondent 2 stated that she didn't start as many problems, was more respectful of people, and was less defensive. Respondent 3 stated that her personality had changed, she didn't complain as much, was more positive, and was not as self-conscious. Respondent 4 stated that she no longer did drugs. Respondent 5 stated that she talks truthfully, and expresses other feelings besides anger. It seems that by the responses, the issues are overwhelmingly related to self-esteem.

The last question asked the participants to choose three things they would like to change about the program. Respondent 1 requested freedom to go on her own, to change some rules, and to allow the residents to go to their friends' houses. Respondent 2 stated that she would like to change the level system, to hire "cool" staff that follow the rules, and for the staff to buy better tasting foods for meals. Respondent 3 stated that she wanted more freedom, to change some staff biases, and prejudices, and to be allowed to have more visitors a week. Respondent 4 would like a racially balanced ratio of staff and residents, more freedom



of choice, and for the program to address cultural differences. Respondent 5 stated that she would like more responsibility and trust from the staff members, more group activities, and more group therapy. Most of the girls responded with some kind of change in staff's attitudes, or behaviors, and less rules which allow for more autonomy.

### **Behavior Charts**

Resident's weekly scores and progress notes were traced back from October, 1993 to March, 1994 (twenty weeks total.) Two of the residents entered this group home during this time frame, so their charts reflect a shorter period of time in treatment. The average length of time recorded on these behavior charts was 15.2 weeks. See Appendix E for behavior charts.

Respondent 1's behavior chart showed a fluctuation between levels 1 and 3 throughout the twenty weeks. Notations in her progress notes ranged from "good attitude" to non-compliant. This twenty week period shows a gradual decline in behavior, as noted by comments and scores received.

Respondent 2 maintained good to excellent weekly scores of 1 and 2. Comments in her progress notes ranged from "good mood" to excessive lying. Her scores and progress notes did not reflect an improvement or decline in behavior over the twenty week period.



Respondent 3 was taken off of the level system because of a demonstration of superior conduct. She was placed on the level system again following her non-compliance with curfew. After two weeks of being placed on the lowest level she returned to demonstrating superior behavior. Her overall behavior shows a sudden decrease, followed by a rapid improvement in behavior.

Respondent 4 entered the program halfway through the twenty week period examined. Scores received during this time reflect superior behavior. Comments made in progress notes reflect a gradual increase in appropriate behaviors. The last respondent entered the program toward the end of the twenty week time frame examined. Her scores indicate good behaviors in the beginning of her placement. Progress notes indicate an improvement in the twentieth week.

### DISCUSSION

The information gathered from the residents, and their files indicated some discrepancies, and inconsistencies. The most prominent of discrepancies was the reason why they were placed in this group home. Of the five girls, only Respondents 1, and 3 were able to correctly identify why they had been placed there. The other girls identified reasons different than their referral indicated. The three



residents who identified different reasons for being in this placement were unclear of the real reason why they had been placed there.

Respondent 2 stated she had been placed in this group home because of abuse. The referral indicates that she had requested to leave her last placement, however. She may have confused why she was placed in this facility, with the reason why she was removed from her home 6 years ago.

Respondent 4 stated that she had been placed at this group home because she was terminated from her last placement. When referring to her file, it was noted that she was placed in this group home because of aggressive behavior. While the resident was correct in stating that she was terminated from her last group home, she was unable to identify what she had done to cause the termination. The respondent may have been embarrassed by what she had done, causing her to not fully answer the question.

Respondent 5 stated that her reason for being placed in this group home was that she was unhappy at home, and she didn't get along with her mother. The file indicates that she was removed from her home because she was abused by her mother. This respondent may not identify the mother's actions as abuse, or she may have answered vaguely in order to protect her mother's character.

An interesting commonality between the residents who answered inaccurately is that they all stated that the



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program wasn't helping them. There may be some link between the resident's being unclear of their reasons for placement, and their perception of the program. If they are uncertain as to why they were placed there, they may inaccurately identify the issues they need to work on. If the resident and the group home identify different issues, then they fail to work together toward resident progress.

The two residents whose stated reason for placement matched that in their files stated they perceived the program to be helping them. This helps lend support to the idea that if the group home and resident are working together, the resident is more likely to perceive the usefulness of the program, and therefore are more likely to perceive progress in the program. In addition to stating that the program helped them, these residents also indicated that what helps them most is the staff. Those staff members who took the time to talk with these girls about their problems led them to feel a sense of security, and caring. This sense of stability may also be linked to the residents perception of progress. If the residents perceive that others are interested in their progress, residents are more likely to increase attention to their actions. Increased attention to their actions, increases the likelihood that they will improve their behavior.

According to Zimmerman (1990), other influencing factors in resident perception of progress may be the



severity of their diagnoses, intellectual functioning, or degree of family disturbance. This information was not the scope of the study, however there is some suggestion that these factors may play a role in hindering growth. Those residents who enter group homes with more severe diagnoses, greater family dysfunctions, and lower intellectual functioning are less likely to understand what is acceptable behavior. This lack of understanding leads to the residents not knowing what is necessary to progress in treatment (Zimmerman, 1990).

It is interesting to note the inconsistencies between staff notations in progress notes, and weekly level earned. These sources should be the greatest indicators of progress, instead they indicated lack of clarity on the staff's behalf. Respondents 1, 2 and 4 had the greatest number of incongruities. These residents were receiving weekly scores of 1, and 2 on the same week that comments like poor peer relations, frequent lying, non-compliance, and bad attitude were repeated more than three times in their progress notes. Levels 1 and 2 should reflect excellent behaviors, compliance and advancement in the program, but for these respondents, they did not. Only respondent 3 had corresponding high weekly levels, and notations that indicated progress.

Common among the three individuals with incongruent records is that they have been in out-of-home placements for



six or more years. This long period of time in out-of-home placement may be one aspect that is hindering their growth. It is possible that these girls have learned to manipulate group home level systems over the years. They may have learned what they need to do to make high levels, and still exhibit negative behaviors.

The extended period of time in these placements may also lead to diminishing value of this structure. Several years in placement may diminish the benefit to the residents because they may perceive, or know that they will never leave the system, so they do not make an effort to improve their behavior. Improved behavior may only come with the acknowledgment that they will be removed from the system, back to a "normal" life style.

Staff bias or lack of clarity about how to score or document is another factor that hinders residents growth. Frequently group homes do not provide adequate training for their staff members, which later reflects on treatment service. This group home lacks comprehensive training on how to keep records that identify individual resident issues, and incorporate resident goals into everyday living.

Another influencing factor for the inconsistencies noted in the behavior charts may be the level system used. This is a poor indicator of progress. The points received on a daily basis are heavily weighed on daily functions. Only 10 points out of 100 focus on the individual resident



issues. In order to effectively address the issues that the resident must improve, more emphasis needs to be placed in this area. The focus should be on increasing socially acceptable behavior, rather than on the residents' daily routine.

The residents frequent request of changing child care workers attitudes may be valid. The residents could very well know the types of comments staff members make about them, and be aware of the generalizations used to describe them. Notations made in residents' progress notes were often times extremely subjective, or too vague in their description. The staff members did not substantiate their comments of "lazy," or "bad attitude" with any qualifiers. Statements were made in a matter-of-fact way, and did not reflect an accurate summary, or assessment of resident behavior. Perhaps the group home should look into improving their current staff population, or hiring more qualified, trained personnel.

Unfortunately, this study did not consider the influence of child care workers on residents' progress. This area merits further study given the residents' comments, and the incongruities in residents' behavior files.

This study was limited in its exploration due to the limited population size, time frame of exploration, and areas studied. The small number of residents did not lead



to any significant patterns as anticipated. Unlike previous studies that linked parental involvement with improved behavior, this study did not show that link. In fact, two of the residents who had the higher number of contacts with family stated that the program was not helping them. None of the residents demonstrated a significant improvement, nor did any of the demographic information noted show any kind of influencing factor toward this end.

It would be beneficial to both staff and residents, if this study were conducted throughout the year. This would allow for comparisons within the program, which would yield further insight into what influences the residents progress. It would also prove to be beneficial if the staff members were interviewed. This would allow the researcher to further examine the possibility of staff bias in limiting or encouraging progress.

Other influencing factors such as diagnoses, pre-existing family problems, the type of counseling received, and previous placement histories would also be important areas to explore. This would enable all possible influencing areas to be explored as a link to resident progression toward behavior modification.



## IMPLICATIONS

Information found in this study reflect a need for continued research in this program. It would be beneficial to conduct this type of study, with the adaptations previously mentioned. This would help to ensure that the staff members are providing adequate services, and that they gear treatment services according to their population. This study points to the importance of workers operating from a consistent frame of reference, with limited subjective interpretations.

The agency may need to offer more staff training to its staff members to ensure that they understand acceptable behaviors, and how to accurately, and objectively document information in a residents' file. Vague statements, and generalizations made by staff members indicate a lack of adequate training in this area. They may also consider hiring more qualified personnel with experience in this field.

Another area that requires attention is the residents awareness and cognition of why they were placed at the facility. If only two residents were able to identify the reason why they were placed in this agency, then it is apparent communication barriers exist. Increases communication between staff members and resident will help increase residents' cognition of progress, and areas that require improvement. Increasing staff interactions with the



residents will help to increase the residents' personal gains and progress in treatment, and eventually strengthen the overall service delivery of the program.

### **CONCLUSION**

Exploration of this group home helped to delineate staff biases, or lack of training as possible influencing factors in residents' progress. Most notably, staff biases were seen in progress notes, and inconsistencies and discrepancies appeared between level scores and progress notes.

Further research within this group home will help to determine other influencing factors in residents' progress. This research will be of no benefit, however, if the staff are not adequately trained, and communication continues to be vague and limited.

It is important as social workers, to remain objective when documenting, and to be sensitive to different cultures, and ages. If we fail to treat our clients with respect, and work with the client in meeting their goals, we fail to provide necessary services. Continued evaluation and exploration of our roles will help to clarify our roles within the agency, and allow us to determine how we can best serve our clientele.



## Appendix A: Interview Questions

1. Why were you placed here?
2. Do you think this program is helping you with your problems?
3. What part of this program helps you most?
4. What do you think you need to help you, that you are not receiving now?
5. How do you think you have changed since you've been in this program?
6. If you could change three things about this program, what would they be, and why?



**Appendix B: Demographic Questions**

1. id number
2. age
3. ethnicity
4. reason placed
5. number of months in program
6. referral source
7. number of family contacts
8. number of prior placements
9. reunification planned
10. total years in out-of-home placement



**APPENDIX C: Demographic Information**

<b>Id #</b>	<b>Age</b>	<b>Ethnicity</b> 1. Caucasian 2. Latina 3. Afro-Amer	<b>Why Placed</b> 1. theft 2. aggressive 3. abused 4. defiant 5. other	<b>Time in program</b> in months (thru 3/94)	<b>Referral source</b> 1. CPS 2. Prob.	<b>Family contacts</b> 1. daily 2. weekly 3. 2 x mo. 4. 1 x mo. 5. never	<b>No. of prior placements</b> total number of prior placements	<b>Reunif. planned</b> 1. yes 2. no	<b>Years in placement</b>
1	13	1	5	23	1	3	5	2	7
2	15	2	5	17	1	2	4	2	6
3	13	2	1	10	2	2	4	2	3
4	17	3	2	3	2	5	9	2	6
5	14	1	3	1	1	1	1	1	0.2



**APPENDIX D: Interview Responses**

Id #	Quest. #1	Quest. #2	Quest. #3	Quest. #4	Quest. #5	Quest. #6
1	They wanted me to come with my sister	Yes	There's people there for you to talk to	Staff that understand and encourage me.	Don't lie as much; more interested in hygiene.	1. more freedom 2. change some rules 3. allow us to go to friend's house
2	My dad hit me, and they could not handle me	No	The level system	More counselors that I feel comfortable with and family counseling	Don't start problems; more respectful of people; less defensive	1. level system 2. need "cool" staff that follow rules 3. better food
3	Grand theft auto, and I kept running	Yes	The structure, and having staff to talk with	Be able to go out and socialize	Don't complain as much, more positive, not as self-conscious	1. more freedom 2. staff biases 3. more visits per week
4	Terminated from other group home	No	They force me to go to school	Nothing, just need an education and a job	Don't do drugs anymore	1. racially balanced 2. more freedom of choice 3. need to address cultural differences
5	Unhappy at home; could not get along with mom	No	Study hour has helped my grades get better	More stress release activities	Talk truthfully; express more feelings--not just anger	1. more responsibility and trust 2. more group activities 3. more group therapy



## APPENDIX E

### Behavior Chart 1

<u>week #</u>	<u>level earned</u>	<u>progress notes</u>
1	2	poor attitude
2	1	poor attitude
3	2	non-compliant
4	1	good attitude
5	2	good peer relations
6	2	non-compliant
7	2	defiant
8	2	poor attitude
9	2	defiant
10	2	good attitude
11	3	manipulative
12	2	poor peer relations
13	3	peer problems
14	1	good attitude
15	2	non-compliant
16	2	rude with peers
17	2	lazy, slow
18	3	non-compliant
19	3	messy
20	2	messy

### Behavior Chart 2

<u>week #</u>	<u>level earned</u>	<u>progress notes</u>
1	1	loud, lies a lot
2	2	loud
3	1	loud, talkative
4	2	good mood
5	2	N/A home pass
6	2	poor attitude
7	2	intrusive, nose
8	2	mimicky
9	2	N/A home pass
10	1	N/A home pass
11	1	quiet, withdrawn
12	2	quiet, slow
13	1	frequent lying
14	1	good week
15	2	excessive lying
16	2	frequent lying
17	2	peer problems
18	1	good peer relations
19	1	good mood
20	2	quiet, passive



### Behavior Chart 3

<u>week #</u>	<u>level earned</u>	<u>progress notes</u>
1	1	great behavior
2	1	cooperative
3	1	positive relations
4	1	good behavior
5	1	N/A home pass
6	off level system	quiet, withdrawn
7	"	positive relations
8	"	hardworking
9	"	N/A home pass
10	"	good week
11	"	positive relations
12	"	good week
13	"	quiet, withdrawn
14	"	good mood
15	"	moody
16	"	easily angered
17	4	non-compliant
18	4	good mood
19	1	good mood
20	1	good mood

### Behavior Chart 4

<u>week #</u>	<u>level earned</u>	<u>progress notes</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10	entered program	quiet, withdrawn
11	2	moody, controlling
12	2	bad attitude
13	1	respectful
14	1	excessive cussing
15	1	narcissistic
16	1	compliant
17	1	glorifies violence
18	1	good week
19	1	glorifies defiance
20	1	good week



**Behavior Chart 5**

<u>week #</u>	<u>level earned</u>	<u>progress notes</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16	entered group home	good peer relations
17	2	frustrated
18	2	demanding
19	2	rude, moody
20	2	improved relations



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