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

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

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

by
Josefina Reyes
Michael Leslie Lau
September 2005


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ABSTRACT

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

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

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

DEDICATION

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

J.R.

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

M.L.L.

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CHAPTER ONE

INTRODUCTION

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

Problem Statement

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

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

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

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

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

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

Purpose of the Study

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

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

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

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

Significance of the Project for Social Work

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

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

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

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

CHAPTER TWO

LITERATURE REVIEW

Introduction

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

Background History

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

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

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

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

Relevancy of Alcohol and Other Drug Treatment in Social Work Education

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

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

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

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

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

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

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

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

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

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

Theory Guiding Conceptualization

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

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

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

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

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

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

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

Summary

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

CHAPTER THREE

METHODS

Introduction

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

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

Study Design

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

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

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

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

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

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

Sampling

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

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

Data Collection and Instruments

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

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

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

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

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

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

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

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

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

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

Procedures

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

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

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

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

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

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

Protection of Human Subjects

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

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

Data Analysis

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

Summary

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

CHAPTER FOUR

RESULTS

Introduction

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

Presentation of the Findings

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

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

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

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

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

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

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

Table 1. Descriptive Statistics

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

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

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

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

Table 2. T-tests

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

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

Qualitative Data

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

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

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

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

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

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

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

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

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

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

Summary

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

CHAPTER FIVE

DISCUSSION

Introduction

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

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

Discussion

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

important factor in determining if a client has AOD issues.

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

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

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

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

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

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

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

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

Limitations

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

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

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

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

Recommendations for Social Work Practice, Policy and Research

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

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

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

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

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

Conclusions

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

APPENDIX A
QUESTIONNAIRE

Alcohol and Other Drug (AOD)
Assessment Instrument

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

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

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

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

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is academic failure?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

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

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is the availability of drugs?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important are community laws and norms?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is favorable community attitudes toward drug use?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important are community resources?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important are low neighborhood attachment and community disorganization?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is extreme economic deprivation?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

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

How important is alienation?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is rebelliousness?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is having friends who engage in AOD abuse?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is early initiation of AOD use?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is gender?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is history of child abuse?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is history of major crisis?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

How important is history of problems with law enforcement?

1 Not Important 2 Somewhat Important 3 Important 4 Very Important

Please answer the following demographic questions.

Gender: (Circle) Male Female

State Age at Last Birthday: _____

Personal Status: (Circle) Single Married Divorced Widow/Widower

State Number of Years Employed in CPS: _____

State Number of Years with Present County: _____

Level of Education: (Circle)

BA MA MSW MFT LCSW DSW/Ph.D

Area of Specialization: (Circle 1 Only)

Adoption/Permanency Planning Family Reunification Family Maintenance Intake/Emergency Response

State Current Job Title: _____

Annual Income: (Circle 1 Only)

Under \$35,000 \$35,000-45,000 \$45,000-55,000 \$55,000-65,000 Over 65,000

Ethnicity: (Circle)

African American Caucasian Hispanic Asian Other: _____

State Average Number of Hours Worked in a Typical Week: _____

State the Number of Days-Off in the Last Year (Vacation): _____

The County has provided me with continuing education and ongoing training regarding

Alcohol & Other Drugs (AOD) issues. Yes No

Do you subscribe to a professional social work journal? Yes No

Are you a member of a professional social work organization? Yes No

Have you attended a professional conference in the last year that addresses substance abuse? Yes No

What percentage of your clients have problems with substance abuse?

INFORMED CONSENT

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

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

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

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

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

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

Please place mark: _____ Date: _____

Agree to be audiotaped: _____ Yes ____ No ____

Verbal Interview Consent

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

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

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

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

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

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

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

APPENDIX D
DESCRIPTIVE STATISTICS

Ethnicity

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

Marital Status

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

Education

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

Years Worked at CPS

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

Descriptive Statistics

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

Correlations

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

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

Correlations

Descriptive Statistics

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

Correlations

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

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

Descriptive Statistics

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

Correlations

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

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

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

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

Correlations (cont)

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

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

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

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

Correlations (cont)

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

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

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

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

T-Test

Group Statistics

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

Independent Samples Test

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

Descriptive Statistics

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

Correlations

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

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

Case Processing Summary

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

a Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.842	7

Descriptive Statistics

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

Correlations

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

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

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

Correlations (cont)

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

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

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

Correlations (cont)

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

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

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

Frequencies

Statistics

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

Frequency table

Impact Employment

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

Medical Status

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

Physical health

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

Social relationships

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

Psychiatric status

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

History of aod

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

Family's needs

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

Family conflict

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

Attitudes in problem behavior

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

Antisocial behavior

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

Academic failure

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

Commitment to school/work

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

Availability of drugs

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

Community laws

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

Community attitudes

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

Community resources

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

Neighborhood attachment

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

Economic deprivation

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

Alienation

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

Rebelliousness

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

Friends who engage in aod

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

Early initiation

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

Gender importance

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

Child abuse

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

Major crisis

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

Law enforcement

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

Gender2

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

Age

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

Personal Status

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

Number of years employed

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

Number of years w/present county

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

Level of education

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

Area of specialization

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

Job title

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

Annual Income

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

Ethnicity

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

Hours worked

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

Days off in the last yr.

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

Training

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

Subscribe to journal

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

Belong to s.w. org.

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

Attended s.w. conference

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

medserv

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

empsup

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

drugal

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

legal

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

famhis

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

famsoc

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

Reliability

Case Processing Summary

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

a Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.842	7

psystat

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

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ASSIGNED RESPONSIBILITIES PAGE

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

1. Data Collection:

Assigned Leader: Josefina Reyes

Assisted By: Michael Leslie Lau

2. Data Entry and Analysis:

Team Effort: Michael Leslie Lau & Josefina Reyes

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Josefina Reyes & Michael Lau

b. Methods

Team Effort: Josefina Reyes & Michael Lau

c. Results

Team Effort: Josefina Reyes & Michael Lau

d. Discussion

Team Effort: Josefina Reyes & Michael Lau