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AN EXPLORATION OF MORALE AND DECISION MAKING OF CHILDREN AND YOUTHS IN FOSTER AND RESIDENTIAL CARE

A project based upon an independent investigation, submitted in partial fulfillment of the requirement for the degree of Bachelor of Arts in Social Work.

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Abstract

Children who are forced into foster or residential care are one of the most vulnerable populations in the United States. Many of these children have not had the benefit of a positive adult role model in their lives and therefore lack social skills and self-esteem often resulting in criminal activity. Previous research indicates various positive and negative influences on morale and decision making of children and youths in both of these populations. This study aims to build upon previous research in an attempt to improve the lives of youths in foster and residential care by further delving into the influences on morale and recidivism rates. This new research will be used to implement new practice methods within both populations, thus allowing social workers to better serve and improve their clients' chances at a successful life. Findings of this study point to the importance of community based interagency programs in order to provide effective services to children and youths in both populations. Lack of available resources was found to be the largest detriment to effective service delivery and various solutions are proposed such as a greater effort among agencies to work collaboratively.

Outline

I. Introduction

a. Problem formulation

i. Definition of foster and residential care.

1. Types of foster care

a. Treatment, kinship

ii. Brief explanation of reasons for delinquency and repeat offenses among children in foster and residential care

b. Problem justification

i. Assertion of social workers' important role in both populations

ii. Atmosphere of typical residential facility

iii. Brief explanation of high recidivism rates among juvenile offenders in residential care and what a social worker can do to help such problems

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1. Proactive solutions within at-risk neighborhoods where foster youth reside or where residential youth live upon release

a. Services provided by community organizations and agencies

i. Crime prevention

ii. Educational supports

iii. Mental health

iv. Child welfare

v. Recreation

2. Comprehensive/Collaborative Programs

a. Coherent services built around the individual needs of children and youth with and at risk of developing serious emotional disturbances.

b. Family-centered, community-based, and appropriately funded

i. presence of protective factors is the prime reason many children and youth exposed to multiple risk factors remain resilient while others in the same environment engage in delinquent behavior, and why some youth transitioning back into their communities from detention or correction facilities are successful while others recidivate

1. social bonding

2. healthy beliefs and clear standards for behavior

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3. Secondary prevention (early intervention) strategies: interventions that are most often less complex, intrusive, and costly than those that are necessary once a problem has become more serious.
    a. Individualized Interventions for At-risk and Adjudicated Youth (Milwaukee)
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    c. Peer mediation and conflict resolution programs
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    e. Integration of services including those provided by the juvenile justice system, mental health system, medical system, schools, and child protection agencies
    f. Prevention of gang formation and involvement, drug dealing, drug markets, and violent victimization
    g. Intensive police patrolling, especially of "hotspots"
    h. Legal and policy changes restricting the availability and use of guns, drugs, and alcohol

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1. Visits

a. "Quality time" spent building a positive family relationship

2. Counseling

iii. Constant, direct contact with professional service providers

1. Residential facilities run by social workers

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iv. Matching conduct disordered youth with treatment

1. Treatment based on behavioral theory

a. Improves psychological adjustment, recidivism, community adjustment, academic improvement

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a. Residents report positive behaviors and interactions of selves and peers to staff

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i. Negative influences

1. Little encouragement on the part of residential staff to get biological families involved
    a. Workers tend to blame families for child's problems
    b. Many parents not willing to be involved
    c. Many youths are in custody of the state
2. Residential care is, for the most part, considered a last resort for treatment
    a. Matching child with treatment type very uncommon in residential treatment
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    c. Choice to place child in residential care often based on availability rather than appropriate match of program
3. General anti-social atmosphere of residential facilities
    a. Delinquent adolescents reinforce antisocial behavior of group members
    b. Association with delinquent peers contributes to anti-social and criminal behavior
4. Ineffective services
    a. "Reactive methods" do not reduce recidivism
        i. 8Children labeled 'delinquent' are often tracked toward correctional placements

aimed at keeping them within a designated setting and modifying their behavior, with little effort to resolve underlying family problems.

ii. Children labeled ‘abused,’ ‘neglected,’ or ‘dependent’ are frequently removed from their homes and quickly placed in foster care, but rarely receive preventive, family support, or mental health services.

iii. Children with mental health needs may be placed in secure psychiatric settings and often heavily medicated with little opportunity for treatment in community-based, family-oriented programs.

iv. Adding more beds to facilities does not help the problem and wastes tax dollars

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i. Each agency has its own eligibility criteria, develops its own case plans, keeps its own records, and does not feel responsible (or authorized) for communicating or coordinating with other agencies.

1. Redundant and/or controversial services

III. Hypothesis

IV. Methodology

a. Goal

i. confirm the influences on morale and recidivism rates already presented in the literature as well as add new information and methods not previously documented

b. Design

i. survey which will include questions based on a Likert scale model followed by open-ended questions which the respondent will be asked to answer in paragraph form

c. Goal

i. confirm the influences on morale and recidivism rates already presented in the literature as well as add new information and methods not previously documented

d. Design

i. survey which will include questions based on a Likert scale model followed by open-ended questions which the respondent will be asked to answer in paragraph form

e. Sample

i. availability sample consisting of social workers, case managers, and group living staff recruited from a foster care agency in

northeast Rhode Island and from a residential juvenile corrections facility in central Rhode Island

f. Data analysis

i. researcher will compile scaled results via a computerized statistical analysis program as well as analyze written results to form qualitative explanations for the quantitative results formed from scaled data

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a. Average demographics

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Introduction

Children who are forced into foster or residential care are one of the most vulnerable populations in the United States. Many of these children have not had the benefit of a positive adult role model in their lives and therefore lack social skills and self-esteem often resulting in criminal activity. Both foster and residential care aim to give their clients a nurturing upbringing (through surrogate parents in foster care and childcare professionals in residential care) but problems often arise because a solid relationship and safe environment provided by nurturing biological parents is all but irreplaceable. This study aims to establish both the positive and negative influences on the morale of foster and residential youth and determine how such factors influence the decision making process of these children, particularly in the case of recidivism among juvenile offenders. Taking this information into account, this study will then attempt to explore possible methods to improve both morale and recidivism rates of both populations.

Solid family bonds seem to be the strongest factor in building firm social skills and self-esteem while deterring youths from criminal activity. According to Ryan and Yang (2005, p. 32), "When an individual's bond with society in general and family specifically is weak, the likelihood of delinquency is increased. Control theorists argue that greater levels of parental attachment are associated with greater levels of control and thus reduced likelihood of delinquency." Unfortunately, most foster children have not received strong guidance from biological parents and many children in residential care either have little access to their parents or none at all. During a study done by Baker, Kurland, Curtis, Alexander, and Papa-Lentini (2007, p. 105, 109), in which 2,274

children from both foster and residential care were used as a sample, “More than 40% had histories of criminal activity and prior psychiatric hospitalizations. One third had histories of substance abuse and suicidal ideating. Nearly 10% had histories of sexual perpetration.” As supported by these statistics, these two groups are at a much greater risk than children who grow up with nurturing biological parents.

Poor social skills are just as large a problem among these two populations as criminal activity and low self-esteem. According to Bowers, Woods, Carlyon, and Friman (2000), “Delinquent adolescents in group settings often reinforce the antisocial behavior of group members and they rarely reinforce positive social behavior” (p. 239). Newly placed children in residential settings are often chastised by their peers and become outcasts. They never have a chance to develop strong social bonds. This anti-social behavior becomes a vicious cycle since each new resident learns such behavior from the more experienced residents. This cycle only builds on the fact that most children introduced into residential care already present trust issues as a result of poor family life and few social bonds made prior to placement.

Obviously, the previously presented problems are of vital significance to social work practice. Social workers are an extremely important part of the lives of children in both foster and residential care, through caretaking, treatment planning, and building of life skills. In fact, most residential facilities are directly run by social workers. A social worker can fill the void in a child’s life left by absent parents by instilling self-confidence, social skills, and providing a solid role model. Social workers can also introduce youths from both of these at risk populations to positive role models outside the profession such as *Big Brothers/Big Sisters*, an organization that provides a positive role

model to children in need. Rhodes, Haight, and Briggs (1999) conducted a study in which they measured the effects of *Big Brothers/Big Sisters* on foster youth. The study showed that such programs have a positive effect in many different areas including self-esteem.

The atmosphere of a typical residential facility is highly antisocial. Social workers can promote positive social interaction in this antisocial atmosphere. Recent studies, including one performed by Bowers et. al. (2000, p. 239), have shown "that rewarding antisocial adolescents in group care for reporting the positive social behavior of their peers can increase positive social behavior exhibited by those peers." This method is referred to as "positive peer reporting" or PPR. These newly acquired social skills will be invaluable when these residents are discharged from care.

Reunification with biological parents is always the goal for social workers employed in a foster care or residential setting even if such reunification is not always possible. Social workers are quite often the mediator between a foster or residential child and his biological parents. This mediation is frequently difficult and reunification is oftentimes proven impossible. Further research into this area must be done to improve the rates of reunification in both settings. Ryan and Yang (2005) conducted a study in which they tested to see if family contact would reduce recidivism of juvenile offenders currently in residential care. The researchers found three types of family contact that helped reduce recidivism: "campus visits initiated by the family, counseling in the family home, and in-home contacts initiated by the family service worker" (Ryan and Yang, 2005, p. 36). Social workers must provide the opportunity for such interaction to take place as Ryan and Yang (2005, p. 37) point out: "Our findings have implications for practice; these findings indicate that residential program staff should engage families

whenever possible. The more families participate in the treatment process, the less likely youths are to experience recidivism." Ryan and Yang (2005, p. 36) further state, "Treatment is unlikely to progress unless key members of the extended family actively and frequently participate throughout the treatment process." Studies such as this have the potential to transform children placed in residential care into productive and positive members of society. Research must be continued to improve the lives of these at risk populations. This study aims to build upon previous research in an attempt to improve the lives of youths in foster and residential care by further delving into the influences on morale and recidivism rates. This new research will be used to implement new practice methods within both populations, thus allowing social workers to better serve and improve their clients' chances at a successful life.

Literature Review

The morale of youth in foster and residential care seems to be inherently low while recidivism rates among youthful offenders in such areas remain high. However, various methods and initiatives have been shown to boost morale and reduce recidivism in either or both populations. The first of these methods includes proactive solutions within at-risk neighborhoods where foster youth reside or where residential youth live upon release. These include services provided by community organizations and agencies in the areas of crime prevention, educational supports, mental health, child welfare, and recreation.

Collaborative programs within the community have been shown to be some of the most effective methods of promoting positive self-identification and reducing recidivism. Such programs aim to combine the efforts of agencies, families, and community based

programs to not only reduce the risk for repeat offenses but also to raise the morale of children in residential care. Proponents of collaborative programs strongly believe that punitive measures will not prevent further offenses on the part of a child who has already been labeled as delinquent. Instead, they emphasize positive approaches that foster opportunities for development and successful community interaction. According to Leone, Quinn, and Osher (2002), "These approaches must involve collaborative efforts that include stakeholders in different domains to develop the positive supports for children and youth, across different environments that will divert them from potentially negative pathways and detrimental outcomes" (p. 12). These stakeholders should include positive and caring adult role models that will help the youth get back on track. Role models can come from such community organizations such as Big Brothers/Big Sisters of America. According to Rhodes, Grossman, and Resch (2000), over five million youths are served by community and school based mentoring programs including more than 100 thousand in Big Brothers/Big Sisters of America programs. A large portion of these participants are foster or residential youth. Rhodes, Haight, and Briggs (1999) conducted a study in which they measured the effects of Big Brothers/Big Sisters on foster youth. The study showed that such programs have a positive effect in many different areas including self-esteem.

A key factor in the lives of both foster and residential youth is education. Many of these youths are forced to live in impoverished areas where access to quality schooling is unavailable. This can lead to below age level academic skills often resulting in embarrassment and low self-esteem. Foster and residential youth have been known to see themselves as "stupid" and put little faith in academics. Low self-esteem leads to low

morale and can possibly lead to crime and repeat offending. Mentoring organizations such as Big Brothers/Big sisters, however, have been shown to increase self-esteem in youths and have been linked to increased academic performance. Rhodes, Grossman, and Resch (2000) cite improved academic performance and self-concept as well as lower recidivism rates among juvenile offenders who have participated in such mentoring programs. Decreased substance use and improved parent and peer relationships are also cited as a result of the program.

Positive influence on parental relationships is a very important factor when it comes to such mentoring organizations, especially for adolescents. Adolescence is quite often characterized by a strained relationship between parents and child. Being in foster or residential care only adds to this strain since many of these youths have had difficult parental relationships in the past and are experiencing trust issues in addition to the typical tensions that come from adolescence. It is during this time that positive familial interaction is essential to the positive development of youths in foster and residential care, a factor that will be discussed later. According to Rhodes, Grossman, and Resch (2000), however, "Alternative sources of adult support can mediate adolescents' paradoxical needs for both autonomy and adult guidance" (p. 1663). Possible results of this positive interaction can include greater self-worth and reduced chance of delinquent behavior. Rhodes, Grossman, and Resch (2000) have added to the presented literature on this topic with their study of youths involved in mentoring programs such as Big Brothers/Big Sisters. Researchers found a statistically significant relationship between participation in such programs and IPPA, global self-worth, scholastic competence, days of school skipped, and grades (2000). All of these improvements are believed to have

stemmed from improved interaction with parents thanks to an adult relationship outside of the home. Researchers believe that this improved parental interaction leads to improved pro-social behavior, which in turn can lead to greater value placed on the scholastic process.

According to Leone, Quinn, and Osher (2005), "The premise is that once the factors that contribute to the problem are identified and removed, and the individual has the skills, supports, and recognition necessary to get his or her needs met in a socially acceptable way, the 'symptoms' of delinquency will diminish" (p.12). The most important thing collaborative programs do is enhance protective factors. Leone, Quinn, and Osher (2002) write,

> The presence of protective factors is the prime reason many children and youth exposed to multiple risk factors remain resilient while others in the same environment engage in delinquent behavior, and why some youth transitioning back into their communities from detention or correction facilities are successful while others recidivate (p. 18).

These protective factors can include, but are not limited to, social bonding, healthy beliefs and clear standards for behavior, and collective factors. Social bonding is important because youths that build strong social bonds tend to develop more pro-social behavior. Making standards for behavior clear for youths help encourage a healthy belief system which instills a greater effort toward positive behavior. Finally, bringing multiple protective factors together is much more effective than the implementation of any single protective factor (Leone, Quinn, and Osher, 2002). Helping professionals must consider risks to the juveniles they serve and the protective factors that will decrease those risks. Leone, Quinn, and Osher (2002) identify four priorities for communities:

> 1. Community organizations to be structured to reduce risk factors for delinquency and to increase protective factors. Parents, schools, and

> neighborhoods are the largest social influences on children and can play a key role in preventing serious crime.
> 2. Early intervention in "at risk families" to reduce serious and violent offending. "Families plagued by violence, abuse, and neglect can be helped by nurse home visitation (before and after childbirth), parent training, and early childhood care and education."
> 3. Better screening of court-referred youth to identify those with multiple problems as a basis for "early" juvenile justice intervention to prevent more serious and violent behavior. Multiple-problem youth are those experiencing a combination of mental health and school problems along with abuse, neglect, and family violence. These youth are at greatest risk for continued and escalating criminal behavior. (p. 19-20)

Community based organizations are key to such collaborative efforts. According to Leone, Quinn, and Osher (2002), "Youth need to know that they are valued, contributing members of their communities and that there are programs for them. Local programs should communicate healthy beliefs and clear standards to youth, and should attempt to strengthen social bonds and provide positive role models" (p. 21). The community in which a youth lives is where he interacts with various systems every day and so the community must promote positive behavioral norms for the youth to develop properly.

Secondary interventions also exist that focus more on supporting individuals at risk. Secondary interventions focus on a single area, such as youth, parents and families, schools, and community, rather than attempting to bring each area together to form one cohesive strategy to reduce risk. Such secondary interventions can focus on children and youths, families, schools, and communities as a whole and can include such treatment methods as social competence training, peer mediation and conflict resolution, integration of services from multiple sources, prevention of gang formation and involvement as well as drug dealing and violent crimes, intensive police patrolling, and policy changes restricting the availability and use of guns, drugs, and alcohol (Leone, Quinn, and Osher,

2002). Secondary interventions are not as effective as primary collaborative methods but are a step in the right direction of promoting positive development of community youth.

One secondary intervention that has been proven successful is positive peer reporting. Residential settings generally have a very antisocial atmosphere. This most likely results from the fact that peers tend to reinforce negative behaviors rather than positive social behaviors. Positive peer reporting (PPR) rewards residential clients for reporting the positive behavior of their peers. This method has been shown to increase positive social behavior (Bowers, Woods, Carlyon, and Friman, 2000) and coincides with the focus on positive reinforcement and intervention methods mentioned by Leone, Quinn, and Osher (2002) in their article about collaborative programs.

A seemingly obvious morale increasing and recidivism reducing method included in the category of secondary intervention is matching treatment to the individual client and his/her individual needs. Unfortunately, with the increasing number of youths in care, especially in state residential facilities, it is becoming more and more difficult to tailor treatment to each individual client and such methods are rarely used. One type of treatment that has been tailored to conduct disordered children in residential settings is treatment based on behavioral theory. According to Frensch and Cameron (2002), studies have shown that "treatment based on behavioral theory produced the greatest amount of positive change across delinquent types and outcome measures including psychological adjustment, recidivism, community adjustment, and academic improvement" (p. 335). Behavioral theory aids in the understanding of the behaviors evidenced by conduct disordered youths which, in turn, leads to treatment that can be tailored to the youths' specific needs. Frensch and Cameron (2002) point to a highly structured reward level

system as a key component to reducing negative behaviors in conduct disordered youths, as well as noting the positive influence of cognitive-behavioral interventions and family therapy.

Positive effects of treatment based on behavioral theory, such as cognitive behavioral interventions, have been cited by other researchers as well. Pearson, Lipton, Cleland, and Yee (2002) conducted a study in which they compared recidivism rates among a group of residential youths who were subject to behavioral and cognitive-behavioral treatment versus youths that received treatment not based on behavioral theory. Measured variables included behavior modification, social skills, and self-control skills among others. Researchers found a significant negative correlation between behavioral and cognitive-behavioral therapy and rates of recidivism. Matching clients with appropriate treatments has been repeatedly shown to be more effective than group treatment both at improving functioning and morale and reducing recidivism rates among adjudicated youths.

Many youths in foster and residential care evidence significant mental health deficiencies and present needs specific to these deficiencies. This is another instance where aiming treatment at issues specific to each individual client can be extremely helpful. No individual method can provide sufficient support to the wide array of mental health issues presented in most residential facilities and specialized foster care programs. Kamradt (2002) cites the “Wraparound Milwaukee” program as an effective program that tailors its treatment to each youth it serves. The Wraparound Milwaukee program focuses on a strength based approach to youth and family problems. This takes the aforementioned behavior theory approaches a step further by focusing on reinforcing

positive behaviors rather than on attempting to change negative behaviors. The approach builds on both internal and external family supports in order to promote more valuable family interaction (Kamradt, 2002). This strengthens the aforementioned notion that positive family contact is extremely valuable in successful therapy of problem youth. The methods utilized by Wraparound Milwaukee have been shown to be successful. According to Kamradt (2002), "The use of residential treatment has decreased 60 percent since Wraparound Milwaukee was initiated. Inpatient psychiatric hospitalization has dropped by 80 percent" (p. 19). Strength based models such as the one presented by Wraparound Milwaukee could have positive effects for residential facilities and foster families across the country.

Perhaps the most important morale booster and recidivism reducer for children in residential care is biological family contact. Consistent contact with family members has been shown to reduce recidivism and increase morale in several professional studies. According to Ryan and Yang (2005), "The association between family contact and delinquency is based on the assumption that certain family factors or characteristics are associated with delinquent and criminal conduct (p. 32). Families have a strong influence on the decision making process of their children. Ryan and Yang (2005) connect this influence to control theory. They write, "Control theorists argue that greater levels of parental attachment are associated with greater levels of control and thus reduced likelihood of delinquency" (p.32). Lower levels of parental attachment often lead to delinquent behavior and subsequent placement in a residential facility. It is during this time of placement that regular family contact can substantially reduce the risk of recidivism. Ryan and Yang (2005) studied a sample of 90 male youths released from

residential care in an attempt to measure how family contact affected recidivism rates. Such family contact included both family visits and family counseling sessions. Researchers found that an average of 118 family contacts occurred between intake and discharge (Ryan & Yang, 2005). Researchers then measured what types of family contacts correlated with reduced rates of recidivism. According to Ryan and Yang (2005), "Three types of family contact were associated with recidivism: campus visits initiated by family, counseling in the family home, and in-home contacts initiated by family service worker were associated with a reduced risk of re-offending" (p. 36). Such types of family contact focus on family strengths, much like the Wraparound Milwaukee program, which in turn build a sense of strength within the youths resulting in less of a will to commit crimes.

Family participation is key if treatment is to be successful; treatment alone rarely achieves positive results. Family contact coupled with professional treatment is able to combat multiple risk factors resulting in more effective therapy. Frensch and Cameron (2002) make note of similar findings: "Outcome studies of residential treatment in larger centers offer support for the significant effect of family involvement in treatment on positive outcomes for children and youth" (p. 331). Ryan and Yang (2005) point out, however, that not all juveniles entering residential care have relationships with immediate or extended family and therefore should be monitored closely. Despite this fact, it can be said with some certainty that family contact is important for group living and clinical staff to focus on for adjudicated delinquents placed in residential facilities.

Unfortunately, there are many negative influences on the morale and recidivism rates of foster and residential youths as well. Residential care is most often considered a

last resort for treatment rather than a worthwhile therapeutic endeavor. A great number of children in residential care have been "taken away" from their parents and forced to live in a state-run facility. This can seem very contradictory to the positive influence of family involvement in the treatment process discussed earlier. As stated by Frensch and Cameron (2002), "Residential treatment is an invasive intervention that affects not only the child's life, but disrupts the entire family" (p. 307). Unfortunately, this stereotypical view of residential care has only added to the notion that it is a last resort. The referral process for residential care also contributes to this view. Frensch and Cameron (2002) point out how children who are referred to residential care are made to feel like "losers" because they are subjected to a variety of outpatient services, such as individual and family counseling, and are only referred to residential care when they "fail" these services. "Failure" can be described as unsuccessful attempts to keep the family intact through various family based services. Basically, clients who are referred to residential treatment are told that they are being referred because no other method has worked to "solve" their problems and the rest of the family system simply cannot handle the stress the child creates. The child is made to believe that he is the problem; he is the reason his family must split apart. For this reason, a large percentage of children referred to residential care have a negative morale before they are even intaked. Therapy becomes very difficult when the client's attitude has been based on failure from the very beginning of his residency.

The overall atmosphere of most residential facilities is one of failure. This overarching feeling applies to both residents and their families. According to Frensch and Cameron, "Much residential work has reflected ideas of children being damaged or

disturbed, children possessing some problem or pathology, or parents being incompetent or deficient" (p. 308). Guilt can become a large factor for parents and can decrease the positive effects of family involvement in treatment. Parents feel as if they have failed the child in the eyes of the community and the overlying negative theme continues. Family autonomy is threatened and a feeling of vulnerability ensues (Frensch & Cameron, 2002). This is partly a result of poor planning on the part of administrators. As previously stated, matching clients with specific treatment methods has shown to be an especially effective and worthwhile approach to treatment. However, according to Frensch and Cameron (2002), the placement of a child is often based on available openings rather than attempting to place the child in a program that matches his or her needs. Baker, et. al. (2007) also point to the fact that it is often unclear whether a child's placement is based on the best treatment method for that child or because it is merely the easiest choice to place the child in that specific program; a common result of a lack of resources in the community. Unfortunately, state and federal budget cuts within the last decade have resulted in a substantial shortage of community resources available for at risk youth.

Another important factor that tends to negate the positive influence of family contact during treatment is the fact that the majority of residential youth do not have a close relationship with both or either of their biological parents. Many identify with single-parent households, a household with one biological parent and his/her current partner, an adoptive or foster home, or may have no parental contact at all (Frensch and Cameron, 2002). Coupled with the fact that the child and family are likely to be under the scrutiny of the state, this factor can add a great deal of stress to family contact and subsequently negate much of the positive effects. Baker, et. al. (2007) present similar

findings as cited in Whittaker, Fine, and Grasso (1989). "They examined administrative data that described a sample of boys entering one RTC in 1985. The authors found that the youth entering the agency tended to come from single parent families or had no parents at all" (p. 99). These findings present similar information to studies conducted more recently. Families with children in care generally tend to be less close-knit. Frensch and Cameron (2002) cite a study performed by Quinton & Rutter (1984) to demonstrate this fact: "Only 23% of mothers with children in care reported seeing their parents at least weekly and only 28% reported that they felt their family was a close one. This was in comparison to 51% and 67% respectively in a matched sample of families with no child in care" (p. 322). The research of Ryan and Yang (2005) is consistent with this point. They state, "It is possible that because of extended and multiple placements in foster care and the continued risk of maltreatment, many of these youths have been unable to sustain meaningful relationships with family" (p. 38). Family contact is simply not possible for some youths in treatment.

Most residential facilities do little to remedy the fact that family contact is often absent during treatment. According to Frensch and Cameron (2002), residential staff rarely assist or encourage family members to be an active part of the treatment process. This is often the result of the tendency of residential staff to see families as responsible for the child's problems which instills a generally negative attitude toward biological family members. Lack of funds and other resources also makes it difficult to involve family with treatment and even when gains are shown, they tend not to last and recidivism rates remain high.

The tendency to lose gains shown during treatment has much to do with the difficulty of adjusting back to life outside the treatment facility and the environment into which the child is released. Frensch and Cameron (2002) cite a study performed by Taylor and Alpert (1973) which found that gains shown during treatment are generally not predictive of adaptation at follow-up. Many residential clients have been a part of the system for years and have become accustomed to the rigid and controlled way of life within the facility. Despite the appearance of avidly wanting to leave the facility, many residents show signs of growing anxiety as the prospect of discharge grows near. Some have been known to purposely act out in an attempt to be kept within the facility for a longer period of time. Upon discharge, many residents are unfortunately released into the very environment in which they got into trouble in the first place. It comes as no surprise that many discharged residents find it difficult to resist falling back in with old delinquent peers and the overall unsupportive environment of the neighborhood. It is very common for such residents to end up back in the same residential facility they were discharged from after reoffending.

Unfortunately, the atmosphere and culture within most residential facilities does little to improve morale as well. Residential facilities are almost overwhelmingly antisocial and this type of atmosphere tends to decrease residents' social skills as well as bring down morale and desire for discharge. Bowers, Woods, Carlyon, and Friman (2000) cite Dishion, McCord, and Poulin (1999) and point to the fact that delinquent residents in residential facilities tend to reinforce such antisocial behavior while very rarely reinforcing positive social behavior. It would seem very difficult for a delinquent with already poor social skills to develop positive social skills needed for integration into

mainstream society while staying in a residential facility. It is no surprise that residents fear discharge, seeing as how they have almost always been encouraged to be anti-social. Also, since the majority of clients in residential facilities have been placed following delinquent behavior, those few residents who have been placed for other reasons tend to be influenced by their delinquent peers. Subsequent delinquent behavior after discharge is often a result.

Efforts to increase positive social interaction have been introduced, such as the Positive Peer Reporting (PPR) method cited by Bowers et al. (2000). However, much more research must be done if methods such as PPR are to be referred to as effective methods. For example, Bowers et al. (2000), write, "PPR has been evaluated only under highly structured conditions and during brief observation periods. Whether these results could be maintained, or could even be produced, in less structured settings over longer periods of time is unknown" (p. 242). Furthermore, the tendency for residential youth to be viewed as "losers," as cited earlier by Frensch and Cameron (2002), increases the odds of a positive social behavior going unnoticed by staff. Residential staff are often so inundated with antisocial problem behaviors and negatively enforcing such behaviors, it is easy to overlook the occasional positive interaction. This oversight is also furthered by the need to look out for oneself demonstrated by many residents. Even if offered a reward for reporting the positive social behavior of a peer, a resident will often let the behavior go unnoticed in order to make himself look better in the eyes of staff.

Perhaps the most prominent negative influence on morale and recidivism rates of children in foster and residential care is the lack of effective services available to these populations. As previously stated, matching clients to specific treatments is rare, but the

problem runs deeper than this one particular issue. As stated earlier, collaborative programs between community agencies and services have been shown to be most effective for at-risk foster and residential youth. These types of services, however, are difficult to implement for a variety of reasons. There exists a great deal of obstacles to truly effective collaboration. According to Leone, Quinn, and Osher (2002), "Departments within agencies may disagree about target populations, agency responsibilities, and authority, and may even tend to place 'blame' on one group or another for the child's problems" (p. 10). A common information base is often lacking and procedures for sharing information are not usually clear-cut. Leone, Quinn, and Osher (2002) also point out that collaboration requires great amounts of time and resources, both of which have been proven to be scarcities in the modern world of social services. Both state and federal budget cuts to social services are on the rise and workers have had to take on much larger caseloads than can effectively be handled while still attempting to collaborate with other agencies. Kamradt (2001), points out the difficulty in defining roles when agencies collaborate. It is often difficult to figure out who is in charge especially when time-honored hierarchies are questioned. Leone, Quinn, and Osher (2002) further this idea by bringing to light the issue of agency "turf" and their trouble with sharing it. "Turf" is also often "buttressed by legislative mandates and political arrangements" (Leone, Quinn, & Osher, 2002, p. 10). Unfortunately, these mandates tend to dictate the actions social workers can and cannot take.

Many services designed for working with adjudicated youth use "reactive methods" designed to focus only on the symptoms evidenced by delinquent youths and punishing these symptoms rather than preventing them in the first place. Leone, Quinn,

and Osher (2002) point out how such methods tend to exacerbate the problem rather than decreasing or eliminating it. These methods, such as adding more beds to accommodate more clients in a residential facility, simply waste tax dollars and do extremely little to solve the problems that contribute to delinquency. Adding more beds will actually have an adverse effect since additional staff is not typically hired to accommodate the increase in residents. Consequentially, residents will receive even less individualized attention and treatment. There is too much focus on modifying behavior of the delinquent and not enough focus on underlying family problems. Leone, Quinn, and Osher (2002) write, "Children labeled 'abused,' 'neglected,' or 'dependent' are frequently removed from their homes and quickly placed in foster care, but rarely receive preventive, family support, or mental health services" (p. 6). A solution to these categorical, fragmented, and uncoordinated services is collaboration, but unfortunately, most agencies have yet to support collaborative methods.

Hypothesis

As supported by the examined literature, there exists a plethora of both positive and negative influences on the morale and recidivism rates of children in foster and residential care. Many of these influences directly conflict with one another making overall improvement difficult. This study aims to test the validity of the positive and negative influences on moral and recidivism rates of children in foster and residential care previously presented. It is predicted that results will be consistent with previous findings within the literature with possible fluctuations due to the nature of social services to change from year to year because of new laws, budget changes, etc. Previous studies have introduced a number of effective methods of improving morale and

recidivism rates, however many have yet to be implemented on a wide scale. From the acquired results, this study will attempt to provide course for greater improvement of morale and an overall decrease in recidivism rates through thoughtful additions to methods already in existence, such as possible ways to implement such methods on a larger scale by using results to combine various methods. This study will also attempt to formulate a new course of action not previously found in the literature.

Methodology

This study aims to determine the positive and negative influences on the morale of children and youths in both foster and residential care and the effects these influences have on recidivism rates of juvenile offenders. The particular goal of the study is to confirm the influences on morale and recidivism rates already presented in the literature as well as add new information and methods not previously documented. It is predicted that study results will be consistent with previous findings within the literature. The study is a descriptive study based on a mixed model quantitative/qualitative design. The study will be conducted through a survey which will include questions based on a Likert scale model followed by open-ended questions which the respondent will be asked to answer in paragraph form (See Appendix B). Surveys will be strictly voluntary, confidential, and anonymous (See Appendix A). This type of research design appears to be best suited to the topic because it allows for both analyzable count-based data and opinion based explanations of answers essential to understanding the information provided.

Sample

The sample for this study will be an availability sample consisting of social workers, case managers, and group living staff. Subjects will be recruited from a foster care agency in northeast Rhode Island and from a residential juvenile corrections facility in central Rhode Island. The residential facility is run by the state and serves juveniles that have been placed there through the juvenile justice system. Subjects must work with either foster or residential youth on a daily basis (i.e. case management, clinical staff, group living staff). Surveys will be distributed throughout the foster care agency by the researcher. A colleague of the researcher will distribute surveys to workers in the residential facility. Each survey will contain a cover letter outlining the purpose of the study and stating that the return of the completed survey constitutes informed consent on the part of the participant (see Appendix B).

Participants are asked to return their completed survey to the researcher or to the researcher's colleague who distributed the survey at the state residential facility. Surveys will be stored in a manner so as not to match any particular survey with its specific respondent.

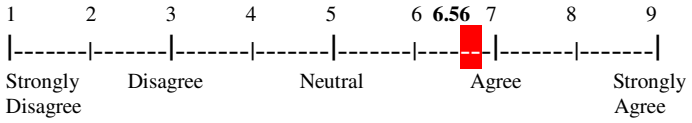
Data Analysis

After all surveys are collected, researcher will compile scaled results via a computerized statistical analysis program as well as analyze written results to form qualitative explanations for the quantitative results formed from scaled data.

Results

The average age of participants surveyed was 35 years. Seven were female and one was male. Due to very low survey return rate from the residential population, seven participants were from the foster care setting and only one was from the residential setting. As for holding a professional degree in social work, 62.5 percent of participants reported holding such a degree while 37.5 percent did not. The average years of experience was 3.34. Each the of questions one through 11 ask for an answer based on a scale from one to nine, one equating to "strongly disagree," three equating to "disagree," five equating to "neutral," seven equating to "agree," and nine equating to "strongly agree." Figure 1 illustrates the mean score for Question one regarding the participant's perception of effectiveness of community based interagency programs at improving morale of youths in care and reducing recidivism rates among juvenile offenders. The mean score for this question was 6.56 indicating a moderately strong agreement with the presented statement that such methods are effective at improving morale and reducing recidivism rates.

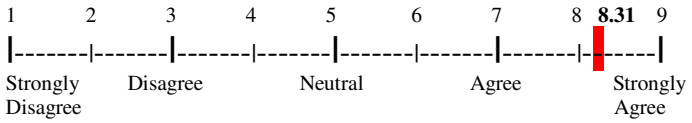
Figure 1: Community based interagency collaborative programs are an effective method of improving morale of youths in care and reducing recidivism rates among juvenile offenders.



Participants were then asked to briefly describe their experience with such programs and each program's level of effectiveness in paragraph form. Common themes included importance of interagency collaboration within the community and focus on the family system rather than the individual youth.

Figure two illustrates the mean score for Question two regarding the environment in which a child or youth grows up and the impact it has on his/her morale and/or decision making process. The mean score for this question was 8.31 showing a high level of agreement that environment has a large impact on the variables presented.

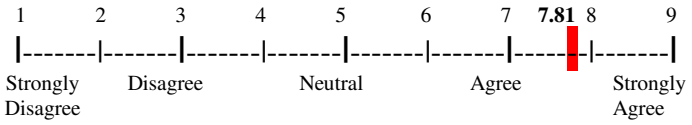
Figure 2: The environment in which a child or youth lives and grows up has a large impact on his/her morale and/or decision making process.



According to qualitative data, a stressful environment is one of the main causes of low morale and poor decisions. However, most clients tend to show marked improvement once in placement. Disruption in education can be especially problematic. Children and youth thrive on consistency and multiple disruptions in school and/or the home can cause a decrease in morale.

Question three states that quality of schooling has a large impact on the morale and decision making process of children and youth. The mean score for this item was 7.81 indicating agreement with the statement as illustrated in Figure 3.

Figure 3: Quality of schooling has a large impact on the morale and decision making process of children and youth.

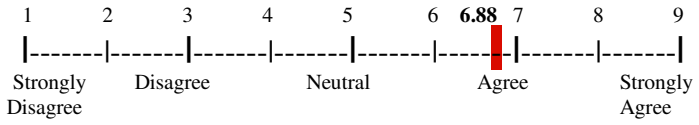


Common themes in qualitative data included the high importance of quality teaching and its correlation with high morale. Poor supervision can have a significant negative effect on morale since a youth may feel unsafe at school and/or focus on merely surviving each day rather than on his/her studies. Participants from the residential facility cited that

residents that come from communities with higher quality schooling are generally better behaved than other residents.

Question four concerns the potential positive impact of mentoring organizations such as Big Brothers/Big Sisters on morale and repeat offending. Figure 4 depicts the mean score of 6.88 indicating a slightly higher than neutral agreement with the positive impact of such organizations on youth.

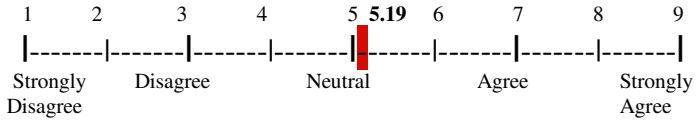
Figure 4: Impact of mentoring organizations



Nearly all surveys pointed to the large importance of consistent positive adult role models in the lives of at risk youth. Such role models provide valuable positive reinforcement and protective factors. However, one respondent brought up the point that there are often long waiting lists for such mentoring programs and valuable time is lost while youths are forced to wait for a mentor. Also, simply having someone around to discuss daily life can help a youth to reflect on how he can improve his functioning.

Question five states that residential settings generally have a very antisocial atmosphere. Figure 5 shows that the mean score for this item was just above neutral at 5.19.

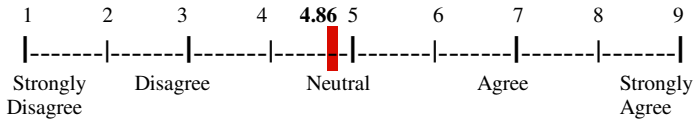
Figure 5: Antisocial atmosphere of residential facilities



Narrative answers tended to cite the “artificial” atmosphere of the typical residential facility. Many mentioned how the system is “flawed” but that atmosphere depends a great deal on each specific facility.

Question six states that the atmosphere of residential settings is typically one of failure. Figure 6 illustrates the mean score for this item was just below neutral at 4.86.

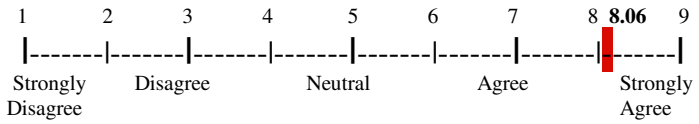
Figure 6: Failure atmosphere of residential facilities



According to respondents, negativity results from residential staff attempting to exert too much control over residents. However, if more is expected from residents than there was in their original home, progress can result. These themes vary from facility to facility.

Question seven asserts that matching treatment to each individual client is very important to successful treatment. The mean score for this item was 8.06, as illustrated in Figure 7, indicating a high level of agreement.

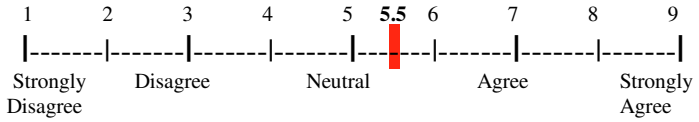
Figure 7: Importance of matching treatment to each individual client



No qualitative information was requested for this item.

Question eight states that matching treatment to each individual client is feasible in today’s social service environment. Figure 8 shows the mean score for this item was 5.5 indicating slightly above neutral agreement.

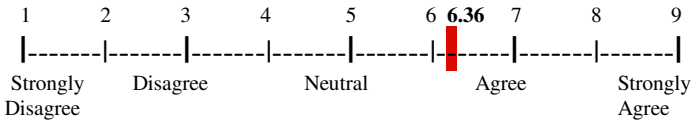
Figure 8: Feasibility of matching treatment to each individual client



Lack of funding and resources tends to make matching treatment to each individual client difficult at present. Communication between multiple agencies is seen as key to the success of this type of approach.

Question nine asks whether treatment methods based on cognitive behavioral theory are effective in raising morale and/or reducing recidivism in the populations analyzed. Figure 9 illustrates a mean score of 6.36 indicating that most subjects were slightly above neutral agreement with the success of such methods.

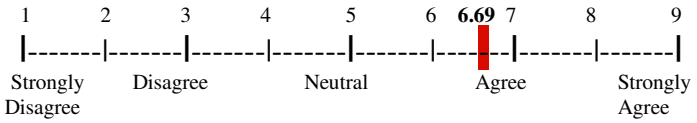
Figure 9: Effectiveness of treatment methods based on cognitive behavioral theory



Respondents pointed out that stability is needed within placement for cognitive behavioral treatment to be effective. The client must also understand the treatment method and be fully involved if positive results are to be achieved.

Question ten emphasizes the importance of contact with biological family members in keeping up the morale of children and youths in care. As illustrated by Figure 10, the mean score was 6.69 indicating agreement with this idea.

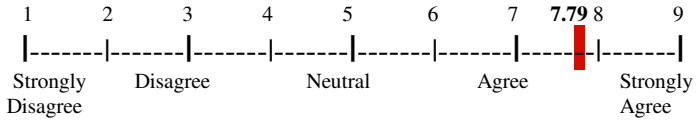
Figure 10: Contact with biological family members is an important factor in keeping up the morale of children and youths in care.



Respondents tended to feel that contact with biological family is very important to a client developing a sense of self. However, biological family contact could cause more harm than good, especially if abuse and/or neglect is a factor in the case. The client's safety is paramount and it helps if the family interaction is guided by a professional social worker.

Question 11 states that effective services for children and youths in foster and residential care are currently lacking. Figure 11 shows that the mean score for this item was 7.79 indicating a high level of agreement with this statement.

Figure 11: Lack of effective services for children and youths in foster and residential care



Respondents agreed that services are currently lacking due to few available resources. Better coordination and communication between agencies is needed if services are to improve. A number of respondents added that a shift toward greater reliance on community based agencies could be a positive change.

Conclusion

The majority of findings from this study were consistent with the previous literature examined. A large percentage of participants agreed that community based interagency collaborative programs are effective at improving morale and reducing recidivism rates of children and youth in care. Within their qualitative responses, participants pointed out the importance of interagency collaboration within the community in which the youths at risk live and focusing on the family system rather than solely on the individual client. These opinions are consistent with research presented by Leone, Quinn, and Osher (2002). However, agreement with the effectiveness, of such programs was not as high as the literature would have one believe. The mean score of 6.56 out of 9 shows relatively strong agreement with program effectiveness, but it is readily apparent that some respondents are harboring reservations. This could possibly be a result of poor outlooks on feasibility of such methods and lack of effective services currently available for children and youth in foster and residential care. This study

indicated a neutral outlook on feasibility of interagency community based collaborative programs (5.5 out of 9) and very high agreement with the statement that effective services are currently lacking for these two populations (7.79 out of 9). Participants appear to believe that such programs could be effective if enough resources are available to make them feasible in today's society.

Participants in this study also agreed with prior research, which points to the large impact of environment on a child's morale and decision making process (Leone, Quinn, and Osher, 2002). This is why collaborative programs based in at risk neighborhoods are so important. A negative environment will turn out negative morale and decisions while a positive environment will promote positive morale and decisions on the part of neighborhood youth. Two important factors that contribute to a positive environment, as pointed out by the literature, as well as this study, are quality schooling and positive adult role models/mentors (Rhodes, Grossman, and Resch, 2000). Participants' perception of the importance of quality schooling was extremely high at 7.81 out of 9. Quality of teachers was pointed out as the most important factor in what youths take from their schooling. The environment can be less than desirable, but one or two quality teachers can make a significant difference in a youth's level of functioning. This is one aspect that the literature did not examine; rather past researchers, such as Leone, Quinn, and Osher (2002) have solely focused on the school environment as a whole.

Participants also agreed with Rhodes, Grossman, and Resch (2000) in that mentoring organizations such as Big Brothers/Big Sisters can provide quality adult models for children and youth at risk. A mentor can provide positive reinforcement and protective factors. Even having someone to merely discuss daily life can have a strong

positive impact on a youth's functioning. However, in addition to the literature, participants pointed out that in reality, there are usually very long waiting lists for such organizations and youth often end up behaving in a delinquent manner before a mentor can be secured.

One area in which this study differs from the literature (Baker, et. al., 2007, Bowers, Woods, Carlyon, and Friman, 2000, Frensch and Cameron, 2002) is the perception of the atmosphere of residential settings. The literature presents residential facilities as having an overarching antisocial atmosphere as well as an overall tone of failure. Participants in this study, however, reacted neutrally to these statements stating that the atmosphere depends on the specific setting. Facilities can have an artificial atmosphere and staff can promote negativity by attempting to exert too much control over residents, but this is by no means the norm. In fact, residents tend to improve their behavior if more is expected of them than was previously in their biological home.

Data obtained from this study was very consistent with the literature of Kamradt (2002) on the subject of importance of matching treatment to each individual client. Participants experienced high success rates with these treatment methods as past researchers presented in the literature. However, past research (Baker, et. al., 2007, Frensch and Cameron, 2002), as well as this study, has found that matching treatment to each individual client is not very feasible in today's society. An overall lack of funds and resources has presented difficulties in interagency communication and collaboration, which is seen as key in matching treatment to individual clients.

Contact with biological family is presented as one of the most important factors to quality functioning of children and youth in foster and residential care within the

literature (Ryan and Yang, 2005). Consistent contact typically results in more effective therapy and positive outcomes. However, the literature of Frensch and Cameron (2002) and Baker et. al. (2007) does acknowledge that not all children in care can have consistent contact with biological family members because of reasons such as abuse or lack of available family. This study adds to past research by acknowledging the fact that family contact can actually have a negative effect on the functioning of youth in certain cases. Some clients come from homes characterized by both physical and emotional abuse and family visits can reopen wounds caused by past abuse. The social worker(s) involved with each individual case must carefully monitor family contacts to make sure the client is being affected in a positive way.

Participants' responses were consistent with the literature stating that cognitive behavioral therapy can be an effective method in raising the morale and reducing recidivism rates of children and youths in care, but other factors must be in place as well (Frensch and Cameron, 2002, Pearson, Lipton, Cleland, and Yee, 2002). For example, stability within the placement is very important and the client must fully understand and be involved in the treatment process. Some participants also admitted that they have not had a great deal of experience with cognitive behavioral methods, which could account for the mostly neutral mean score for this subject area.

Participants were in strong agreement with the statement that effective services for youths in foster and residential care are currently lacking (Kamradt, 2001, Leone, Quinn, & Osher, 2002). This response is consistent with the literature. Participants pointed out that communication between agencies is essential to improvement of

services. Participants also agreed with the literature that a shift toward greater reliance on community based agencies and programs would be a positive change.

Implications and Limitations

This study has important implications for the social work profession, particularly in the child welfare sector. A great deal of research has been performed pertaining to foster and residential care, but this study adds important insight into the literature presented. By bringing both positive and negative aspects of current treatment methods together in one coherent work, this study allows for closer examination and greater insight into what can be done to improve the services offered to children and youth in foster and residential care. The findings of this study point to various methods that can be used to improve services offered to these two populations, which can hopefully lead to higher functioning and better outcomes resulting from treatment. In particular, this study brings light to the actual atmosphere of both foster and residential programs because participants include direct service workers from each population. These populations account for a high level of realistic responses because participants are so directly and intricately involved with the foster and residential care population. Despite the various effective treatment methods discussed by researchers, this study makes it readily apparent that these methods are in general not properly collaborated upon and not used widely enough in today's society. Much of this is obviously due to a lack of resources as pointed out by Leone, Quinn, and Osher (2002) and participants in this study, especially during the current economic recession.

However, much can be done within the social work profession to at least take steps toward more effective treatment by simply making more of an effort to work

collaboratively and working to get past outdated views such as the tendency of agencies not to share their "turf" (Leone, Quinn, and Osher, 2002). Once the profession is able to organize itself through interagency collaboration, social work professionals will have a more powerful voice in the reworking of current policies and the formation of new ones. More effective and coherent advocacy can then be made to increase the availability of resources necessary for truly effective treatment such as being able to match treatment to individual clients on a much wider scale (Kamradt, 2002).

Limitations of this study include the fact that a sufficiently representative sample from the residential care population was not obtained because of a very low response rate from potential participants. However, a fairly good sample was obtained from the foster care population and many of the participants claimed to have had past experience with residential care. Therefore, a representative sample was obtained from each population but the sample could definitely have better represented the residential population. If this study were to be expanded in the future to include a larger sample from each population, resulting in more accurate representation, then the information obtained could very well be used to take treatment methods already in place and improve upon and combine them to provide a higher level of treatment and therapy to clients from both populations. At the very least, this study brings to light the strengths and weaknesses of current services to children and youth in foster and residential care and will serve as a template for the areas which must be explored further in order to achieve the highest level of treatment possible for children and youths in these at risk populations.

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Appendix A: *Consent Form*

Dear Potential Participant:

I am a senior Social Work Major at Providence College inviting you to participate in a study of the influences on morale and decision making among children and youths in foster and residential care. Knowledge of the issues surrounding this topic is very valuable to social workers as well as other helping professionals in that it can help us better understand the clients we serve. Data gathered in this study will be reported in my senior thesis in ways described below.

At the present time, helping professionals in foster and residential care are being recruited for this research, specifically from a foster care agency in northeastern Rhode Island and a residential juvenile corrections facility in central Rhode Island. Participation will involve filling out a brief survey designed to probe the opinions of each population on the topics of morale and decision making of clients. Participants will be asked to briefly explain their answers to most questions as this is a study concerned with explanations rather than merely facts and statistics. Foster care staff should return their completed surveys to me directly while residential juvenile corrections employees should return their completed surveys to Shannon Fitzgerald.

There are no anticipated risks associated with involvement in this research. Participants are free to cease participation in this study at any time until the anonymous survey is returned to the researcher.

The benefit of participating in this study is the knowledge that the participant has contributed to the knowledge of this subject which will aid helping professionals in the future.

This study is completely anonymous in that no one will have access to data obtained other than myself and Ms. Fitzgerald, and no identifying information on the part of participants is necessary.

Participation in this study is completely voluntary. Once again, you may withdraw from the study at any time until the anonymous survey is returned.

YOUR COMPLETION AND RETURN OF THE SURVEY INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for participating in this study.
Kevin Stanford, Class of 2009, Department of Social Work
kstan1905@gmail.com

Appendix B: *Survey*

Directions: For scaled questions, please circle the area on the scale that best describes your answer. For open ended questions, please provide a brief answer in paragraph form.

Age: _____ Gender: _____ Program:_____ Job Title: _____

Do you hold a professional degree in Social Work? (If yes please indicate) _____

Please indicate number of years of experience in your specific program. _____

1. Community based interagency collaborative programs are an effective method of improving morale of youths in care and reducing recidivism rates among juvenile offenders.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree Disagree Neutral Agree Strongly Agree

If you have had experience with such programs, please provide a brief description of the program and its level of effectiveness.

2. The environment in which a child or youth lives and grows up has a large impact on his/her morale and/or decision making process.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree Disagree Neutral Agree Strongly Agree

Please comment on how environment has influenced the morale and decision making process of your clients both before, during, and after placement.

3. Quality of schooling has a large impact on the morale and decision making process of children and youth.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree Disagree Neutral Agree Strongly Agree

Please comment on any difference in morale and decision making you have witnessed in clients who have received poor schooling versus clients that have received high quality schooling.

4. Mentoring organizations such as Big Brothers/Big Sisters are a positive influence on the morale of children and youth in care and could discourage juvenile offenders from repeat offending.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree Disagree Neutral Agree Strongly Agree

How have mentoring organizations influenced your clients?

5. Residential settings generally have a very antisocial atmosphere.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. The atmosphere of residential settings is typically one of failure.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree Disagree Neutral Agree Strongly Agree

If you have had experience with residential settings, please describe the atmosphere and how it has influenced your clients.

7. Matching treatment to each individual client is very important to successful treatment.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

8. Matching treatment to each individual client is feasible in today's social service environment.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Please describe the level of feasibility you chose and describe your reasoning.

9. Treatment methods that utilize cognitive behavioral theory are effective in raising morale and/or reducing recidivism.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

If you have experience with cognitive behavioral treatment methods, please describe how they have effected your clients' morale and/or likelihood to repeat offend.

10. Contact with biological family members is an important factor in keeping up the morale of children and youths in care.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

In what ways has contact with biological family members influenced your clients' functioning? Do you see a difference in the morale of clients who have regular interaction with biological family members versus clients who do not?

11. Currently, effective services for children and youths in foster and residential care are lacking.

|-------|-------|-------|-------|-------|-------|-------|-------|

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Please explain your answer and any feelings behind it. Also, please offer any opinions as to how more effective services can be implemented.