

R E P O R T R E S U M E S

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THE DIVISION OF CASEWORK RESPONSIBILITY AS A METHOD OF
WORKING WITH EMOTIONALLY DISTURBED CHILDREN IN FOSTER CARE.
FINAL REPORT.

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IOWA CHILDRENS HOME SOCIETY, DES MOINES

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DESCRIPTORS- *EMOTIONALLY DISTURBED CHILDREN, *FOSTER FAMILY,
CASEWORKERS, PSYCHOLOGISTS, *CASEWORKER APPROACH, *PARENT
ROLE, PEER RELATIONSHIP, ADJUSTMENT (TO ENVIRONMENT), SELF
EVALUATION, SOCIAL AGENCIES, STUDENT EVALUATION, INDIVIDUAL
CHARACTERISTICS, CHILD WELFARE, COMPARATIVE ANALYSIS,

TWENTY-FOUR EMOTIONALLY DISTURBED CHILDREN BETWEEN THE
AGES OF 7 AND 16 WERE DIVIDED INTO TWO GROUPS, ONE IN WHICH
PARENTING AND THERAPY WERE DONE BY THE SAME WORKER AND ONE IN
WHICH THE TWO FUNCTIONS WERE ASSIGNED TO SEPARATE WORKERS ON
THE HYPOTHESIS THAT CHILDREN IN THE SPLIT-CASE GROUP WOULD
SHOW MORE IMPROVEMENT AT THE END OF 2 YEARS THAN THOSE IN THE
SINGLE-CASE GROUP. EVALUATION OF EACH CHILD COVERED SCHOOL
PERFORMANCE, RELATIONS WITH PEERS, HIS OWN EVALUATION, AND
THE CASEWORKER'S JUDGMENT OF THE CHILD'S ADJUSTMENT AND
PSYCHOLOGICAL TEST RESULTS. MOST OF THE CHILDREN IN BOTH
GROUPS IMPROVED AFTER 2 YEARS, AND ALTHOUGH NOT PROVED, IT
WAS FELT THAT PARENTAL FORCE WAS RESPONSIBLE FOR THE
IMPROVEMENT IN BOTH GROUPS. THE MAJORITY OF THOSE WORKING
WITH THE CHILDREN DID NOT FAVOR THE SPLIT CASE AS THE
PREFERRED METHOD. THE AGENCY SHIFTED ITS FOCUS OF INTEREST
FROM THE SPLIT-CASE METHOD TO AN OVERALL PHILOSOPHY OF THE
AGENCY AS PARENTAL FORCE. RECOMMENDATIONS WERE THAT (1)
AGENCIES CONDUCT STUDIES COMPARING PARENTAL FORCE WITH
ANOTHER METHOD, (2) RESEARCH BE UNDERTAKEN TO ESTABLISH
CRITERIA FOR GUIDING JUVENILE COURTS AND CHILD CARING
AGENCIES IN DECISIONS SEPARATING A CHILD FROM HIS FAMILY, FOR
EFFECTING THE SEPARATION WITH A MINIMUM OF TRAUMA, AND FOR
PROVIDING THE CHILD WITH A PARENTING EXPERIENCE, AND (3) THE
CHILDREN IN THE PROJECT BE STUDIED FURTHER FOR MORE EFFECTIVE
EVALUATION OF CHANGES. (JK)

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CHILDREN IN FOSTER CARE

A Final Report

to

Children's Bureau
Welfare Administration
Department of Health, Education, and Welfare
Grant D138 (C1)

Prepared By

Edith Zober

The Iowa Children's Home Society

In collaboration with
Eleanor M. Friedman, Psychologist
Merlin Taber, Ph.D., Research Consultant
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Elizabeth S. Turner, Director of Casework
Lawrence H. Scales, Jr., Director
Iowa Children's Home Society

1101 Walnut Street
Des Moines, Iowa 50309
February 13, 1967

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IN APPRECIATION

This project was made possible by the effort of many people. Lawrence Scales, Jr., Executive Director of the Iowa Children's Home Society, has the conviction that private agencies such as the Iowa Children's Home Society have a responsibility to the field of child welfare to study their practice, develop new methods, and share their findings with the field. This project was developed because of his interest and support.

The project is the work of the entire Iowa Children's Home Society family who helped think through the ideas, and participated in every phase of the work. I would like to mention particularly Mrs. Elizabeth S. Turner, Director of Casework, and the following caseworkers and supervisors: Richard Ansher, Barbara Boatwright, Anne Boye, Catherine Williams, Richard Gaspari, Miriam Kauderer, Keith Oswald, Virginia Ririe, Marcia Sherman, Hilda Sickels, Donald Sjolund, Roberta St. John, Vija Straumanis; our research secretary, Betty Wilson; our bookkeeper, Pauline Smith, and those who were less directly involved but who were interested and helpful.

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Edith Zober
Project Director and
Principal Investigator

February 13, 1967

I. THE PROBLEM

INTRODUCTION

This report is divided into three major parts. Part I describes the background and method of the problem under study, the description of the Iowa Children's Home Society setting and the children who were the subjects of this study. Part II summarizes the areas in which we looked for changes in the children over the two year period. This part is concerned with the specific measures used to find out how the child functioned from the points of view of the foster mothers, the child's peers, the teachers, the psychologist, and from the child's own point of view. Each of the five sections in this part, while discussed separately, must be considered as part of a picture; none should be considered alone. Part III returns to a discussion of the problem and includes the findings, in which we discuss the ideas we learned from the project, particularly how to translate the concept of parental force into agency procedure.

BACKGROUND AND METHOD

The specific idea for this project was conceptualized after a staff meeting during which Dr. Milford E. Barnes, consulting psychiatrist to Iowa Children's Home Society, discussed the importance of the agency's letting a child know who is responsible for him. Dr. Barnes later expanded on the parental force idea in a speech¹ given at the Iowa Welfare Association meeting, reviewing the development of parental force as follows:

"The term 'Parental Force' was first used, to the best of my knowledge, by Dr. J. Franklin Robinson in a paper on 'Arranging Psychiatric Treatment with Foster Children' published in Child Behavior in 1950. He used it there to refer to the parent-like responsibility and role played by a foster agency during any period of psychiatric treatment of a child in the custody of such an agency; and to refer to the need of a child for the agency to fulfill such a role. As Dr. Robinson used the term, it would have approximately the same feeling as that associated with a responsible, conscientious and personally invested legal guardian. It is a convenient term for this role itself, whatever it may be called.

"We are all aware of the tremendous importance of the child-parent relationship in the emotional development of a child. The original studies of Anna Freud, Burlingame, Lowry, Goldfarb, Spitz, Bowlby, and others on the severe results of maternal deprivation and institutionalization upon children sounded the knell for the old 'orphanages' of the past and led to the present emphasis upon adoption and foster-home placement. Freud, of course, had emphasized the importance of the evolution and satisfactory resolution of the 'family romance' as the sine quo non for the emotional development of a child and certainly all contemporary studies have reinforced this emphasis. Over simplified, one might say 'no Oedipal evolution and resolution, no growth.' If there exist no defined and

enduring parent figures present in the child's life in relation to whom the child can first develop and then resolve his feelings, he will either fail to develop the capacity for attachments, will develop fragmentary ones or will evolve the attachments with fantasy figures. Where no consistent and enduring parent figures exist, treatment is at best difficult and in many instances impossible.

"The need of a child for adequate parenting takes precedence by far over any other need and presents both the child and any proposed therapist with a difficult, often impossible practical and theoretical problem when it is not met to at least a minimal degree...

"To carry our thinking further, a child is a growing and developing being and its emotional growth must occur in relationship to meaningful people in its life. It does not and cannot occur in a feeling vacuum. At any given time in a child's life, no matter how 'healthy' he is at that time, he still has further development to make which can only be done by virtue of a continuing growth-fostering relationship between the child and some meaningful person or persons. Dr. Robinson suggests that a duly appointed child-caring agency accept from the beginning a child's primary need for adequate and consistent parenting and plan for this before seeking any kind of treatment. In this concept, the agency should seek the kind of help it needs at any given time from any available source but, in doing so, it continues to be responsible for the child and for the

proper guardianship of the child. If residential treatment is indicated, the agency should choose the place, just as a natural parent would if he could; there should be a definite and limited purpose in mind for the agency, usually the purpose of bringing about a suitable growth-fostering relationship between the agency worker and the child.

"To this end, the agency worker should be an active participant in the treatment process, visiting the child, seeking for a better understanding with the child and better communication between them, encouraging the child, planning with the child for his future, and guarding him against any abuse or poor practices even to the point of removing him from a given treatment center if it doesn't seem to be doing its job well. If one mode of handling doesn't seem to be working, the agency should, as a responsible guardian, seek another mode, just as would natural parents. Even if admission to a correctional institution becomes necessary, the agency should seek to support the child while there and to care for him on his release.

"In doing all of this, the agency can offer to the child--even if workers change--a consistent, enduring guardianship, in relation to which a child can grow, alternately struggling against and giving into until he finds his own self. Moreover, a foundation of shared experiences gets built up, both happy and unhappy and the primary ingredients of meaning gradually accumulate.

"Where such a parental force is active, a therapist is set free to be therapeutic and not parental and can, hence, be more efficient. A hospitalization can be set forth in its true light--as an interlude in the child's life--not as a permanent state. It becomes possible, since the agency furnishes the continuity in planning and responsibility through time, to set up sequences of therapeutic experiences instead of desperate last stands. It becomes possible never to despair, even with the most difficult cases.

"In summary, let me put forward the following propositions:

1. A child grows emotionally by virtue of the evolution of his relationship to the meaningful people in his life, who are ordinarily his parents but who may be essentially absent in the case of a child without a family.
2. In the instance of a child without a family, proper guardianship comes ahead of treatment, parents are more important to a child than doctors and treatment cannot be very effective unless proper guardianship is established first.
3. The establishment of the conscientious guardianship of a child, which has been termed by Dr. Robinson the establishment of a 'Parental Force', gives meaning to the treatment and facilitates it in many different ways.

4. The presence and activity of an enduring Parental Force permits flexibility in treatment plans and a long-term approach to the child's problems.
5. The role of a conscientious guardian is needed by any child but particularly by those who do not have it. It is theoretically sound, pragmatically successful and morally merciful and humane. The latter, alone, would justify the effort involved."

The idea of the agency as a parental force was acceptable to the Iowa Children's Home Society which was already trying to change its method of doing casework therapy in an effort to change the pattern of adolescent failure in foster family care. Under the guidance of Dr. Ada Dunner, consulting psychiatrist, it had become apparent that the worker responsible for contacts in the foster home, who had a relationship with the natural parents, the foster parents, and perhaps school personnel, and who was also the person who could approve allowances, clothing purchases, vacation plans, and all manner of special privileges, was not the person who could also establish an effective therapeutic relationship. Therefore, when guidance center service or private therapy was not available, these cases were assigned to a second caseworker within the agency. This second worker had no role except to provide a relationship of sufficient intensity to facilitate the child's verbalization and to promote a nonauthoritative exchange. The distinction seemed to be understood by the children and the foster parents.

As we worked with both consulting psychiatrists, it began to appear that the concept of environmental worker, whom Dr. Dunner saw as taking responsibility for the external management of the child's life, could be expanded to the parental force worker who had the broader responsibility of providing a child with a framework in which he belonged to someone who would not let his life be fragmented and who would see to it that the child received those things which society expects a parent to provide. Elizabeth G. Meier² has spelled these out as follows:

1. The parent is expected to provide the child with his material needs--food, clothing, shelter;
2. The parent is expected to stimulate the child to use his intellectual and sensory equipment in accordance with cultural definitions of sensory experience. The child must learn to associate meaning and values, culturally derived, with these stimuli. The child reared in a religious atmosphere, for example, sees the rainbow as not only an arched spectrum but as a symbol of God's promise that never again would the world be destroyed by flood;
3. The parent is expected to introduce the child into various social institutions--school, church, law;
4. The parent is expected to provide emotional sustenance;
5. The parent is expected to provide gratification through his love and approval, enabling the child to internalize parental standards of behavior, and thus to develop a conscience.

The project was set up with the aim of testing what we called a new method, of dividing casework responsibility into two component parts, parental force and therapy, as a way of working with disturbed children in foster care, using the casework resources with the agency.

The Method

The method we set up to test the program was chosen in order to have as much structure as possible in the project without sacrificing the human considerations for the welfare of our children. The mode of operation was set up as follows:

1. Sample:

The study included a sample of twenty-four boys and girls between the ages of seven and sixteen who were accepted for service as new cases at the Iowa Children's Home Society between the period of December 1, 1963, and December 1, 1964.

2. Intake:

All children who came to the Iowa Children's Home Society after December 1, 1963, where the referring agency expected the child to remain in foster care for at least two years were to be included in the project. All the children who were referred to the agency were considered to be emotionally disturbed and to need more than custodial care. They were expected to be referred by juvenile courts or counties because there was no facility other than the Iowa Children's Home Society which would accept children who needed intensive treatment.

At intake, information was gathered about the child's biological characteristics, group memberships, legal status, placement history, and biological parents.

3. Assignment to Split or Single Case Groups:

The cases were assigned at random to one of the two methods used in the project. In the first group, one caseworker was to do all the casework with the child; in the second group, one worker was to act as parental force worker and another caseworker was to do casework therapy. In both groups, casework was to be the method used to help the child make the best possible use of foster care provided under the supervision of the agency.

4. Exposure of the Child to Professional Help:

The plan was to hold the exposure to professional help constant. The children who had a separate parental force worker and a therapy caseworker were expected to have the same total number of interviews as the children for whom one worker combined the functions of parenting and therapy.

5. Staffing:

Each case was to be staffed every two or three months and all crucial persons were to be involved. Each case was to be staffed at least two times during the year with one of the consulting psychiatrists.

6. Evaluation:

Evaluation of each child was to be made on the basis of the way the child performs in his daily life. These evaluations

included: the child's school performance, relations with peers, his own evaluation, the caseworker's judgment of the child's adjustment and psychological tests.

At the end of the period we planned to compare the two groups of disturbed children in foster care. Changes in adjustment and functioning were to be determined. The proposition to be tested was that positive changes would be greater in the split case group.

THE SETTING³

The Iowa Children's Home Society was founded in 1888 as the Iowa Educational Aid Association by a group of ministers and layman inspired by Reverend Van Arsdale's free home movement. The purpose of the Association was to be "an intermediary between homeless children and childless home." The Iowa Children's Home Society (hereafter referred to as ICHS) was under the direction of superintendents who were Protestant clergymen. Seven district superintendents covered the state, raising funds and finding homes for their work of "child saving." In 1922, Laura Taft became the first head of ICHS to be called "director," and in the next few years the use of paid boarding homes replaced the previous free-home and contract arrangements. A central professional staff replaced the district superintendents.

The years after World War II brought a third stage in evolution of the agency: increased attention to the problems of disturbed children, full professional qualifications for staff, psychiatric consultation, and emphasis on casework to families of children under care. By the late 1950's the agency had a professional staff of about 20, two psychiatric consultants, and facilities that included a central office building and a group care home. The program was designed to provide a range of services that now included casework with unmarried mothers and help in planning for their children, adoption service, and foster family care service.

The foster care program had become limited to the care of disturbed children as part of an overall agency treatment plan. Public agencies were increasingly accepting the responsibility for

filling the need for foster family care. Thus, a specialized function was emerging for ICHS--treatment of children unable to adjust in their own homes, in foster family homes, or in institutions. Like many other voluntary agencies, ICHS centered its attention on the disturbed child.

In summary, the history of ICHS reflects that of the field of child welfare--from protection to treatment and prevention, from a moral base to a more scientific and professional base, and from an "intermediary" role to fuller acceptance of the necessity for comprehensive and continued planning. Finally, the focus on needs of the disturbed child is especially important for the development of the "parental-force" philosophy and program.

Problems in Child Care

As the function of ICHS has changed, new problems have emerged-- these problems appear to be general ones for the field and not peculiar to ICHS. The first of these is that there seems to be an increased number of disturbed children and a lack of resources for their treatment. Another problem is the special one of helping a child away from his own home to resolve emotional problems and achieve integration and identity as a person. A third problem is one for the child's worker: How can the worker meet the diverse demands of managing the child care situation smoothly--offering security to the child, helping natural parents and foster parents--and act as therapist for the child?

Parental Force at ICHS

The development of a parental-force program is the fourth stage in the evolution of the Iowa Children's Home Society. The basic

concept in the parental-force philosophy is that ICHS literally becomes the "parent" of every child it accepts for care, either by a direct release (delegation) from the natural parent or through the implied delegation of court action. This responsibility, once assumed by ICHS, cannot be shed except through the development of some other permanent plan of custody for the child--back to the natural parent, into adoption, or into self-maintenance. Referral may be made to another agency only for physical care, health service, or therapy, but parental responsibility remains with ICHS.

DESCRIPTION OF THE CHILDREN IN THE PROJECT

I. The External FactsSex and Age

The group of children in our sample consisted of 12 boys and 12 girls. No attempt was made to have an equal number of boys and girls in the project; this was just the group that happened to be accepted by ICHS for service during the year. The children were about equally divided by sex in each subgroup. There were 7 boys 5 girls who had split cases and 5 boys and 7 girls who had single cases. Exactly half of our children were 14 and over and half under 14. Our breakdown by ages was as follows:

TABLE 1

AGE OF CHILDREN IN THE PROJECT, BY SPLIT AND SINGLE CASE GROUPS

Age	Total Number in Project	Split	Single
Total	24	12	12
16	3	2	1
15	1	0	1
14	8	4	4
13	4	4	0
12	1	1	0
11	3	0	3
10	1	0	1
9	1	1	0
8	1	0	1
7	1	0	1

Referral Source

Twelve of the children were referred by the Polk County Juvenile Court. Two were referred by Polk County Welfare and two by private agencies in Des Moines. This means that sixteen of the twenty-four children, or 2/3 of the children in the project were Polk County referrals. The other eight children were referred as follows: three by the Mental Health Institute at Independence, three by county juvenile courts, one by a private agency and the other was a joint referral by the parents and a private agency.

Legitimacy Status

Six of our 24 children were born out of wedlock. Four of them, two split and two single cases, had parents who were living together in a common-law arrangement but were not married to each other. For these four there was some contact with both parents even though it was for a brief period. The other two, one split and one single, lived with their mothers and stepfather.

Adoption

Seven of our 24 children were adopted. None were adopted as an infant. Three were adopted through agencies. They were placed at age one, two and a half, and three. The other four were placed by relatives. Five of these children were in the split case group and two in the single case group.

Parent Loss

Six of our children experienced parent loss. Three lost both parents and three, one parent. The situations were as follows:

Double Parent Loss: Tom--Father died when Tom was two; mother when Tom was six. (Single case)
 Sara--Father when she was 13; mother when she was eight. (Single case)
 Pauline--Adoptive mother when Pauline was three; adoptive father when Pauline was nine. (Single case)

Loss of One Parent: Harry--Father died when Harry was eight. (Single case)
 Dwight--Father died when Dwight was eight. (Single case)
 Betty--Adoptive mother died when Betty was 12. (Split case)

Five of the six parent loss cases are in the single caseworker group. The other is a split case.

Ethnicity, Race, Religion

All of the children are white and Protestant. It was not possible to determine the ethnicity because in some cases parents and grandparents were born in Iowa and no one remembered the original ethnicity; in some cases the parents were adopted and their ancestry was unknown. One mother of a child in the project described the child's ethnicity as "railroad"; the father was a construction worker on a railroad crew.

Education of the Mothers of the Children in the Project

We have information about the education of two-thirds of the mothers or 16 of the 24 children. Of these 16, five were high school graduates and 10 were school drop-outs. One received her education in

an institution for the mentally retarded. Of the ten school dropouts, five left school in the 8th through 11th grade because of an illegitimate pregnancy. Among these five, four had additional problems later which involved the use of community agencies. Two received service in a mental health center and three had more than one marriage. The other school dropouts left school because of conflict with their parents or to get married.

Prenatal Care, Pregnancy and Delivery

We have information about prenatal care, pregnancy and delivery for about half the children. We know that 13 of the children were born by spontaneous birth, one by Caesarian section, and two were breech births. Twelve were full term and two were seven-and-a-half month pregnancies. Five mothers had no prenatal care; four started prenatal care in the sixth month or later; three started earlier than the fifth month.

For about half of the cases, we do not have any of this information. The purpose in seeking the information was to see whether there might be a relationship between the mother's care and the problems that the child developed later.

Where we do have information it appears that the problems developed after birth rather than being directly related to the pregnancy.

Early Development

We have a little information about the early development of about half of the children. Only four of these had problems. One

was a feeding problem for the first five days; one was undernourished and had symptoms of rickets; one showed some slowness in psychomotor development; and the fourth had a slight cleft palate, strabismus and a malformed left foot. Seven of them were noted to be normal in early development.

The purpose in seeking this information was the same as in the section above--to see if the problems might have been congenital or developmental or whether the problems were more closely related to the children's experiences. The information we have shows that in only two of the eleven was there a physical problem.

Four of the children had illnesses at an early age and were hospitalized. Three of the four had pneumonia, and one was hospitalized at age two for a burn. One other child was diagnosed as asthmatic at the age of three. Two were physically injured; one was physically abused when she was two and the other was hit on the head by a rock and required a metal plate to be placed in her head. All seven of these children had these experiences before the age of five.

Siblings

Most of the children are either the first or second child in the family. Eleven are the first and ten are the second children. Only three in our project are third or more in ordinal position. Of those who were the first child, six were born out of wedlock. However, whether born in or out of wedlock, seven of the eleven children had siblings. Of the ten who were second, three were also the younger of two children. The other seven in second position had several younger siblings.

First Change in Family Status

Our children experienced their first change in living arrangements at an early age. For thirteen, more than half of them, this occurred before the end of their fourth year. All except two of them experienced their first change before they became teenagers.

For eleven of the children, the first separation from parents was caused by separation or divorce of the parents. Four of the children were placed by a natural parent with another family or agency. Three children experienced their first change because of the death of a parent. Two children were removed from the parents by some legal or social agency.

TABLE 2

AGE AT TIME OF FIRST CHANGE IN LIVING ARRANGEMENTS,
BY SPLIT AND SINGLE CASE GROUPS

Age	Total	Split	Single
Under 5	13	7	6
6 - 11	8	2	6
12 - 15	3	3	0

TABLE 3

REASON FOR FIRST CHANGE IN LIVING ARRANGEMENTS,
BY SPLIT AND SINGLE CASE GROUPS

Reason	Total	Split	Single
Separation or divorce of parents	10	5	5
Placement by natural parent with someone else for care	5	3	2
Parent Loss	4	0	4
Removal from home by court or agency recommendation	5	4	1

The age at the time of the first change in living arrangements is about the same in both split and single cases. The reason for first change is different in only one respect--that the single cases had the parent loss.

Moves Experienced by Our Children Before They Came to ICHS

Our children have experienced much instability of living arrangements before they came under ICHS foster care. Sometimes it meant living with a parent, going to another living arrangement, coming back to live with the parent, going somewhere else again. Our group of 24 children moved 128 times. About half of them moved four times or less; the other half moved more than four times; with four children moving ten times or more.

The total number of moves were as follows:

TABLE 4

NUMBER OF MOVES EXPERIENCED BY OUR CHILDREN BEFORE THEY CAME TO ICHS,
BY SPLIT AND SINGLE CASE GROUPS

Number of Moves	Total	Split Cases	Single Cases
1 or 2	5	4	1
3 or 4	8	3	5
5, 6, 7	7	4	3
10 or more	4	1	3

Most of the children fell into the group of 3 to 7 moves and these were about equally divided between single and split cases.

Some of the moves were back and forth to the same living arrangement. The number of different arrangements ranged from 2 to 11. Two

of our children each experienced eleven different living arrangements. Both of them, Florence and Cecilia, are teenage girls and both are single cases.

The number of different living arrangements are as follows:

TABLE 5

NUMBER OF DIFFERENT LIVING ARRANGEMENTS EXPERIENCED BY OUR CHILDREN BEFORE THEY CAME TO ICHS, BY SPLIT AND SINGLE CASE GROUPS

Number of Different Living Arrangements	Total	Split Cases	Single Case
Under 4	6	4	2
4, 5, or 6	13	6	7
Over 6	5	2	3

In terms of total number of different living arrangements, split and single cases are divided about equally. The kind of living arrangements may be seen below.

TABLE 6

KINDS OF LIVING ARRANGEMENTS BY CHILDREN IN THE PROJECT
BEFORE THEY CAME TO ICHS

Kind of Living Arrangement	Total	Split	Single
I. Relatives	34	15	19
Mother	11	5	6
Mother and someone else other than father (grandmother, husband, friend, etc.)	10	5	5
Father	4	3	1
Father and stepmother	2	0	2
Relatives (aunts, uncles, cousins, grandparents, siblings)	7	2	5
II. Adoptive Family	5	4	1
Adoptive parents	4	3	1
Adoptive father	1	1	0
III. Arrangements made by Family	6	2	4
Friends	5	2	3
Unknown	1	0	1
IV. The Community			
A. Mental Health Institutions	12	6	6
M.H.I., Cherokee	2	1	1
M.H.I., Independence	5	2	3
Children's Unit Iowa Psych. Hosp.	2	1	1
Broadlawns Psych. Unit	1	0	1
Beloit Lutheran Children's Home	2	2	0
B. Custodial Care	15	6	9
Polk Co. Juvenile Home	10	5	5
Des Moines Children's Home	1	0	1
Christ Child Home	1	0	1
Scott County Juvenile Home	1	0	1
Lutheran Home Finding	1	1	0
Boy's Town	1	0	1

There was great variety of kinds of placement; within our group of children, use has been made of every mental health facility in Iowa. The use of mental health institutions is divided equally between single and split cases. The use of Polk County Juvenile Home was equal too.

The fact that our children have moved so much before they came to us is one reason our agency has been called "the garbage can." From the sheer number of times these children have been moved and the kinds of places they have been, it appears that our agency is the last place to which the community is willing to turn.

II. How the Facts Look When They Describe An Individual Child

When we translate the facts into human terms, we could use any one of our twenty-four children as an example of the emotional strain to which our children have been subjected. The following cases illustrate this point.

Betty, age 16 (Split Case)

Shortly after Betty came into the project, her caseworker received this note from her:

My Feelings

A dream world is an easy world until you find that it's the wrong kind of world to live in. I just found out that it's wrong, after 17 years. But now it's too late. Now, I don't know what to do. I don't know what to do. I look for answers but there are none within reach. I'm scared of life and scared of death. I've got to choose life or death. I've been thinking of taking pills, and I just put it off. I put off life and I put off death. Sometimes I wonder what I am waiting for. Am I waiting for someone to decide this for me. I don't know, and I'm tired of thinking. I'm tired of living in my hell of a world. I exist from day to day, without a meaning, without a reason...without a cause. There's nothing to live for, even when I was a kid I looked forward to nothing. I've pretended to be someone I'm not. I so many times wanted to cry and scream even when there's people around. But I'm scared. It's horrible when you're scared. But when you've lived in your own little world for so long and your forced to change to another world--a world full of people, it's frightening...especially when you don't like the new world full

of people. All they do is hurt you. I'm hurt. I'm hurt so deep that I feel like crying every minute hour of the day. I feel hurt. I feel lost...like a little girl in the forest screaming for someone to help her...but there's no one to help no one who cares. And soon you don't want to care. You learn to hate people and long to go back to your own world. But where is your own little world...where has it gone. Has these people in this new world, destroyed it? I've prayed but prayers don't help. Maybe there isn't a God! Maybe this world is a dream too. I have so many questions that are without answers. I don't care I don't care, what happens anymore. I don't want to think anymore. I don't want to live anymore. I just want one thing... to close my eyes and never wake up...never...never...never... never.

For all people: I hope your happy...happiness is probably wonderful. I've been told that, but I believe what toooo many people have told me. I'll not listen to another person. I'm through...."

Betty

Two years later, Betty described in her own words what had happened to her in the two year period and how she saw herself now:

"I was in the hospital using therapy, the first of January, 1965. I was put in the hospital because I thought about committing suicide. I saw Dr. Dunner for about 6 months. I kept telling her I wasn't going to come back. She says, 'Well, come back one more time.' Well, I decided every time I got back that I wasn't going back again. Finally I just didn't get back. I went back in December for a couple of weeks and then I haven't been back since. I ran away for a week and then I came back and I stayed with my aunt, my grandmother, my sister and then I had three or four apartments. I got an apartment last July; that is when I really got on my own. It was about time. I got a job in September. I managed before then I don't know how. I had babysitting money and I was still getting social security checks but still it was a pretty expensive apartment. Anyway I got a job in Look Magazine last September until November and then I quit there. I was only signed up for two months and then I went to work for the Army in December. I changed apartments. I went from that apartment to stay with my sister. Then I went from there and I got another apartment on subsistence. I stayed there by myself and I was working at the Fort and until the Lieutenant said I would have to quit my job. I was in the Neighborhood Youth Corp and the government, Congress had just run out of money and in one day everyone had to quit and they said I would have to come back and make it up. I don't know what they had to do but I had to go back and make up a whole month. So I can go back there now because I'm out

of work and everything and looking for a job since I did quit. But I have an apartment on 18th and Woodland and then I went to Tucson and then I came back living with my mother and I would like to get an apartment back over there. It is all confusing my whole life is. This last one year I have lived by myself, well, not completely. If I lost an apartment, if I couldn't pay for it or something I would go live with relatives for a few months and then I would go back. I don't want to be anything by myself. I want a lot out of life but not by myself. I want to travel. I want to learn about the world. That's about it. I want to learn about philosophy, psychology, religion, science. You can get jobs for those things."

Shirley, age 14 (Split case)

Shirley described her situation as follows:

"The family broke up when I was ten. The court had to find a place for everybody and my aunt out in California, mom's sister, she stepped in and helped out and she took two of the boys and she adopted them. I don't know about John. He is living out in California with my aunt too but I don't know where he is staying. Penny's living in a foster home that I am in right now and Cathy is living in a foster home. No body has told me now but I think she is in a foster home in the city too.

"I lived about seven or eight different places. Every home I lived was different because the parents were all different and the home life and environment. The homefinder has to find a good home and most of the time they do find good parents. But they aren't their parents and they haven't lived with them all their lives and I don't think unless they have lived with them a long time since they were real little that they would be able to just get used to it and live like a family. You have to adopt their ways and some places I couldn't and so they found it necessary that I leave.

"I don't know who loves me the most. I can't say; I have moved around too much; I can't answer. Mom visits me and I visit her when she comes home and that isn't very often because she is in. When I see her it is almost like we are strangers but I think she wants all of us at home but she acts kind of far away. The person I'm closest to now is my boyfriend. It is because I have gone with him for awhile."

Edith, age 11 (Single case)

Edith described her situation when first came into the project as follows:

"We went to Ohio, I think it was, and then they got mad at each other and started fighting and mommy took us away because daddy said he'd kill us. At least that's what mommy said. I don't know whether it's true. And then we went to New York and then we went to--I can't think of it--with just my mother.

"And then daddy sent us a telegram because mommy wasn't able to take care of us anymore so we went to Illinois on a bus. That is, and we spent many nights on that bus and then we went with dad. We went to Peru and Peoria. Dad, he said, well mom went to the drugstore and daddy took us away when Mommy was gone and mommy didn't know a thing about it. And she's probably worried about me now. And then I went to Canada and I came back to Iowa."

"I went to the Juvenile Home cause daddy wasn't able to take care of me, oops, I didn't go to the Juvenile Home. I went to the E's then I went to the Juvenile Home because I was unhappy and I was really upset. And see, the reason I was upset is because I haven't seen my father for weeks and I don't--I didn't know where my mother was and these people were so mean to me. Anyway they couldn't have treated me that way if daddy had been there. They didn't let us have comic books even. If daddy was--if daddy was there they would of let us have comic books.

"We don't know where my mother is and besides we know that she's with Al. Do you, I know, you want to ask me who Al is don't you? He's a man that my mother goes out with, and the reason I chose my father is because daddy never went out with any other woman but mommy. And the judge said that my mother and father weren't even supposed to go out with another man or woman and mother wasn't supposed to go out with another man and my father wasn't supposed to go out with another woman. My mother didn't obey those rules but my father did. That's why I took daddy."

Edith continued her story two years later:

"My mother visited me once. I didn't enjoy the deal very much. I think she had been drinking again. I didn't like it one bit either and I told her so. I said, 'Mother you've been drinking again.' Well she tried to erase all signs of doing it but she didn't."

Edith said she would like to stay in her present foster home

"at least until I'm twenty years old."

Dwight, age 14 (Single Case)

Dwight gave the following information about himself when he came to Des Moines on a trial visit from the Mental Health Institute, at the beginning of the project:

"I lived with my real parents 'til my father died and then my mother wouldn't take care of me so if I hadn't been adopted, she'd probably just throw me away. I lived with her for eight years but I didn't really care that much about her. She didn't care nothing about me. I know that.

"I came to Des Moines in '58. When I first came to Des Moines from Prairie View, Texas, they teased me about that and called me "Tex" but I haven't been called any of those names for quite awhile now. I was living with my (brother) father and then I went to the Juvenile Home. Then I went to Boys Town and I ran away from there and they brought me to Des Moines and they put me in Meyer Hall, and my parole officer took me up to Mental Health Institute. My mother and father are separated now and they have problems at home, you know. They're getting their jobs, and worrying about my dad, you know, and getting their divorce ready; they could have kept me when she was taking care of me.

"I happen to despise Mental Health Institute. I don't like the idea of being in that sort of place. I want to be on my own. I don't like this bit of being bossed around all the time and talking to psychologists I want to get away from them as soon as I can."

Dwight ran away from Des Moines in June, 1966, just at the time he was to be reviewed for the project. It was not possible to interview him again in time to include the data in the project. Dwight had a pattern of running away, and when he had been at Boys Town, ran away as often as twenty times a month. The consensus of opinion at the exit staffing was that Dwight was the same at the end of the two year period. Shortly after the project ended, Dwight returned to Des Moines. He had been picked up in Texas for stealing a car and was placed in jail until police discovered Dwight was only sixteen. He was returned to Des Moines.

II. THE MEASURES OF CHANGE

THE CHILDREN AS SEEN BY THE FOSTER MOTHERS

When a child was first considered for the project, he was living in one of the following settings: a mental hospital, a county juvenile home, a residential treatment center (Beloit), or with relatives. He was moved as soon as possible to ICHS care either in a group home or a foster home. The decision of where to place the child was made at a staff meeting, with the psychiatrist and others who had knowledge of the child's case present. Some of the factors considered were the child's problem, his age, the availability of a foster home and the space available in the group home.

About half the children in the split case group and half in the single case group were placed in each setting, as may be seen below.

TABLE 7

FIRST PLACEMENT OF OUR CHILDREN AFTER COMING TO ICHS, BY SPLIT AND SINGLE CASE GROUPS

First Placement	Split Cases	Single Cases
Total	12	12
Foster Home	6	6
Remained in Treatment Center	1	0
Group Home	5	6

Among the children who had been living with relatives or in a juvenile home, there was an equal number who were placed in a foster home and in a group home. When a child came from a mental hospital, a greater

number were placed in the group home than in the foster home. In both situations the number of each type of case placed was the same as may be seen below.

TABLE 8
PLACEMENT IN GROUP HOME OR FOSTER HOME,
BY PREVIOUS PLACEMENT AND BY SPLIT AND SINGLE CASE GROUPS

Placement Before Coming to ICHS	Group Home			Foster Home		
	Total	Split	Single	Total	Split	Single
Total	13	7	6	10	4	6
Mental Hospital	5	2	3	2	1	1
Juvenile Home	4	3	1	4	2	2
Treatment Center	1	1	0	1	1	0
Relatives	3	1	2	3	0	3

A child was a little more likely to go into a foster home rather than the group home if he was younger. Of the nine children age 12 and under in the project, seven went into a foster home as a first placement. These seven included three split cases and four single cases.

Summarizing the material above, it appears that a younger child who had not been in a mental hospital was more likely to go directly to a foster home. A teenager, regardless of last placement was more likely to go to the group home. In several cases, the first placement in the group home was seen as a poor placement in retrospect, at the time the case was evaluated. In some of these, although the child seemed to resist closeness, she needed a closer relationship than the group home could provide. In some cases the group home rules impeded the child's progress either because the child could use the rules as a reason for his problems rather than deal with his own problems and in some cases the

rules made the child feel that he was being treated as a younger child when he wanted to be treated as a teenager.

The foster mothers were interviewed about the children shortly after the children came into the project and again two years later. An attempt was made to get the foster mother's evaluation of the child's management of himself (care of his person, eating, grooming, clothing, etc.), his relations with peers, relations with others in the household, expression of feelings, and the foster mother's impression of the child. It was recognized that the same behavior might be interpreted differently by two different foster mothers. It might be the result of the reaction of the foster mother to the child. For example in one split case the first foster mother said:

"She is so reserved and just like a little old woman, so afraid to say anything and do anything. I think Shirley has her guard up is the whole thing. She just doesn't get close to anyone and I can see that and I understand why. I was always the far away kind myself so I understand a lot of these things."

The second foster mother said:

"Well, we think she's just great. We just clicked. I'm sure I've hurt her feelings several times and yet she's never held it against me. She just goes ahead and acts normal. As a rule she is ready to go along with anything we want to do. She's eager to do it and she really works. I don't know what there is about her. I think it is just so much better than what we expected."

It was also recognized that the housemother in a group home would not have the opportunity to know a child in the same way as a foster mother. The group home mother could more easily observe the child's relationship with peers but might be less aware of the child's reaction to disappointment and expression of other feelings.

The foster mother might have more opportunity and more desire for a close relationship. The following example (split case) shows difference in expectation between a group home mother, who knew the child first and who expected him to be in the home for a relatively short time, and a foster mother who hoped to have the child grow up in her home.

The first foster mother said he expressed himself well and let her know his wants and desires. The second foster mother said, "He communicates only on a superficial level; we just never get down to what he is thinking about."

In showing affection the first foster mother thought he was typical for his age and did not show affection. The second foster mother felt it was not typical. She said she "Could not remember a time when he has ever taken her hand or patted her shoulder."

The first foster mother said his reaction to the adults in the home were "he considers you his friend but you don't quite fit into his world." The second foster mother said, "It is very hard for him to be with us in a close family relationship. He still feels he is a stranger and not willing to really fit in."

The first foster mother thought he was "A nice boy, superior in many ways to other kids who came to Farrand Hall." The second foster mother said, "If we could just get things out in the open. He can't. I can't honestly say I like him. I think he is making an honest effort to like all of us and I certainly am trying hard to like him."

Eight children were living in the same foster home at the beginning and end of the project. Four of these were single cases and four split.

Although the foster mothers at the end of the two year period still wanted to keep the children in the homes, some of them were cautious about whether the child had improved. For example in one case (single), the first time the foster mother said, "Edith is just delightful and you like her immediately. In spite of the little things she does, you can't help liking her." The second time the foster mother said she has learned that Edith, in her efforts to be acceptable to the foster mother, lies and turns things around. She tries to make the other foster child look worse in the foster mother's eyes.

The foster mother is still disciplining her for the same things she disciplined her for at first--arguing with her brother, and lying because she knows she didn't do what she should or did what she should not do.

In the second interview the foster mother felt she knows more about her and it is going to be a long hard pull to help her. She added however, "She is still a delightful child and you can't help liking her."

For another child (split case) the first time the foster mother said Ray had no social communication at all. He couldn't play in a group or join in a group. He wouldn't go out and play with the other kids unless the foster mother forced him to put on his coat and go out. Then he would stand there and yell that the other kids were throwing snowballs, picking on him, etc. The foster mother said, "He'll never get along with people but I think he has potential and with consistent effort we can make him into something acceptable to society."

The second time the foster mother said there is a big change. He has finally been able to strike up a friendship with two boys. He and another boy go sled riding together and both throw snowballs and have a wonderful time. The second time, however, she said, "I don't think he'll ever be able to support himself. He'll have to live in a semi-custodial environment. He's never going to be much more of an adult than he is right now. Even if we never went any further, we have already gone further than anyone ever thought we could." According to the foster mother he has made great progress but his potential is very limited.

Some of the foster mothers were enthusiastic about the changes in the child. In one case the foster mother said about Florence (single case), "She's not the same girl at all. She was so frightened and she is getting more secure and you don't see this frightened look in her anymore. She's got a much more adult look. She improved practically overnight. It came on so slowly and I got so used to what was going on that I just couldn't believe what was going on. I think she's made terrific progress. I don't want to give her up."

Another said the first time, "We like Connie but she's not a lovable child. She blows up so often over nothing. She has a chip on her shoulder and a quick temper." The second time the foster mother said, "I disliked her when I first got her. She just isn't the same person and she has just got a real nice personality. She acts like she is going somewhere now and she was so hateful--her attitude, her looks, and her actions. She walks a little straighter

like, you know, I'm somebody. Before she kept kind of a hateful chippy attitude. Once in a while she is real sharp and hateful. Maybe to the girls, maybe to the little ones. I guess I would hate it if they ever took her back again. Not that we are that perfect where she is at now but you feel we have come a long way with her and she has come a long way."

Several of the foster mothers felt the child had improved but still had far to go. Here are the impressions of the foster mother:

The first time, "Well we have to feel a lot of patience with him. We feel we want to keep him in our home because we accept as a challenge to see what can be done to make him a really likeable person, which it would be hard to say honestly that he is at the present time. We sometimes feel that we are about to tear our hair out because of how stupid an act he'll put on, although he's not a bit stupid; or repeated disobedience to something and he claims he hasn't heard it. This sometimes gets us almost to distraction. There would be a great deal of hesitance if we were asked if we wanted to adopt this boy. We don't feel like we would want to, although we certainly try to make him a part of the family." The second time she said, "We feel he has come a ways and yet there is a lot more work to be done on him. We feel that we want to continue to try and help him. We do like him. Of course, there are times when he makes it hard, when we have to clamp down on him or insist he do things the way we do them because we do want him to become something and not just

a bum. We wouldn't want to lose him. We want to see him through high school and into whatever he is going to do."

The examples above refer to the children who went either from the group home to a foster home or who remained in the same foster home. Of the twelve children who were first placed in foster homes, eight remained there, three were moved to different foster homes, and one went from a foster home to an institution. Of the eleven children who were first placed in the group home, four were moved to foster homes, four went to institutions, one went to relatives, one to an apartment of her own, and one was at the group home both times.

A number of children had several changes within the two year interval. For example, the one child who was living in the group home at the beginning and end of the two years had been placed in a foster home shortly before the two years ended. The foster home did not work out well as a placement and the family asked that she be removed. The child was temporarily back in the group home. The following table shows where the children were at the beginning and at the end of the two year period:

TABLE 9

PLACEMENT OF CHILDREN IN FOSTER FAMILY HOMES AT THE BEGINNING AND
END OF THE TWO YEAR PERIOD, BY SPLIT AND SINGLE CASE GROUPS

	First Placement		Final Placement	
	Split	Single	Split	Single
Total	12	12	12	12
Foster Home	6	6	8	7
Group Home	5	6	0	1
Institution or Treatment Center	1	0	2	3
Other	0	0	2	1

We expected to see more children in foster family homes in the split case than in the single case groups at the end of two years. We also expected fewer children in the split case group to remain in the group home. At the end of the two year period both of these expectations were found to be true. However, the difference between the split and single case groups was so small that it may be assumed that both groups improved and the improvement in ability to remain in foster care must be attributed to other factors than the split and single case division as originally defined.

THE CHILD AND HIS PEERS

Erikson has made it clear that the individual achieves his identity not only by knowing who and what he is but also by being recognized and so identified by others. One of the important groups of "others" is the child's peers. In order to evaluate changes in the child's adjustment over the two year period we chose to look at his relation to peers. This relationship was judged in two ways: 1) an objective test and 2) the foster mother's report.

The Peer Test

The test used was originated by Caroline M. Tryon⁴ and was based on the idea that a child's companions are often capable of making the shrewdest and most accurate judgment of the child's social adjustment. The test used a device in which twenty traits were each described by two word pictures. One description in each pair described the active or expressive side of the trait and the other described the inactive or inexpressive side. The test was designed to be used in a classroom; it is a measure of how the child looks to the children around him. It is assumed that these ratings include an unknown degree of bias or "halo" because the children would have a tendency to associate traits in certain ways because of their individual standards or ideal prototypes.

The test had several limitations in our project. It was limited to children who could read and therefore we could not use it

in the few cases where the child was below the fourth grade. It was also difficult to use the test where one of our children was in a special education class. However, in this latter situation because of the efforts of the teacher we were able to complete the tests. Another limitation was that the test was given shortly after the child entered school and the other children would not be likely to know him very well.

Out of our twelve children in each group we were able to use the test about the same number of times. For the single case group we have seven tests at the beginning and eight tests at the end. For the split case group we have eight tests at the beginning and seven at the end. Where the child was too young to read, not in school, or in a school which preferred not to give the test, we do not have this data. For example in one school system the superintendent was willing to permit the sociogram but not the matched pair test.

The paired items are divided into three groups. In one group of eleven pairs, the descriptions relate to social status and social manner. Here a positive rating is considered more desirable than a negative rating. This was the section of the test which we used for our comparison of the two groups since this section of the test included the largest number of items and seemed clearest in the description of the traits being measured.

In both the split case and the single case groups, the group as a whole was seen as having improved in social status and in social

manner. In both groups the children were seen somewhat negatively both times but were seen less negatively the second time.

In the single case group the average group score went from minus fourteen to minus seven. In the split case group the score went from minus eleven to minus three. The change is almost the same for the two groups.

TABLE 10
AVERAGE PEER RATING OF SOCIAL STATUS AND SOCIAL MANNER
BY SPLIT AND SINGLE CASE GROUPS

	Split Cases	Single Cases
Beginning	-11	-14
End	- 3	- 7

The single case group was seen more negatively at the beginning but the amount of change was about the same in both groups.

A sociogram was used along with the twenty pairs and children were asked to indicate their first and second choice of others in the classroom in eight situations. A choice in either first or second place was counted as having the same weight and the same weight was also given to the number of times a child was chosen, regardless of whether he was chosen by one or more children. Both groups of children were more acceptable to their peers at the end than at the beginning and both groups improved about the same amount. In the single case the group average of times chosen rose from two to seven; in the split case the group average rose from three to eight.

TABLE 11

AVERAGE NUMBER OF TIMES OUR CHILDREN WERE CHOSEN IN THE SOCIOGRAM,
BY SPLIT AND SINGLE CASE GROUPS

	Split Case Group	Single Case Group
Beginning	3	2
End	8	7

Even though there were limitations in the devices used to judge the social acceptability of the children to their peers, it seems that the children in the project, whether in the single or the split case group were more acceptable to their peers at the end of the two years. This may mean simply that their peers knew them better and could judge more accurately or it may indicate some improvement of the group as a whole to relate to other children.

The Child's Relation to His Peers as Seen by the Foster Mother

The foster mother was another source of information about the child's relationship to his peers. The following chart summarizes the foster mother's impression of how the foster mother saw the child's relationships.

TABLE 12
 PEER RELATIONSHIPS AS SEEN BY THE FOSTER MOTHER,
 BY SPLIT AND SINGLE CASE GROUPS

	Split Case	Single Case
Total	12	12
No change needed, Peer relationship satisfactory both times	3	8
Improvement in relations with peers	5	0
No change in relationship, which were unsatisfactory both times	2	4
Only one observation--no comparison possible	2	0

As may be seen above, a greater number in the single case group related easily to their peers right from the beginning. Those whose relationship with peers was poor, did not change. In the split case group, while fewer children had good peer relationships at the beginning, there was a good deal of improvement. The foster mothers, as might be expected, understood the children better at the end of the two years and were able to judge relationships more accurately. Where the child was clearly getting along well with peers, the foster mother did not talk about it very much. While other problems might be discussed at length, Florence's foster mother for example simply indicated that Florence made friends easily, had friends with whom she went to school activities, listened to records, sat around and talked, and participated in usual teenage activities.

Joyce is another child who did not have a problem in making friends. Even at first she never had any real problems getting along

with the other children at Casady Hall. Both times she was friendly with the other children at school. At the end of the two years Joyce had a girl friend who lived in the neighborhood. She and this girl went to school together, came home from school together, and Joyce spent some time at this girl's house. This is unusual for a child who lives at Casady Hall and it was the first such friendship for Joyce. At the first interview, Joyce's friends were the other children at Casady Hall. So, although Joyce's relations with peers improved, this was not a problem area.

Where the child had difficulty making friends, the foster mother was more likely to discuss and try to interpret the situation. Edith is an example of the foster mother's increased awareness of the situation and her attempts to understand and help the child.

At first the foster mother thought Edith would find friends, although she had none yet. There was one girl at church whom Edith sat near, and the foster family invited the girl to go along on a picnic. The foster mother felt that Edith was too possessive of the girl. Edith also invited two girls whom she met at school to come over, and one made up an excuse and Edith apparently told the foster mother that she knew it was an excuse and the girls didn't like her.

At the second interview the foster mother felt Edith's main disappointment is not having friends. Some of the girls will walk home from school with her when there is nobody else. The next day they are too busy. One reason the foster mother thinks Edith has

difficulty making friends is that she has a sharp tongue and can say things to hurt people. However, Edith wants to make friends and is trying. She gave one girl part of her lunch everyday until the foster mother found out about it and stopped her. Edith was trying in this way to make friends. The foster mother feels that Edith may never achieve a real good close friend because of the way she is going about it but she is trying.

The foster mothers were able to tell whether the child appeared to have friends or really was able to relate to his peers. For example, both housemothers said that Keith was usually with a group. At Farrand Hall he liked to play cards with a small group whom he considered his friends and he ignored the others in the home. At Eldora he never stays by himself, but he is not well liked. Another child who seemed to have friends was Pauline. The foster mother said Pauline participates in church and school activities. This summer she went on a trip to Chicago with the church young people. However, the same foster mother both times felt Pauline did not have a close friend.

Where the child clearly could not relate at all, the foster mothers described the situation as follows:

The first foster mother said, "Friends--he has none. This is all he talked about. 'I want you to help me make friends.'" The second foster mother said, "Jerry has no friends; he knows it; he wants them; and he doesn't know how to get them. He doesn't know where to start. He talks about it. He's frightened."

Where the child improved in the ability to make friends, the foster mother could see the change. Here, however, was the one category where the foster mother's own identification with the child was evident in the interpretation of the child's improved ability to make friends. For example in one case:

The first time the foster mother said, "He has a problem making friends. I think he really wants to be friendly but he doesn't know how to go about making friends and he tries so hard that he really got to be rather obnoxious to the other young people rather than being a friend. He has a domineering and overbearing attitude which makes it hard for him to have good friends. He loves to stick his nose in other people's business, which does not help."

The second time she said, "I think he does have quite a few friends. Although recently again we have indication of his meaning to buy friends--just recently there was indication of this." She also said he likes to show off when he can do something better than anyone else.

In another case the improvement was described as follows:

At the first interview the foster mother said Connie was a little standoffish and has a chip on her shoulder and did not have any friend. The second time the foster mother said she is kind of a standoffish child. It is hard for her to make friends. However, she has improved. The second time she was invited to a Halloween party along with the rest of the class, and enjoyed it. She has a little group of about three girls who bunch together at church activities. She is friends with Edith, another project child. The foster mother said, "She has really changed, which is good to see in two years."

In some cases the improvement was obvious and genuine. For example in Jo's case the foster mother said:

"I really feel now he is beginning to make friends. He has one very good friend. He seems to call Jo and want to do things as often or oftener than Jo and this has been a real stride for Jo. Then there is a new boy who came to school and Jo enjoys his company. They go to the Y, basketball games, and bowling on weekends when they have the money. I really feel it is a good friendship because it is so two-sided."

In summary, both groups of children improved in the eyes of their peers, regardless of the group in which they were placed.

HOW THE CHILD GETS ALONG IN SCHOOL

One of the important adults in the child's life is his teacher. She spends more hours a day with him than anyone outside his home. She sees him from a different point of view than does his foster mother or his caseworker. We felt it was necessary to find out how the teacher evaluates the child, particularly since she is dealing with him in a setting with other children of the same age. We wanted to find a way of noting the change in a child over a two year period. Since it is not likely that a child will have the same teacher for two years, we chose a standardized instrument which could be filled out by any teacher and which we could use for comparison. We also planned to observe the child's grades and attendance.

Two instruments were used, a teacher's check list by Dale B. Harris,⁵ and a rating scale for pupil adjustment developed by the University of Michigan.⁶

I. The Teacher's Check List

The teacher's check list contains two dimensions, one representing the child's dependability in carrying out a task and the other representing the extent to which the child's attitude to others and to cultural values conforms to the expectations of the larger society. The creators of the check list found twenty-three items, which when used together, seemed to have significance according to the Guttman Scale criterion as measured by the coefficient of reproducibility which was 93% on dependability and 96% on conformity.

The check lists were used whenever a child was in public school or a correctional setting. It was not used when the child was in a treatment center. Some children were in public school for both tests but were in another setting for periods during the two years between the tests. Others were in school either at the beginning or at the end but not both times. One child never got into school at all. The majority, however, were in school at both times, as may be seen in the table below. It also may be seen that exactly the same number in the split and single case groups were in regular public school at the beginning and at the end of the two year period.

TABLE 13

SCHOOL ATTENDANCE OF OUR CHILDREN AT THE BEGINNING AND END OF THE TWO YEAR PERIOD, BY SPLIT AND SINGLE CASE GROUPS

	Split		Split	
	Begin	End	Begin	End
Total	12	12	12	12
In regular public school	9	7	9	7
In school in a correctional institution	0	1	0	1
In school in a treatment center	0	0	0	0
In special class at public school	0	1	1	1
Combination of public school and campus school	0	1	0	0
No school attendance	3	2	2	1

All together, 147 teachers filled out the check lists for the 24 children. Seventy-two teachers checked the lists at the beginning and 75 at the end; so the total number of teachers involved was about the same at both periods. About a fifth of the teachers

felt the list was hard to check because they did not know the child well enough to judge the item or the items that were not applicable for their subject; and some of them felt the items were too negative. The results of the two sets of check lists may be seen in the table below:

TABLE 14

AVERAGE SCORE FOR DEPENDABILITY AND CONFORMITY IN THE CLASSROOM, BASED ON TEACHER'S CHECK LISTS FOR CHILDREN IN THE PROJECT AT THE BEGINNING AND END, BY SPLIT AND SINGLE CASES

SPLIT CASES				SINGLE CASES			
Name	First Test	Second Test	Change in score	Name	First Test	Second Test	Change in score
Marilyn	+8	+7	-1	Harry	+15	+5	-10
Bob	-6	+1	+7	Don	0	-19	-19
Connie	-9	+6	+15	Dwight	+5	0	-5
Dick	+16	0	-16	Florence	+13	+10	-3
Shirley	+11	+2	-9	Edith	+10	+3	-7
Jerry	+20	+12	-8	Joyce	+13	+10	-3
Ray	-10	-5	+5	Keith	*	+23	
Jo	+11	+7	-4	Pauline	*	+9	
Ernest	+6	*		Tom	-17	*	
Mary	*	-1		Brad	+3	*	
Gladys	*	-3		Sara	0	*	
Betty	*	*		Cecelia	+6	*	

* No List

As may be seen in the table, we have two sets of check lists for thirteen children; seven in the split case and six in the single case group. The change in score for the single cases was all in the direction of less dependability and conformity. The group net average was -8. The change in the split cases was about half positive and half negative, or the group net average was -1.

The changes in ratings for dependability and conformity are related to the total environment of the child and to the placement in school in a classroom situation which meets his needs. The highest possible score for dependability and conformity was +23. This score was achieved once, by one boy, Keith (single case), who was at the Boys Training School at Eldora. This boy was in a special honors course, the barber training course, where he was one of six boys in the class and was placed there both as a reward for good behavior and because he had vocational aptitude for this subject. There was no check list at the beginning of the project because this boy could not be contained in school at that time.

Another boy, Ray (split case), whose score improved was unable to work in a regular classroom. He was placed in the special education class even though his intelligence was a little too high for him to be there. Gladys (split case) a child who could not be contained in school at the beginning of the project, had an education program at the end which included attendance at regular school for one period a day and attendance at the campus school for the rest of the day.

Both Ray's and Gladys' teachers attended the final evaluation meeting for the child and expressed the opinion that the child was showing improvement in his ability to get along in school. In neither case, however, did it seem likely that the child could get along in the regular classroom.

A tangential question deals with the importance of dependability and conformity for a particular child. For Florence, for example, a

a child who is too constricted, a lower score in dependability and conformity may be a desirable change.

The information from the teacher's check list was reported as each child's final evaluation was made and the material was taken into consideration along with the other information gathered about each child. Because of the small number of cases it was not considered to be useful to summarize the material further by split and single case groups.

The following is an example of the way the material was presented for one child at the time the child left the project.

"The first time the teacher's check list was filled out by six teachers; the second time, by five. The teacher's check list measures only two dimensions--dependability and conformity to the expectations of society.

"On the teacher's check list the following items were checked by three or more teachers:

FIRST TIME	SECOND TIME
Gets down to work without being prodded by others	Gets down to work without being prodded by others
Feels strong obligation to finish well whatever she undertakes	Takes good care of school property
Carries through an undertaking about as well as others of her age	Carries through an undertaking about as well as others her age
Keeps appointments	
Takes initiative in assuming responsibility	
Is quite responsible for her age	

The items checked both times showed dependability and conformity.

"Two teachers made comments that Florence was quiet. One teacher added, 'She talks to the girls around her--in fact too much but does not offer very much in class.' The other said, 'She is very quiet but conscientious girl. She seems very anxious to please and works diligently in class.'"

II. The Rating Scale for Pupil Adjustment

This instrument was chosen because it provided an objective method by which the teacher could evaluate our project children. It was in a form we assumed would not be cumbersome for the teacher to use.

It was added to the Teacher's Check List for two reasons: first, we were afraid that the two dimensions, dependability and conformity measured on the Teacher's Check List, were not enough of a measure of the child's adjustment in school. This was also the feeling of some of the teachers. The second reason was that the Rating Scale seemed more inclusive since it dealt with conduct, achievement, motor control and overall adjustment and maturity.

Our use of this instrument was not the use for which it was originally designed. The instrument was developed as part of the research for the Michigan Picture Test. It was meant to be used for classifying children in grades three through nine in terms of personal and social adjustment as shown in the classroom. The original purpose

of this test was that a teacher could be alerted to indications of disturbance in her pupils and could refer for help those who needed help, including those who were not yet seriously disturbed but might be helped with a minimum of therapeutic effort. The Rating Scale includes eleven items each of which has five categories from very good to very poor. We chose the following areas for our comparison:

1. Overall emotional adjustment (Definition: total emotional adequacy in meeting the daily problems of living as shown in school)
2. Social maturity (Definition: ability to deal with social responsibilities appropriate to his age)
3. Motor control and stability (Definition: capacity for effective coordination and control of motor activity of the entire body)
4. School achievement (Definition: overall evaluation of pupil's competence in school subjects relative to his own age group)
5. School conduct (Definition: conduct in the classroom situation as evidence of his ability to accept the rules and regulations of the school community)

This instrument was added well after the project started. For this reason we have before and after ratings on only five children in the split case group and three in the single case group. There is no point in summarizing this material as an indicator of the progress of either group. However, the instrument did have value in the final evaluation of each child, either as it indicated change in him or as an indicator of how he appeared in relation to others his age, as seen by the teacher.

An example of this use of the Rating Scale as part of the overall teacher's impression of the child may be seen below:

The teachers were asked to rate Bob in November, 1964, and again in September, 1966. Both times Bob was in the same school. He was in seventh grade the first time and five teachers reported; he was in the ninth grade the second time and seven teachers reported.

The first time all of the teachers checked the item Bob must be continually prompted to finish a task. The second time only one checked this item. The second time three teachers checked the item Bob carries through an undertaking about as well as others of his age. The first time no one checked this item.

The principal reported that Bob is now more like the other children. He no longer has a stealing problem. The principal sees him less often. If Bob has to leave school, he comes in and tells the principal, rather than just taking off.

His grades remained almost the same. He improved in math from D- to C-; the other grades remained the same.

On the rating scales for pupil adjustment, there was more consensus among the teachers and the ratings were more often in the average category than previously.

The first time, three teachers wrote additional comments. Two mentioned his overweight condition. All mentioned that he wasn't doing the school work expected of him.

The second time, six of the teachers added comments. Most of these concerned Bob's friendly and pleasant response toward the teacher. Most of them said they didn't know him very well and he appears friendly.

The teachers also said:

"He has had a few friends throughout junior high, and my records indicate that he has acquired new ones whom he has listed for me."

Another said, "I think he truly wants to have friends but does not make them easily. He frequently is quite a nuisance to other children, especially those smaller than he, by hitting them or taking one of their possessions."

On the whole it looks like those in charge, the teachers and the principal, find it easier to have Bob in the school than they did two years ago.

Teachers or representatives of the school were invited to attend the final staff meeting about the child. They had the opportunity to take part in the voting on the child's adjustment and to participate in the discussion. Many of the school personnel expressed their appreciation for the additional insight they received about the child as the psychiatrist led the discussion and their presence was valuable for the ongoing relationship between the agency and the school.

The school personnel seemed impressed with the agency's interest in the child and after the meeting the behavior and problems of the child were often dealt with in school on the basis of the planning that took place at the evaluation meeting.

As we worked closely with teachers and other school personnel in this project it became obvious that an emotionally disturbed child living in a foster care setting can be educated through the public schools when the program is flexible and when the resources of the community are coordinated.

HOW THE CHILDREN LOOK TO THE PSYCHOLOGIST

By Eleanor Friedman, Psychologist

A battery of psychological tests was administered to every child upon admission to the project and again at termination of the project.⁷ The instruments comprising the battery were 1) the Wechsler Intelligence Scale for Children, 2) Draw a Person, 3) Michigan Picture Test, 4) Hand Test, and 5) the Rorschach. These tests were chosen because of their appropriateness for assessing total personality of children ranging in age from seven to sixteen and because they are subject to quantitative scoring for which there is norm data available.⁸

The subjects, when seen initially, were seen in a variety of settings. Eight psychological examinations were done at the agency; six were conducted at Meyer Hall, the county detention facility for delinquents; three at Juvenile Hall, the county shelter facility; two in the psychologist's private office; and one each at the Children's Unit of the Mental Health Institute at Independence, at the Iowa Training School for Boys at Eldora, in a small rural community public school, at Beloit Residential Treatment Center, and at Farrand Hall, one of the agency's group homes. All except two subjects were both examined and re-examined by one psychologist; the other two were seen by another psychologist for both intake and re-examination. Of the former, seventeen were re-examined at the agency, one at the Children's Unit of the Mental Health Institute, one at the State Training School for Boys, and one at the State Training School for Girls.

Because of the nature of the agency's services, all of the project children came from homes which were unable to continue to care for them. The total sample had endured emotional deprivation. Eighteen of the subjects manifested behavior which was described at intake time as Personality Disorders; six subjects were diagnosed as Psychoneurotic at intake.

Results

WISC: Full Scale IQ's as measured on this instrument were grouped on a five point scale. A shift of five points in either direction upon re-examination was ranked as no meaningful change in intellectual functioning. A shift of six to ten points was ranked as moderate movement, and a shift of ten or more points was ranked as very positive or very negative movement.

TABLE 15

SHIFT IN FULL SCALE IQ AS MEASURED ON THE WISC

	Very Positive	Positive	Same	Negative	Very Negative
Total	4	6	10	1	1
Split Case Group	3	1	6	0	1
Single Case Group	1	3	6	1	0

It will be noted from the above, that eighteen percent of the population demonstrated marked improvement in intellectual functioning. Twenty-seven percent were in the split case group and nine percent

were in the single case group. Nine percent of the split case group and twenty-seven percent of the single case group demonstrated moderate movement in a positive direction. Fifty-five percent of both groups showed relatively little movement. Nine percent of the single case group showed negative movement and nine percent of the split case group reflect very negative movement.

DAP: The Goodenough Scale was applied to the first whole human figure drawing of each examination. Table 16 shows the meaningful shifts based on changes in Mental Age of one year or more.

TABLE 16
SHIFT IN MENTAL AGE AS MEASURED BY THE GOODENOUGH SCALE

	Positive	Same	Negative
Total	12	7	3
Split Case Group	8	2	1
Single Case Group	4	5	2

It will be noted that of the total sample fifty-five percent demonstrate marked improvement in intellectual functioning on this scale. Seventy-three percent of the split case group were among these showing improvement while only thirty-six percent of the single case group demonstrated shift. Of the fourteen percent of the total project population who moved in a marked negative direction, nine percent were from the split case group and eighteen percent were in the single case group.

Michigan Picture Test: A shift of five points or more in the Tension Index has been used as an index of direction of movement on this instrument. Rankings are shown in Table 17.

TABLE 17
SHIFT IN TENSION INDEX AS MEASURED ON THE MICHIGAN PICTURE TEST

	Positive	Same	Negative
Total	8	7	7
Split Case Group	3	3	5
Single Case Group	5	4	2

This data points out that thirty-six percent of the total sample showed reduction in expressed needs. Twenty-seven percent of the split case group and forty-five percent of the single case group reflected this reduction. An increase in Tension Index was seen in thirty-two percent of all subjects. Forty-five percent of the split case group and eighteen percent of the single case group evidenced an increase in Tension Index.

The following assessment of psychological movement was made by another clinician who did blind evaluations of the Michigan Picture Test.

TABLE 18
SHIFT BASED ON QUALITATIVE ANALYSIS OF MICHIGAN PICTURE TEST

	Significant Improvement	Improvement	No Improvement
Total	6	11	5
Split Cases	5	6	0
Single Cases	1	5	5

Forty-five percent of the split cases and ten percent of the single cases showed significant improvement; fifty-five percent of the split cases and forty-five percent of the single cases are seen as improved. Forty-five percent of the single cases are judged as showing no improvement.

Rorschach and Hand Tests: For the purposes of this report the quantitative scores of these instruments are omitted, but have been utilized in formulating the psychologist's opinion of changes in over-all psychological adjustment during the two year period. In the split case group, four children evidence marked improvement in adaptation, two are relatively unchanged, and five are considered to be in poorer condition. In the single case group eight children are judged as being in better psychological condition at the end of the two years, one is seen as the same, and two as being worse.

Discussion

Due to the reality factors of a demonstration project i.e. the brevity in time of the study, the size of the sample, the less

of eight percent of that sample, and the dilution of the groups by changing modes of therapeutic intervention, no sharp conclusions can be drawn. Even if statistical tests were used on the data, they would not show meaningful differences between the two groups. There is also a danger that any differences noted may be artifacts. However, the following implications can be extracted.

The Parental Force concept is the basic ingredient for the psychological feeding of emotionally disturbed children. Clarification of status is essential to making this concept work. Every subject needed to know who was the responsible authority for him i.e. the role of the agency. Every child needed to have the lines of authority clearly delineated, i.e. the role of the adults in his world. Movement began after these things were established as can be seen by referring to the staff judgments of shift in social adjustments at the exit staffings.

The flexibility demanded in order to meet the needs of the project population in the most effective way stimulates questions for further investigation. For example, are there other modes of psychological management which might be more or equally effective? When should therapy be introduced, what kinds of children can benefit from therapy, and is readiness for therapy a factor? Would these children have moved in the same direction with good parenting only? Do individuals with Character Disorders respond to psychotherapy better than to alternate kinds of management? What other ways are

there to improve functioning? Is it more effective to delay therapy until a child demonstrates his readiness for and his accessibility to therapeutic intervention?

Of the six subjects diagnosed as psychoneurotic at intake, the four who were in the single case group demonstrated movement in a positive direction upon re-examination: the two subjects described as psychoneurotic at intake time who were in the split case group were seen at termination time as having moved in a negative direction. Is this a reflection of the fact that often children have to get worse before they can get better and a corollary suggestion that possibly children in more intensive therapy tend to react in this manner more than those who are receiving less intensive treatment? These are a few of the questions which have been generated by this study which need to be pursued.

THE CHILD'S PERCEPTION OF HIMSELF

Since our objective was to evaluate changes in the child's adjustment over a two year period, we wanted to find out from the child himself, how he sees his situation. The children who are referred to ICBS come with a great deal of confusion in their experience. Many times there has been no solidity within their families. Parents have been competing with each other to get their own needs met and often put demands on the child to meet the parent's own emotional need. There are often several placements among relatives, perhaps disintegration of a number of marriages with the resulting confusion on the part of the child as to what is expected of him. He has to turn back upon himself for answers to these questions and since his own ego structure is in the process of formation there is little stability here to help him screen out the various impressions and stimuli which come to him.

In our effort to assess the changes the child could express in words we used two methods: one, the Twenty Statements Test developed by Manford H. Kuhn⁹ and two, a taped interview using the schedule developed by Dr. Eugene A. Weinstein.¹⁰

I. The Twenty Statements Test:

The Twenty Statements Test, invented by Manford H. Kuhn,¹¹ was one of the devices used to try to learn whether there was a change in the way each child viewed himself at the beginning and

at the end of the two year period of the project. Dr Kuhn described the test as a relatively unstructured device which approaches the social self-conception directly. It is a single page paper and pencil test which incorporates the assumption that important parts of the self-conception are available to awareness and can be put into words. In this test, the children were given the problem of identifying themselves and left to decide for themselves how this identification will be made.

Responses to the Twenty Statements Test have been analyzed from many different points of view. In our project the analysis was done in terms of the reference frame in which the self was identified. Kuhn found that while each respondent presents a unique constellation of replies, the range of variety among the replies which people make is not great. Kuhn identified four categories which seemed to be sufficiently precise to make useful discriminations.

Viewed together the A, B, C and D categories of self-identifying statements represent a spectrum which runs from conceptions of the self as a physical structure in time and space to conceptions of the self-abstracted from physical being, from social structure, and from social interaction.

Two of these, Categories A and B, were called objective self-identifications, the other two, Categories C and D, subjective self-identifications. Within the two objective self-identifications, Category A describes the self as a physical being and Category B describes the self as a social being. The other two categories

include C statements, which predict the manner in which the person will behave but does not say anything about the context in which he will behave. Examples of C statements include: "I wish I could sew.", "I smoke too much." and "I am shy."

The D statements contain subjective self-identifications which are irrelevant to social action. The D category presents the self in terms so comprehensive in their references that they do not lead to socially meaningful differentiation of the person who makes the statement. The D category is necessarily defined negatively since it includes statements which transcend consensual validation. Some of the D statements included by our project children included: "I am a dog.", "I am a car if Jesus made me to be a car.", "I am wanting to learn about the world." and "I wish for peace in the world." In instances where the child did not complete twenty statements, the remaining blanks were marked D statements.¹²

The test was administered both times to nineteen children. For the other five children, only one test was given; three of these were in the single case group and two were in the split case group.

The distribution of the statements made by the nineteen children may be seen in the table below:

TABLE 19

COMPARISON OF TWENTY STATEMENTS TEST RESPONSES OF THE SPLIT AND SINGLE CASE GROUPS BY CATEGORIES A, B, C AND D AT THE BEGINNING AND END OF THE TWO YEAR PERIOD, BY PERCENTAGES OF THE TOTAL NUMBER OF STATEMENTS

	A Category		B Category		C Category		D Category	
	Before	After	Before	After	Before	After	Before	After
(N=200 Statements) Split Cases	15	13	17	21	50	60	18	6
(N=180 Statements) Single Cases	16	8	18	15	56	67	10	10

The most important area of concern was the change in the number of Category D statements. Since the total number of cases is so small, the number of statements of a single child has a very important influence on the total number; each group started out with one child with a large number of D statements. As a group the split cases had a greater percentage of D statements at the beginning and a smaller percentage of D statements at the end than the single case group.

In the split case group, the percent of D statements went down from 18 to 6. In the single case group the percentage of D statements remained the same. On the basis of the change in percent of D statements, the split case group seems to have been able to describe itself in terms of little more related to reality the second time. However, in comparing the number of D statements made by individual children, it may be seen that the differences between the two groups was rather unimportant, as may be seen in the following table:

TABLE 20

CHILDREN WHO MADE "D" STATEMENTS,
BY SPLIT AND SINGLE CASE GROUPS

Number of D Statements Made by Children	Number of Children			
	Split Case		Single Case	
	Before	After	Before	After
Total	12	12	12	12
0-1	5	6	5	6
2-4	2	4	3	2
Over 4	3	0	1	1
No Test	2	2	3	3

II. The Weinstein Interview Schedule

We used the Weinstein Interview Schedule to see how the child represents himself to the outside world. We found that all of the children, from the beginning, knew they were foster children and could explain that the people with whom they were living were not relatives.

Weinstein emphasized the importance of the foster child's conception of the circumstances that made it necessary for the child to live away from his own parents. The child might define the situation as resulting from a combination of unavoidable external factors, from some failure on the part of his parents, or it might be fixed internally with placement seen as punishment for something the child has done.

In our project, most of the children, understood the reasons for which they were placed quite well at the beginning of the project and improved their understanding as they became more mature.

For example, at the beginning, Bob (split case) at age 14, said he was in foster care because "me and my mother didn't get along together." Two years later Bob used more sophisticated language saying again that they didn't get along and they "Might have emotional problems." Sometimes their understanding of the situation changed. Harry (single case) aged 11, the first time said he was in placement for "Not obeying what my mother said." The second time he said it was because his "mother couldn't handle" him.

In almost all of the cases in both split and single case groups, the child's reason for being in placement was consistent with the material in the case record.

An interesting question in the Weinstein schedule was that of whether foster children are different or are treated differently than children who live with their own parents all the time. Most of the children in both groups recognized that foster status was different both at the beginning and at the end of the project. However, in the split case group there was more recognition that foster status is different. This may be seen in the table below:

TABLE 21

CHANGES IN CHILDREN'S EVALUATION OF FOSTER STATUS IN RELATION
TO OWN CHILD STATUS, BY SPLIT AND SINGLE CASE GROUPS

	Split Cases		Single Cases	
	Before	After	Before	After
Total	12	12	12	12
Foster Status is not Different	7	3	2	1
Foster Status is Different	3	8	10	8
No Statement	2	1	0	3

The following table shows the reasons that the children gave for feeling that foster status is different:

TABLE 22

CHILDREN'S STATEMENTS ABOUT HOW FOSTER STATUS DIFFERS FROM
OWN CHILD STATUS, BY SPLIT AND SINGLE CASE GROUPS

Foster Status is Different	Single Cases		Split Cases	
	Before	After	Before	After
Total	10	8	3	8
NEGATIVE REASONS				
1. They must adjust to the rules of the foster home	5	0	1	3
2. Foster children have different problems than own children	0	2	0	3
3. Foster children don't feel like they belong to the family	0	2	0	0
4. Foster children have fewer privileges than own children living in the same home	0	3	0	0
5. Foster children are treated differently by their peers	0	1	1	2
POSITIVE REASONS				
Foster children are treated better than children in their own homes	5	0	1	0

The first time, five of the children in the single case group and one in the split case group said that foster children were treated better than children who live with their own parents. Their statement probably was the result of the unhappy situation in their previous home and their wish that this home will be better. As Tom expressed it, "At home they keep getting mad about you and some place else they'd probably be gentle and sit down and talk to you." At the end of the project none of the children used this statement. As may be seen in the table above, all of them had a more realistic understanding of what was involved in being a foster child, but there was more recognition of this in the split case group.

Conforming to the expectations of the foster family was one area in which foster children felt their difference in status. For example, Pauline said at the beginning:

"I know I feel different. It's hard to get along with a foster father and mother; I know it is for me because you're growing up thinking something different than your foster father and mother think. I don't know them very well and they don't know me very well and I don't agree with any of the things they do. Now some of the foods I don't like-- I don't like tomato juice. I just hate it; I just can't stand it and I just won't drink it; the same way with green peppers. Well, the other night we had green peppers for supper, stuffed and the only reason I ate them was just to make her pleased otherwise I wouldn't have ate them because I just can't stand them. Then the other night when they were making some tomato juice I told them, 'Oh, I just hate it.' I said, 'I can't drink it.' Well they said, 'You're going to learn how to drink it anyway. You're just going to learn to eat it and like it.'"

Another area of difference the children mentioned is that their peers think of them as different. In some cases this may be a

projection of the foster child's own feelings and in some cases it is not. An example of the former may be Marilyn's statement:

"People sort of look down on them. They have to work harder to show they're better than everybody else."

Pauline said:

"Well, I have this problem at school. The kids think I am entirely different than what they are. They act like they do not want to be with you or near you because it gives me the feeling that they think I am going to contaminate them or something."

Several children mentioned that foster children don't get as many privileges as own children. For example Jo said:

"I won't get to drive until I'm older because I have to pay for my insurance and if I was living with my real parents they'd probably be able to pay it."

Another area of difference that our children cited was their own knowledge that they have problems. For example, Jerry said:

"I think perhaps they often have a rougher time growing up than a lot of people do that live with their own parents. I think often the physical needs of the child are taken care of quite well but the emotional needs are overlooked."

Florence also mentioned the possibility that foster children may have problems, in this statement:

"Well, it depends because we had lots of foster kids in our home besides me and some of them have emotional problems and everything so you have to treat them different. Each person is different. You have to treat them different you know and generally they are not treated differently from other kids, its just that their problems you have to approach them different from other kids."

The examples above show that the children, regardless of whether they were in the split or single case group, became increasingly aware, as they grew older, of their status as foster children. It also gives those of us who work with foster children a good description of how it feels to be a foster child.

III. THE FINDINGS

METHODOLOGICAL PROBLEMS RELATED TO THE PROJECT

Several problems were anticipated from the beginning and attempts were made to clarify the situations as they arose. The clarification sometimes resulted in a change in agency procedure, so that in many ways, the agency that undertook the research demonstration in December, 1963, was different from the agency that reported the project in 1967. We have integrated so much as we went along that the "findings" we are reporting in this paper are not findings to members of our own staff.

Anticipated Problems With the Method

One problem that concerned us from the beginning was the possibility of subversion of the design by workers' attitudes. Workers were so convinced of the efficacy of the split case method, that we felt there was a danger that this factor alone might explain differences found. This problem did not occur. Part of the reason for this was the sensitivity of the supervisory staff to this danger and our determination to approach the single case group with as much conviction as the split case group. At the time of the final evaluation of each child, which we called the exit staffings, we found that some elements of the traditional way of work had been retained and were reported at the exit staffings on each child. Sometimes when the

case was a one worker case, the worker had transferred part of the responsibility to the foster parent and the question arose of whether he was transferring appropriate responsibilities or whether it would have been better to split the case. In one case the worker said, "In my opinion I don't feel that Don's case would have worked any better in a split-case situation. Don has had constant relationship with his natural mother and there have not been too many changes in his life. His environmental arrangement is quite stable and the boy is quite secure. His relationship with me is improved and his relationship with the agency is quite stable."

In the case of Edith, the worker felt the "placement here has been good enough there has been no need for a split case; this home has been so right for this child that the caseworker has been able to do therapy." Dr. Dunner commented that this child was not as schizoid as some; she is doing well in the foster home. She added, "We have poured a lot into the foster home so it can do the parenting and the worker can do the therapy."

In Joyce's case, the child was living in an ICBS group home. The caseworker said, "Many of the environmental tasks are done by the Casady Hall staff. When foster home placement for Joyce is discussed, I do act as an environmental worker; but in general my role has been more of a therapy worker. I believe at this time Joyce can benefit from and use only one worker."

The next anticipated problem was whether children in the single case group could receive therapy from someone outside the ICBS staff. The reason for questioning outside therapy was that if the single case group did receive such treatment, their situation would approximate that of the split case group of children. A decision was made that a child who needs outside therapy should receive it, whether he is in the single or split case group because that is the usual procedure in our agency. Furthermore, if single case group children were not permitted psychotherapy, then any differences between the two groups of children might be attributed to the lack of psychotherapy rather than the use of a different agency philosophy and casework approach. In one single case, that of Sara, an effort was made to provide outside psychotherapy but Sara rejected the plan after three interviews.

Another anticipated problem was the possibility of trying to hold the exposure to professional help constant. It was assured that each child would receive the amount of professional help the situation required. To that extent, the exposure to professional help may be called constant. However, beyond that, any attempt to match the help in terms of hours was unrealistic for the following reasons:

1. The therapist could only be introduced when there was a reality situation under which the therapist can be introduced.

2. Worker scheduling was such that it was usual for a worker to see a child once a week and the professional work habits were not changed because of the project.
3. Some children required more time with the caseworkers than others, regardless of whether it was a split or single case. For example, for Dwight, a single case, the psychiatrist felt it might not be necessary to see the worker every week. The worker needed to show that he was willing to stick by Dwight without keeping a tight rein on him. The psychiatrist said, "What he needs the most is the worker's support that Dwight has it on the ball. He has gotten a job. He has managed to keep it. If you start nagging, you can make him fall apart. Support the positive forces so that the negative ones-- such as the impulsiveness--will get back into balance. When he presents that he can operate by himself, support that. Much of the impulsiveness can drop out when you give him support. Self-esteem can only grow if he feels you can back him up--that you trust him to call on you when he is in trouble or when necessary." At several periods during the two years, the staff members kept a record of the time they spent with each child. The records revealed that the average time spent with the children per week ranged from 23 minutes in the single caseworker group to 136 minutes in the split case group. The average

amount of total time spent by the caseworkers with the child was 88 minutes per week in the split case group, and 47 minutes per week in the single case group.

Workers may not have seen a child during a particular week because the child had run away and had not been located yet, because the worker was ill or on vacation, because the child was visiting relatives, because the plan was to see the child at intervals other than weekly, because the child was in a hospital or correctional setting and arrangements had not yet been worked out for ICBS to continue the contact, etc.

The records of time spent showed that the child with two workers had more contact time with a worker than the child with one worker.

Two assumptions were made in the project which we expected to raise questions. One was that the ability of the caseworkers was equal. We used the criteria of a master's degree in social work and two years of casework experience as the minimum qualifications for the therapist. Assignments of cases were made on the basis of the knowledge of the caseworker's ability to deal with a particular kind of case. Assignments were spread throughout the casework staff so that we were testing the method rather than the ability of a particular caseworker. We went one step further and assumed that we had no other choice than to make the best possible use of the workers

we have, that there is no one kind of perfect worker, and that our method's validity rests upon its being helpful to the general range of social workers in a child care agency.

A similar assumption was made about the foster mothers. Assignment was made on the basis of our knowledge of a particular family and the child which needed a family.

Unanticipated Problems with the Design

A. Intake

The first problem we had to deal with was that of the time of intake. We had assumed this would be a simple matter of acceptance of referral. However, because of our need to have a relationship with the child before we accept custody of him, our worker attempts to get to know the child while he is in another setting. This raised the question of whether a child should be included in the project the first time the worker sees him, even if he is in another setting. The very first child considered for the project was a boy who was then at the Children's Unit at the Mental Health Institute at Independence and was coming down for a preplacement visit. The worker had seen the boy several times to get to know him well enough to bring him down for a visit. The question was, when did contact start? When was this a new case?

For a number of our children there was a long preliminary period but the child was accepted for the project no earlier than two months before he was expected to come into foster care. For example, we first

heard of Bob in October, 1963, and participated in planning for him shortly thereafter; the ICHS worker first started seeing him on a regular basis in January, 1964; he was placed in a foster home in July, 1964. For the purposes of our project, it was not useful to include him in the project in October, 1963, because we did not know if he would come into foster care. On the other hand, by July, 1964, when he entered the foster home, he already had a relationship with an ICHS worker. The decision of when he came in as a project case was made arbitrarily, that he would enter the project when he came into an agency foster care facility because we were trying to demonstrate our method of working with children in foster care. If we had accepted him earlier, he would have spent the entire time of the project in another setting.

In other cases there was no interval between referral of a case and acceptance into the project. Therefore, the children did not all enter with the same degree of preparation for care by ICHS. From the research point of view it is hard to compare Bob, with whom we had twenty-two months to work, with Sara where we had no opportunity to clarify the relationship.

B. The Effect of Other Factors in Addition to Assignment of the Case to the Single or Split Case Groups

Ray, for example, is a child for whom the agency put all its resources into the case. Dr. Barnes, our consulting psychiatrist, called Ray one of the most troubled children ICHS has taken on.

Dr. Dunner, our consulting psychiatrist, called him emotionally disabled. The psychological tests indicated that Ray was a boy with a Personality Trait Disturbance, emotionally unstable personality.

Ray was placed in school and after three months the caseworker reported that "the school was about worn down with Ray, who didn't come through with any kind of performance." The agency managed to keep him in school until the semester ended but in the fall he did not go back. During the summer and the next year he worked with a tutor, coming to the agency each day. The agency also assigned a separate caseworker to the foster mother. The prognosis for remaining outside an institution was not hopeful.

At the May, 1965, staffing, a year later, Ray was still in the original foster home. According to the summary prepared for staff meeting, he "attends a Saturday group at Child Guidance Center and does fairly well in the group. He has been on a work training program for the last two months. He has done remarkably well in working, can concentrate on limited goals and seems to be able to organize a real person for himself around working. His tutor feels he is showing definite improvement in accepting responsibility. He has even been able on occasion to take some small assignments home and complete them. He goes down to the study room and reads while waiting for his teacher. She feels he is working on a basic seventh grade level now and hopes he can be tried in public school next fall."

Ray's situation is not an exception. We use similar planning with all the children, since the agency's philosophy is that when

we accept a child, he belongs to us and we "adopt" him. However, the fact that we do use all our resources raises the question of how much of the improvement can be attributed to splitting the case and how much to other factors.

CONDITIONS NECESSARY TO PERMIT THE AGENCY TO ACT AS PARENT

As the project developed we became aware of the complexities in the process of the agency becoming the parent to a child. In trying to create the relationship of agency as parent, two different factors are important:

Is the child and his own parents willing to accept the agency as parent?

Is the other agency in which the child lives willing to accept ICHS as parent?

The Children and Their Own Relatives

In view of the many moves our children have made before coming under ICHS care, one might think that our children by now have no contact with their own relatives. On the contrary, almost all (22 out of 24) of the children continued to have contact with their own relatives after they came into ICHS care. The relatives included parents, grandparents, aunts, uncles, cousins, and adoptive parents. The kind of contact the children had with their own relatives was an important factor in whether they could make progress in their struggle to grow up. When the relatives were clearly out of the situation, the child with the help of the agency could adjust.

However, the more difficult situations were those in which the relatives could not come to a clear decision about what part they would play in the child's life. The child was often unable to adjust to life in foster care because there was an ambivalent promise that the child could return home.

Efforts were made by the agency to deal with the relatives so that the child could use whatever strength he could get from his relative. This ranged from making it possible for the child to go home to letting the child know the relatives cared about him but he could never go home. The agency's goal is to let the child know that this mother (or the other important relative) cares about him. In order to do this, an agency worker works with the parents to enable them to help the child. This is often a slow process because the parent's guilt about not having the child at home keeps them from facing the situation and leads them to project the blame for the child's situation on others and more subtly and more damaging leads them to encourage the child's unacceptable behavior. The case of Joyce illustrates this situation. Joyce was an eleven-year-old girl who had been in four different institutions, three of them psychiatric hospitals, and who, since she was 7 years old never spent an entire year living with her parents. She went back and forth between hospital and home, moving fourteen times before she came to ICHS.

When she was placed in the group home her parents visited her and after the visits, Joyce was very much upset. In spite of the fact that Joyce looked well and was starting to settle down, the mother wrote to the agency that she was concerned about Joyce, that Joyce didn't look good, etc. At the same time the family stopped writing to Joyce. The agency became aware that Joyce's parents were afraid that if Joyce seemed to improve, they would have to take her.

back. Thereafter the caseworker worked with the parents to let them know Joyce was not going back to live with them. He planned the visits of the parents, limiting them to one visit per month and specifying that this be the third weekend of the month. He also scheduled interviews with the parents when they came to see Joyce. They reached the point where Joyce was able to go home for a visit. When she came back her parents did not write.

The parents were looking for an acceptable reason for Joyce not to return and finally decided it was because she was brain damaged. The question of possible brain damage was in a medical report. It was one of the subjects the family discussed with the caseworker. The caseworker did not expect the parents to share this information with Joyce, but they did. The caseworker said, "The mother's telling her she can't live at home because she is brain damaged is rough on Joyce but at least better than letting her think she will be going home. Joyce had been protected from this fact for over two years. When Joyce went home for Christmas, 1965, she found that her bed, record player, and records were sold. She had to sleep on a cot and stated when she was back at Casady Hall that she was happy to be sleeping in a 'real bed.' She got the message of not going home loud and clear."

The caseworker encouraged the parents to continue to visit regularly, to write. He felt "It is important for Joyce's folks to keep coming. If she didn't see them she would build things up in

her mind. She has to learn to give them up but if they don't come to see her she makes them into beautiful people in her mind, whereas in seeing them she realizes their rejection of her. Joyce's mother makes no bones of the fact that she can't come back home. Joyce's mother has so many problems of her own that she isn't capable of dealing with Joyce..." The caseworker in his visits with Joyce's parents tried to relieve some of their anxiety. They finally were able to say that she looked better and is better and that they realized we could give her help that they could not, to look at it realistically and be grateful she can be here and not reject her.

They finally reached the point where they were able to encourage her to do well because they knew she won't be coming back to live with them. They were able to support her in a foster placement. Joyce had never talked of a foster home--only of her going back home.

Joyce was the only child in the project who remained in the group home for two years. The primary reason for this was the necessity to work out the relationship between Joyce and her parents. Joyce happened to be a one worker case. Dr. Barnes felt that if this case had been split at the beginning her problems may have come to a head sooner. Although it took the two year period of the project to work out the situation, it might be of interest to add that very shortly after the project ended, Joyce went into a foster home where she is making a very satisfactory adjustment.

Some of the ways Joyce's family impeded her placement included not visiting as they promised, not writing letters, changing plans when she had scheduled a visit home--all methods of keeping a child dangling.

In most cases we are dealing with very inadequate parents who are themselves products of inadequate parents. There was no model for responsible loving care. Harry, for example, was born into a family where there was some precedent for placing a child in an institution when the home situation became difficult. Harry's mother, Mrs. K, was placed by her mother in the Iowa Soldiers' Home in Davenport following the death of her father, when she was eleven. She was placed there along with her two sisters and a brother. After 2½ years she was taken from the home by a woman who operated a boarding house. Mrs. K received board, room, and clothing for her services but was not adopted. She remained there until after her second year in high school, when she lived with a second family. Following high school graduation, she started nurses training but quit after an illness. She returned to the boarding house, where she met and married Harry's father.

When Harry was eight, his father suffered a sudden heart attack and died. Eight months later Harry was committed to the Children's Unit, Mental Health Institute at Independence by the Juvenile Court in Independence, Iowa, because he threatened his mother with a club and became so disturbed it was necessary for her to call the police. The psychiatrists felt that with Harry, there was no

reason for therapy. It was a placement problem. When he was taken away from his mother, he could function adequately. His mother was able to use the support of the caseworker to relinquish the parenting role and permit someone else to do it.

In both of these cases, the child continued to have contact with his own parents while the agency acts as parent.

In the following three cases, ICBS was never able to get into the parenting role because the child and his own parents could not accept emotionally that the own parents were relinquishing the parenting role.

1. Mary (split case)

Mary is a child in a family whose problems go back at least two generations. Her own mother quit school at the age of 16 and Mary was born before her mother's seventeenth birthday. Her mother had five more children after Mary, the first two at one-year intervals; the last three at two-year intervals. When Mary was eight, her father, a troubled boy who quit school at the age of 16, left Mary's mother. During most of the time after her father left, Mary, her mother and her siblings lived with the maternal grandparents. Her parents were divorced when Mary was nine, and her father remarried.

Mary was fourteen years old when she was referred to ICBS by Polk County Juvenile Court in November, 1964. At that time she was living at the Polk County Juvenile

Home after being suspended from school for disorderly conduct. This consisted of nuisance type activities such as talking in class, not making up time when removed from a particular class temporarily, and stealing. Mary had been seen at Des Moines Child Guidance in February of that year and the problem seemed to be one of unmet dependency needs with Mary's behavior designed to involve adults with her.

After referral to ICHS, Mary had a 3-day visit at Casady Hall, the ICHS group home, during which it became evident that she would not be able to maintain herself in the public school setting. The plan was to place her at a residential treatment center and to involve Mary's mother in the parenting role even though ICHS had the custody. It was planned that if Mary and her mother could work out a separation, ICHS would be available to pick up the parenting and plans for foster care. Within two months after placement at Beloit, Mary had run away twice. After the second runaway Dr. Barnes recommended that Mary leave Beloit because she was not ready for treatment on an intensive basis because of the relationship that she had with her mother. Neither Mary nor her mother seemed motivated to work on the real problems between them. Mary spent one week at the Juvenile Home during which time she ran away but was returned by police. A

court hearing was held at which time Mary wanted to go home and her mother did not try to persuade the judge to let Mary go home. The judge committed Mary to the Iowa Training School for Girls at Mitchellville.

In trying to evaluate why ICHS could not get into a parenting relationship with Mary, three meetings were held with a group consisting of Dr. Barnes, representatives of ICHS, the Board of Control and Juvenile Court. The group felt that children like Mary are angry and have not given up on their mothers. They still say, "We don't belong to you. We have a mother."

2. Sara (single case)

Sara, a 13 year old girl, was referred to ICHS by her guardian, Mrs. B, in July, 1964, about a year after Sara went to live with the B's. Mrs. B became guardian of Sara in June, 1963, after the accidental death of Sara's father and stepmother in an automobile accident. The placement in the B home did not work out satisfactorily and the B's through their attorney, were seeking other living arrangements for Sara. After the first interview at ICHS, Sara and the B's decided to try again to get along. Very shortly afterwards Mrs. B wrote to the agency asking that ICHS take care of Sara. Sara was placed in Farrand Hall and the court made a guardian agreement with ICHS because Sara was "without proper parental control."

Within the next three months Sara was involved in a shoplifting episode, a runaway episode and two nights when she stayed out until 3 a.m.

In this case, Sara was removed from her aunt's home without either Sara or her aunt dealing emotionally with the reason for placement. The agency placed Sara in Farrand Hall, the ICHS group home, to gain time to get a relationship with Sara. But Sara could not participate in this because neither Sara nor her aunt had come to a final understanding that they couldn't live together.

3. Keith (single case)

Another example of the effects of not clarifying the relationship may be seen in the case of Keith. Keith was under our physical care for only 37 days. After that he was at the hospital in Iowa City, at his parent's home, and then at Eldora. The caseworker continued to see Keith while he was in these various settings but was confused by the difficult and complex situation of trying to define her role. She was frustrated by her inability to work in the parental force role. By April, 12, 1965, it was agreed that ICHS would remain in a "stand-by" role. If and when the separation between Keith and his parents comes through, ICHS can assume the parental force role and ultimately help in placement planning.

The experience with these children helped clarify the agency's thinking and made changes in agency procedures and the basis on which ICBS now works. Mrs. Turner, Director of Casework, said, "You've got to have the child or the parent make a commitment. If one or the other is not saying 'I want this,' it is not very likely that ICBS can be helpful."

MAINTAINING A PARENTAL ROLE TOWARD THE ICHS CHILD
IN ANOTHER AGENCY OR INSTITUTION

Maintaining a parental role toward the ICHS child in another agency or institution has changed during the period of the project. ICHS and the agencies with whom it must work have developed a way of communicating over the past several years so that by now we all know how the parenting relationship affects each agency and the children with whom we were concerned.

At first there was much frustration both on the part of the other agencies and ICHS because the role of each was not clear to the other.

One problem area was the timing and the decision process about when a child is ready for foster care. Donald Sjolund,¹³ former ICHS caseworker, described this problem as follows:

"We often received referrals from agencies who say, 'This child is ready to leave our facility in a week or two. Could you take the case?' We will say, 'Perhaps', or 'Yes, we can take the case, but first the parental force worker must develop a relationship with the child, and the child must have some confidence in the worker before we will move the child.' With these children, when a person comes and says, 'Well, I'm here to see you and make some plans for you to come to one of our foster homes or groups homes.' the child is often panicked. These children have had plenty of moves in the

past, and usually they have been unsuccessful or the case would not have been brought to our attention. They have difficulty in trusting in others and wonder, 'Why should I trust a new person who says he will stick with me?' The best place to get a relationship started is in a closed setting, if this is where the child is referred from. Only after the child and the parental force worker have established an understanding between them should plans for different placement be put into action.

"The parental force worker is the one who must be convinced in his own mind of the wisdom of the placement. A parental force worker must feel comfortable with the placement plans, for he is the one who has to deal with the child about the plan. One boy, for whom I was a parental force worker for six months while he was in a treatment center, improved steadily until I mentioned foster home. Immediately he regressed. He became so scared that he started to manipulate everyone. I had decided on a foster home but was not definite or certain in my own mind about it. This frightened boy started me wondering. This type of child doesn't know what a foster home is. The child often wonders, 'Will you continue to visit me in a foster home, or are you just trying to get rid of me?' With this frightened boy, I did nothing for five days on this case but think through in my own mind the best plan for him.

When I had decided that the foster home was the best plan, I was able to withstand all his manipulations and fears and help him move successfully into the foster home."

Dr. Barnes was able to interpret the complexity of placement to the ICBS worker and to other agencies. He explained that:

"Many times people who haven't done foster placing think placement is the solution for everything. You, ICBS, have to make this decision. You are the only people who know when you can do it. You know how much time it takes and how to go about it. Somehow the child has to come to an agreement with you. This is the only thing that will give him much security."

This problem was dealt with by inviting representatives of the other agencies to participate in joint planning about the child. At the ICBS staff meetings and at the other agency's staff meetings and much progress has been made benefiting the child, the ICBS program and the other agency's program.

The question of where a child is placed if he cannot remain in his own home in foster family care has been clarified to the point where other agencies have been helped in their programs. Mr. James Waring, Director of Social Service at Beloit Children's Home said:

"In thinking of parental force in context of a treatment institution it is absolutely essential that a child have a direct relationship with some force serving in the capacity of parent so that there is a framework in which treatment can be done. We have come to the point at Beloit that we

are not in a position to accept children unless there is an adequate parenting force. As a result, and I feel this is certainly advantage, a child is able to immediately move into the treatment process where his problem has already been defined. It is also true that the child has a force outside to relate to whereby he can evaluate his progress and the satisfaction he is deriving for meaningful adults in relationship to him. It is a known fact that the parental force concept has resulted in shorter periods of residential treatment and I feel more positive results. I feel that treatment is more rapid, more significant and lasting when it is done in relationship to an external force.

"Through utilization of the parental force concept an institution has the opportunity to readily define its role. The institutional staff is able to define individual roles within the framework of an overall philosophy. It is thereby possible to effectively define and carry out individual roles in relationship to a child who is trying to be helped. Transference can more effectively be utilized and there is a definite direction for all staff members in their relationship with children."

Dr. Bealka, Director of the Children's Unit at Mental Health Institute expressed a similar feeling that the parental force philosophy is helpful to that institution. He said:

"It would be very difficult for us to accurately convey to you our enthusiasm for the parental force program. Frankly, it has actually modified in part our program and admission policies. It allows us to accept children for admission who otherwise could not be considered here at the Children's Unit. These include cases who have been abandoned by their parents and counties or who have been shunted from such a wide variety of diverse agencies that they have lost all identification with a stabilizing force outside of the hospital setting. Children sometimes in our state have become institutional waifs. In evaluating a case we know frequently in advance that the Iowa Children's Home Society has committed themselves to long term involvement and will work with us in formulating a long term treatment plan for the child.

"The fact that we do have an agency who will provide these services allows us to diversify our planning for disposition in difficult cases. For example, recently David

was discharged from the Children's Unit to the care of your agency. If the specialized services that your agency provided were not available, he would have been doomed to return to the same home that fostered his severe problems.

"We also depend heavily on your agency acting as a parental force to define for us in anticipation some of the problems that will present in placing the child back in the community. Frankly, we are not experts in home finding or in foster home supervision. We heavily depend on the parental force worker to define the realistic problems that present in placing a child. This service should not be minimized."

Dr. Jenkins, Chief, Child Psychiatry Unit, State Psychopathic Hospital, also mentioned the advantage to his staff of the parental force philosophy. He said:

"For the child who is bereft of responsible parents and who cannot return to his natural home, the parental force program fulfills in part at least a basic need of the child to be able to develop a meaningful and continuing relationship with an interested adult figure. The assignment of a specific representative of your agency to work with a particular child is most certainly advantageous to our staff. It eliminates some hazards of the disruption of planning, and of needs of children being overlooked which unfortunately may happen when there is a frequent change of caseworkers."

The enthusiasm for the parental force philosophy by representatives of treatment agencies is gratifying. It leads to a discussion of what the parental force worker actually does when the child is in the treatment center.

From the ICHS point of view, the parental force worker functions in two ways when a child is in another setting. The following material taken from the worker's record of Gladys, a girl who was living at Orchard Place (residential treatment center) shows the ICHS worker's role:

"She still has difficulty keeping her room up. Last time we both picked up her clothes, almost all of which were in a pile on the floor...we are working hard on grooming. I remind her every time to take a bath, brush her teeth, use deoderant."

The worker did all of this even though Gladys is living in another agency setting, which has its own housemother in the cottage. This is the ICHS worker's way of showing her interest in Gladys.

The other aspect of the parental role is the acceptance of responsibility for planning the structure of Gladys' living situation.

In the same summary referred to above the worker wrote:

"Gladys has made a big fuss with me about going home longer. We have discussed several times what she is working toward--a foster home and growing up and learning to handle herself acceptably."

At one time Gladys visited in a prospective foster home but the foster family did not want her to stay there. The ICHS worker had to arrange to put Gladys back in Orchard Place. At another time, the ICHS worker was asked to remove Gladys from Orchard Place because of Gladys' behavior. The ICHS worker used the Polk County Juvenile Home as a place to keep Gladys until ICHS could decide what was best to do next. After three weeks it became apparent that Gladys would be able to return to Orchard Place.

In the parenting activities described above, the ICHS worker showed both concern about all phases of Gladys' living and responsibility for planning the structure around Gladys' living situation.

Mr. Carle O'Neil, Supervisor at the Iowa Training School, said that to him the ICHS parental force means that someone will come and visit the boy while he is at the training school, someone will work

with the training school staff both while the boy is at the institution and after. The boy remains part of the outside community because of his relationship with ICHS. For one boy, who went to the training school after a short time in foster care, a joint meeting was held by the ICHS staff and the training school staff with the consulting psychiatrist. A plan for the boy was arrived at at this session. The plan involved return to an ICHS foster home. The boy remained at the training school for seven months and then returned to an ICHS foster home.

What are the problems when one agency acts as parental force to a child in another agency. The main problem seems to be the subtle one of relationship between the ICHS individual worker and the other agency. Donald Sjolund has described his experience as follows:

"If the agency in which the child is placed is not on positive terms with the parental force worker, the child will feel this and will have additional difficulty relating to the worker. The agency has to understand the parental force concept. In agencies in which we haven't had an opportunity to demonstrate parental force, the situation often is difficult.

"Upon visiting a child in a residential setting, as a parental force worker, you encounter a tendency of the residential agency to bring to the worker all the negative behavior and place it on the parental force worker. The parental force worker is not a 'miracle worker' and cannot

keep the child from misbehaving. As a substitute parent, you can expect the agency or foster home to take care of the minor incidents and fill you in on your next visit. When major incidents--run aways, stealing, etc.--arise, the parental force worker should be notified but needs the cooperation of the agency where the child is placed to handle many of these details.

"There is danger, because of agency pressures, of getting into only the negative aspects with the child. This is where it is important to listen to the agency's report but to choose what you feel is most important."

This same problem was discussed from another agency's point of view by a Director of Social Service who said:

"I can not stress strongly enough the need for constant exchange of information between the parental force worker and residential care worker as to what is going on with the child in therapy, in the residential environment and with the parental force worker and child. Lack of competence and conflict between the parental force worker and the personnel at an institution, however subtle, is soon evident to the child which only produces more conflict for him."

A casework therapist in another agency said:

"A critical observation is that the personality of the parenting person in great part, determines the success or failure of parenting. The individual who has the ability

to make use of authority in a measured fashion, will be much more successful than the individual who is passive, resistive or insecure as a person. The passive individual will quite often lack the intensity necessary to effect a parenting relationship. Often these children are so well defended against being taken care of on an appropriate basis, that an individual and agency must fight their way into a child's life. Passive and reticent individuals do not generally accomplish the parenting goals when a definitive and reasonably authoritarian parent is needed."

Dr. Bealka also mentioned this problem. He said:

"I do not feel that we spend enough time discussing the attitude of the individual worker as a possible limitation to the program of parental force. We have seen in many cases that when the children fail to respond to the parenting offered them, the worker becomes discouraged. This discouragement either leads to a poorly directed, frenzied approach or to an equally destructive lack of interest on the part of the caseworker. It takes a great deal of skill and maturity to be able to work with difficult cases and while your agency has provided outstanding support to individual workers, there have been cases where the worker's discouragement has contributed to the child's failure.

"In the same area, one must consider the investment of the individual worker. In any parental force program

there is a danger that the worker may lose perspective and either become markedly over-protective of the child or be manipulated by a skillful needy child. It appears that this is more prevalent among the less experienced workers. Again, a larger agency offers some protection in this area, in that effective supervision significantly reduces these problems.

"A significant limitation has been the fact that it is very difficult to define to some workers the concept of parental force. Workers frequently tend to confuse their role as caseworkers and therapists with their role as parents. They want to provide too much service or sometimes the wrong kind of service. Occasionally, caseworkers have been piqued when they have been asked to do tasks which one would normally expect a parent to do. For instance, simply buying clothes for a child. An equally common problem has been the need of the institutions to say to the caseworkers, 'We do not want you to buy clothes for the child because the clothes you buy are impractical or unacceptable here at the Children's Unit'-- (pierced earrings, pointed-toed boots or mini skirts)."

The individual ICBS worker tries to deal with each individual treatment center, each of which also has internal problems. As Mrs. Gibson said:

"Communication is a chronic problem and here at the Children's Home we are constantly struggling with it. As

you probably know, this institution in the last few years has been attempting to change its program and at this time is still in the 'adolescent stage.' Consequently we are having communication problems of a wider scope than just with your parental force workers."

Donald Sjolund said, in describing this kind of problem:

"The parental force agency doesn't tell the resident agency how to run its business, but like a parent consults with the administration if there are complaints about care or treatment of 'its child.'

"When and if disagreements arise while the child is in a residential setting outside your own agency, the disagreement should be discussed with the administrative person, as any parent would do under the same circumstances. Discussing disagreements with the child's therapist appears to be of no benefit. (Of course, the child may end up feeling the results through the therapy worker.) Never agree with the child that 'this is a crummy place'--this provides the child with the feeling, 'He doesn't care for me or he wouldn't put or keep me here,' or he may wonder, 'Why did he put me here in the first place?'"

In summary, it seems clear that implementation of our parental force philosophy depends to a large extent on the understanding that exists between agencies, and to the continuing effort for communication between staff members of both agencies.

HOW DO YOU DEFINE SUCCESS?

We started out with the proposition that it was possible to judge the effectiveness of one single variable--the assignment of a child to a split case or a single case group. We expected to find that there would be more positive changes in the split case group. As we began to work with the children we found that our original definition of the split case was not applicable to all the children who were assigned to the split case group. Calling the groups split and single case groups was a superficial and artificial distinction. We found that the split cases had to split in a number of different ways, for different periods of time, for different reasons, and sometimes they could not be split at all.

We found the cases were split in the following ways:

1. Some cases were split between parental force and therapy workers within the agency, as we had anticipated. This did not take place at the same interval of time with each child but had to be individualized to meet the child's need. We found that a child needs to have security in his living situation before his feelings get boxed in enough so he can look at them.

Bob was an example of such a child. By the time ICBS began contact with Bob at age 12, he had lived with two sets of parents, three foster homes, Children's Division of Psychopathic Hospital, and a residential treatment center in an open setting.

The outstanding feature of Bob's first two years of life was gross parental neglect. When he was six months old he was already brought to the attention of the Juvenile Court when a neighbor complained about the physical abuse Bob was receiving from his father. When Bob was two, his parents released him for adoption, after the probation office advised them that unless the parents did so Bob and his brother would be taken into custody as dependent and neglected children. The children were placed for adoption, when Bob was 2½ years old. They were placed with and adopted by the G family whose own young son had been drowned.

About a year or two after Bob started to school the parental reaction to Bob and Bob's reaction to them caused the parents to seek help with Bob. Bob began to act out, showing behavior at times that was regressive and destructive. Bob was taken to the Menninger Clinic by his parents, and after a diagnostic workup at Menninger Clinic, Bob was placed in a foster home in the fall of 1961. He remained there for six months and then was admitted to the Children's Ward of the Psychopathic Hospital. At first he went home at 2-4 week intervals but these became less frequent and by September, 1962, the family made it clear that they could not take Bob

back. Bob was placed in a residential center and remained there for almost two years before he came to the ICBS. Bob had had much therapy in his life.

Bob was assigned to the split case group, but the second worker was not assigned until there seemed to be a reason acceptable to the child for assigning the second worker. Such a reason occurred when school was going badly and he was stealing. At one point he said to his caseworker, "I don't know why I do it." The caseworker introduced the second worker as someone who would talk with Bob to help Bob understand himself and control himself.

When Bob was introduced to his therapy worker, she reported, "He immediately made a positive relationship but fifteen months passed before Bob could talk about 'losses' or 'hurts.' In this time, he entertained, did all kinds of things to please the worker. In May, Mr. Sjolund, his parental force worker, announced he was leaving the agency. This shocked Bob and brought weeks of discussion about his losses, the G's, his own family, pets, foster families, culminating with real, visible, red-faced, anxious, upset when the second boy in Bob's foster home left to go to another placement. At first, he 'gloried' in that the boy was leaving and

he was staying--but by the time the boy left, he was in his innermost self most frightened that they would 'get rid' of him too. They didn't and Bob entered a happy phase that he is still in."

2. Some were cases split between two workers within the agency but the function was not separated.

Ray is an example of a case that was split but the workers' roles were not separated. Ray is a boy with a schizoid personality for whom the goal was to establish his ego.

Ray lived in eight different places in the first thirteen years of his life, including two mental health institutions, and two different adoptive homes. The longest period he ever spent in one place was three years and two months, which he spent with the second adoptive family. He had had no consistency in his life; he learned one thing, then had to learn the opposite.

For this case, the reason for providing two workers was to furnish Ray with as many relationships as possible in order to help him get an identity. Both workers worked on this goal throughout the two years. At the intake staffing, the staff decided Ray had already had too much therapy; with Ray we could not do uncovering therapy; we had to help him build up defenses.

3. Some cases used two workers separated by function for short intervals.

When the project started we spoke of bringing the second worker, the therapy worker into the case by the parental force worker when a situation arises involving the child and the parental force worker that shows the need for treatment. One matter that was not spelled out was the possibility that a child might not need treatment or that treatment might be needed intermittently.

Marilyn is an example of a child who was in the split case group but did not use a therapist in the agency. Shortly after she was assigned to the project, Marilyn ran away from the ICHS group home a number of times and, because we could not hold her, she was placed at the Mental Health Institute at Independence. She remained at MHI until June, 1965, a period of 9½ months. Therapy was done at the Mental Health Institute after that, and when Marilyn returned to the community it was not considered necessary that she have continued therapy. Because Marilyn was assigned to the split case group for the project, the question arose of what role her agency therapist would play. The decision was made that if she does not need therapy, there is no reason for the therapist to play any role. If a situation should arise

where she again needs therapy, the parental force caseworker would make the decision about how to provide the therapy.

4. Some cases needed a psychiatrist as therapist rather than a therapist in the agency.

Jerry, like Marilyn, is another child who had received extensive therapy. Dr. Barnes felt there should be no further therapy unless a reason for therapy arose. When the reason arose, Jerry was assigned to a psychiatrist for therapy because of the seriousness of his disturbance.

5. Some cases were split to help the caseworker.

One of the things we discovered as we worked with the split cases is that splitting the case often helps the worker who feels he can't deal with everything that the child is bringing to him. The child is helped because the worker feels better when the case is split. Some of the pressure is off the worker. She doesn't have to worry about getting the problems talked out.

Several of the workers expressed this feeling as follows:

"As the environmental worker I do feel I know what my role is with Dick. I feel that having the case split has helped me. My role has been quite defined and I did

not have to deal with everything by myself."

Some workers feel more comfortable when they have only one role, as was reported in this excerpt from a caseworker's record:

"I explained to Cathy my role would include planning for her to eventually go into a foster home, contact with school, arranging visits to grandmother and seeing how she was behaving at the group home. Mrs. S (therapy worker) would be the one to talk with about her thoughts and feelings.

"Since the case was split, I have been able to go ahead with several plans and goals. I let her know my expectations about keeping herself neat and clean, taking care of her room, holding on to her pass, completing assignments in school, being dependable about bringing home notes from the teacher and trying to get along both in school and at the group home. This was modified to say I did not expect her to be perfect, only to try harder. She often made everyone else responsible for her behavior; when I wouldn't accept this, she stopped blaming everyone else. I told her she was expected to listen to the housemothers, Mrs. M, her teacher, Mrs. S, the therapist, and me and I would not accept as an excuse what the kids at the group home told her to do--she knew better and could do better than that.

"In recent weeks Cathy is able to ask for permission to do things or asks reasonable questions. She reports her activities in school and at home. She complains about one child at school who bothers her and tries to get her in trouble. Mrs. M (the school teacher) reports Cathy has made a great amount of improvement. She is less disorganized, more responsible, can follow instructions and exerts extreme effort to succeed and please. Her handwriting and neatness have improved. She is getting along with classmates. On her visits to the office, Cathy's appearance is less dreamy, she looks alert, fairly neat and clean, friendly and cheerful."

The difference between the original definition of the split case for the purpose of our research project and the situations described above is one of the trials and also one of the advantages of research in a practice setting. Because we found the original definition of the split case unrealistic, we decided to evaluate the progress of each child on an individual basis, and recognize that there might be important findings about the care of emotionally disturbed children in foster care which we could discover regardless of whether he was in a split or single case group.

The method of judging the child's progress was by a consensus of opinion from those attending the final evaluation of each child as he completed two years in the project. We invited representatives of the schools, juvenile court and other settings where the child

was known by a professional staff to attend the evaluation meetings. Our consulting psychiatrists, psychologists, our own staff and students in the agency were also included.

This method has the advantage of judging each child from his own prognostic base line. The following material was presented about each child:

1. The social history
2. Placement experience before coming to ICBS
3. Referral to ICBS
4. Medical report for the two year period
5. Result of teacher's evaluation at beginning and end of two years
6. Result of Peer Test at beginning and end of two years
7. Foster mother's impression at beginning and end of two years
8. The child's understanding of foster status at beginning and end of two years
9. The caseworker's summary for the two year period
10. The psychologist's summary upon re-examination

The sessions were scheduled for two hours for each child. The evidence was presented, questions were raised and discussed in an attempt to arrive at a consensus of opinion. We then used a score sheet which each person filled out independently, identifying himself only by his professional affiliation.

The areas for expression of opinion were:

1. The child's overall social adjustment
2. Worker assignment preferred at the time of the final evaluation; should this be a split or single case

The number of persons voting ranged from eleven to thirty, with the median number, nineteen, and a total of 467 score sheets completed. We assumed there would be bias by the workers in the agency in favor of the method of division of responsibility between parental force and therapy workers and hoped that the large number of voters involved would compensate for the bias.

The consensus of opinion was that almost all of the children in each group were seen as better by those judging at the final evaluation. This may be seen in the table below:

TABLE 23

SUMMARY OF CONSENSUS OF OPINION OF SOCIAL ADJUSTMENT
BY SPLIT AND SINGLE CASE GROUPS AT EXIT STAFFING

	Split	Single
Adjustment Better	10	10
Adjustment Same	1	2
Adjustment Worse	0	0

There was some range of opinion among the voters, differing in the number who felt the child had improved. For ten children (4 split case and 6 single cases) there was total agreement that the child improved. For seven children (4 split and 3 single) a large majority considered the child's adjustment improved but there was

some difference of opinion. For three children (2 split and 1 single) the vote was very close between those who saw the child's adjustment as better and those who thought it was the same. For three children (1 split and 2 single) the majority thought the child's adjustment was the same. These details may be seen in the table below:

TABLE 24

CONSENSUS OF OPINION ABOUT THE SOCIAL ADJUSTMENT AT THE TIME OF THE FINAL EVALUATION OF EACH CHILD IN THE PROJECT, BY NUMBER OF PERSONS VOTING

	Type of Case		Social Adjustment				
	Split	Single	Total	Better	Same	Worse	No Vote
Jo	x		29	24	5	0	0
Dick	x		28	14	12	1	1
Ray	x		18	18	0	0	0
Jerry	x		18	10	8	0	0
Marilyn	x		14	14	0	0	0
Gladys	x		19	17	1	1	0
Bob	x		27	27	0	0	0
Betty	x		20	15	4	0	1
Connie	x		28	24	4	0	0
Shirley	x		24	24	0	0	0
Mary	x		16	5	8	3	0
Florence		x	30	27	0	0	3
Edith		x	27	22	5	0	0
Joyce		x	11	11	0	0	0
Keith		x	20	18	2	0	0
Don		x	17	17	0	0	0
Dwight		x	24	6	15	1	2
Pauline		x	17	17	0	0	0
Cecelia		x	24	15	9	0	0
Brad		x	15	3	7	4	1
Sara		x	13	13	0	0	0
Harry		x	14	14	0	0	0
Tom		x	14	4	7	3	0

The question of whether the child's social adjustment is better was related to the point at which each child was functioning when he came to ICBS. Some questions might be raised about whether the consensus that a child was functioning better was realistic. Keith, for example, was living at the Iowa Training School for Boys, a correctional setting, at the time of his exit staffing. However, he was judged by a majority as functioning better socially. In this case the boy needed a closed setting at that time in his life and that setting was provided a framework in which he would mature. He was getting along well in the training school and was learning an occupation in which he was finding satisfaction, and was looking forward with hope to the future. We did not use any absolute standard for the judgment of whether a child was functioning better. Mary was also in a correctional setting but she was not judged as functioning better. It was not the fact of living in the correctional setting that was the basis of the judgment; it was the way the child was getting along there and the possibility of the child's reorientation which were considered in the exit staffings.

The other question dealt with at the exit staffings was the type of worker assignment which was preferred for each case. For the split case group, forty-three percent of the votes were for the division of responsibility between parental force and therapy workers as the preferred method. Sixteen percent were for one worker and another twenty, for one worker with such additional help as a

psychiatrist to see the child, or a separate caseworker for the foster family. This means that 36 percent favored a different combination than the parental force and therapy division in contrast to the 43 percent who voted for that division.

For the single case group, only twenty-four percent of the votes for the division of responsibility between parental force and therapy worker as the preferred method. Forty-four percent voted for one caseworker, and an additional sixteen percent voted for one caseworker with additional help such as a psychiatrist to see the child, a separate caseworker to work with the family, or for group therapy. Therefore, sixty percent voted for a different combination than the division into parental force and therapy workers.

Overall, the split case method was the method chosen most often for the children who had been assigned at random to the split case group. There was not an overwhelming preference for this method, since it was chosen only 43 percent of the time.

The split case was chosen as the preferred method by less than one-fourth of the persons voting, as the preferred method for the single case group. These cases were assigned at random to that group. This shows that the conviction of the majority did not favor the split case as the preferred method.

The results are presented in the table below:

TABLE 25

CONSENSUS OF OPINION ABOUT THE WORKER ASSIGNMENT PREFERRED AT THE TIME OF THE FINAL EVALUATION OF EACH CHILD IN THE PROJECT, BY PER CENT

Preferred Assignment of Worker	Opinions About Split Cases (N = 241) (By Per Cent)	Opinions About Single Cases (N = 226) (By Per Cent)
Total	100	100
1. Parental Force and Therapy Caseworkers	43	24
2. One Caseworker	16	44
3. One Caseworker with additional help:	20	16
a. Caseworker & Separate Caseworker for foster family	(11)	(8)
b. Caseworker & Psychiatrist	(9)	(5)
c. Caseworker and Group Therapy	(0)	(3)
4. Parental Force and Therapy Caseworkers with additional help:	9	0
a. Parental Force, Therapy, & Separate worker for foster family	(9)	(0)
5. Uncertain or No Vote	2	10
6. Other Combinations (2 per cent or less per category) ex. foster family only; psychiatrist only; parental force, therapy, foster family and psychiatrist, etc.	10	6

SUMMARY

1. The project was set up to test the method of dividing casework responsibility into two parts, parental force and therapy, using a separate worker for each function.
2. The cases were assigned at random to two groups, one in which parenting and therapy were done by the same worker; in the other, parenting and therapy were done by separate workers.
3. The children in both groups were similar in age, sex, race, ethnicity, religion, previous experience in family care, institutional experience, and foster care experience.
4. Our hypothesis was that the children in the split case group would show more improvement at the end of two years than those in the single case group.
5. In the course of our work we found that it was often necessary to split cases, but not on the basis of therapy and parenting alone. We found that therapy or other services were effective only when the parenting function was clear.
6. As a result of the project the agency has defined its primary method of working with emotionally disturbed children in foster care as that of reestablishing a functional parent, using all resources of the agency and the community to implement this relationship.

The focus of interest, as a result of our demonstration has shifted from the split case method to an overall agency philosophy,

that of the agency as parental force. The philosophy can be summarized briefly: the agency, rather than its foster parents or child care staff, is defined as "parent." It adopts and enacts a parental concern for its children and takes the parental responsibility in all areas of the child's life. The agency continues as parent until the child has grown up or until the agency is assured that he is stabilized in a secure family situation.

In our project we decided to assign the children at random to one of the two methods, but we noted our preference for method at the initial staffing. Our experience showed that the decision to assign two workers cannot be made on the basis of the known past experience of the child and the beginning evaluation. Cases that seemed at first to indicate that one worker would be better, turned out to suggest that two workers would be more effective and vice versa. Some cases that had two workers were found to need a psychiatrist for therapy rather than a social worker; some needed only one worker.

More important, the whole idea of how we would treat a case was less important than the idea that we would treat the case. The agency's success with disturbed children comes from the philosophy that the agency is really responsible for the child, will maintain contact through any experiences and difficulties and can be depended upon by all the children under its care. The parental force caseworker represents the overall and final authority for the child in all aspects of his life--school, foster home adjustment, peer adjustment,

and even beginning adjustment to work. The agency accepts the responsibility for giving continuity and security to the child's life as long as needed. The "parental worker" is the person who must show the agency's concern through active involvement in the child's life. Whether the child lives with a foster family, in the agency's group home, in the state training school, or in residential treatment, the agency's relation with the child is a constant.

ICHS believes it is important that the child knows that the agency, acting as his parent, is concerned about him and is moving actively in a responsible manner. The way in which the ICHS's parenting seems to be different from agencies which do not have the parental force philosophy is the concept of continuity of concern. In other agencies custody for a child may be invested in several different agencies with a resulting fragmentation of the child's life. With the parental force philosophy, there is change without fragmentation and this is the factor that seems to be responsible for whatever success ICHS is achieving.

To the children even the agency setting offers the underpinning of authority which supports the child's needs. At ICHS there are times when it seems like the agency office is a second home.

We started out with the hypothesis that a differentiation of worker roles was necessary for an agency to help a child develop his sense of identity. We ended up with the conviction that it is the agency acting as parent which makes it possible for one of their

own children to grow up with a sense of belonging. The child is involved with the agency in an experience which acknowledges the dependent role of the child and emphasizes the important association of each with the other. This is known at ICBS as parental force.

Mrs. Shirley Ohden, Supervisor at the Polk County Juvenile Court, has summed up the contributions of the parental force as she sees them as follows:

"For the child who cannot be at home, and who cannot be placed adoptively, we feel that the parental force program is the best answer to their needs which we can now envision or have available. This, although a substitute, supplies a stable, warm, concerned, and responsible parent. It enables the child to have someone and something in which he can trust, and as a framework on which he can grow. This is something different than a reasonable home in which to live, which is the difference as I see it between parental force and usual foster care.

"We are struggling at the present time with children who were placed in foster care five or ten years ago without the benefit of parental force. We are constantly aware of the drifting quality, from worker to worker and home to home. Even though most of the homes have been satisfactory from the standpoint of a living situation, there has not been the person to person or agency to person commitment, and we are confronted with children who are undirected, have little feeling of self-worth, and assume the outer trimmings of adulthood prematurely in the hope that this will somehow curb their anxieties.

"Although the program has not been in effect over a long period of time, we feel that it is being successful. I suspect that one reason for this is the different kind of commitment which is expected and enabled from the child in terms of a relationship between him and another person. I suspect that another reason is a difference in the quality of the caseworker's relationship to the child, and perhaps this is the primary difference. It is both a more specific defining of a role, and when defined as such demands a more thorough and committed response.

"In short, we like the program, and feel that it is extremely valuable for the youngsters whom we refer to you."

Recommendations for Further Study

1. Most of the children, whether in the split or single case group, were judged to be better after two years. We felt, although we did not prove, that parental force was responsible for the improvement in both groups. We would like to see other agencies undertake a study in which parental force would be compared with another method.
2. The other recommendation for further research concerns the children for whom we could not achieve a parenting relationship because the situation between the parent and the child had not been clarified. It is a matter for concern that a girl like Mary, described in our project, has no more favorable outlook for the future now than she did two years ago. The problem of dealing with such families was touched upon in the present project, but only as a tangential issue.

Further research is needed to establish criteria to guide juvenile courts and child caring agencies and institutions in decisions about whether or not to separate a child from his family and how to create the separation with a minimum of trauma and how to provide such a child with a parenting experience.

3. Since extensive data are already available about the twenty-four children in this project, it is recommended that this same group of children be studied further because we could then evaluate changes more effectively than we could in a two year study.

FOOTNOTES

1. Dr. Milford Barnes, Jr., "The Concept of 'Parental Force'", Symposium at Beloit of Ames, October, 1964.
2. Elizabeth G. Meier, "'Reciprocities' in Parent-Child and Foster Parent-Child Relationships", Child Welfare, December, 1959, pp. 1-6.
3. Edith Zober and Merlin Taber, "The Child Welfare Agency As Parent", Child Welfare, July, 1965, pp. 388-389.
4. Tryon, Caroline M., Evaluations of Adolescent Personality by Adolescents, Monographs of the Society for Research in Child Development, Vol. IV, Serial No. 23, No. 4., Washington, D.C., 1939, pp. 1-83.
5. "Personality Characteristics of Responsible Children" by Dale B. Harris, A.M. Rose, Kenneth E. Clark, and Frances Valesek, Psychological Studies of Human Development, edited by R. G. Kuhlen and George C. Thompson. Second edition, New York Appleton--Century 1963 p. 417. Reprinted from Journal of Genetic Psychology, 1955, Vol. 87, p. 103-109.
6. Rating Scale for Pupil Adjustment, Michigan Department of Mental Health, published by Science Research Associates, Inc., 1950, 1953.
7. Two subjects, one who died and one who left the State, were not re-examined. One of these was in the Single Case Group and one was in the Split Case Group.
8. When a subject was beyond the age for which normative data was available, the same instrument was used but the findings were interpreted with caution.
9. Manford H. Kuhn, Manual for the Twenty Statements Problem Revised May, 1965), Department of Research, The Greater Kansas City Mental Health Foundation, Kansas City, Missouri. (Unbound Mimeographed Copy).
10. Eugene A. Weinstein, The Self Image of the Foster Child, Russell Sage Foundation, 1960.
11. Kuhn, op. cit.

FOOTNOTES (Continued)

12. The analysis of the statements was made by Miss Penelope Shaw caseworker at Hillcrest Children's Home, Dubuque, Iowa. Miss Shaw is the author of a research project entitled, "The Self-Concept of the Delinquent Girl" submitted in partial fulfillment of requirements for the degree of MSW, School of Social Work, University of Iowa, 1966. The Kuhn Twenty Statements Test was a major instrument used by Miss Shaw in her research.
13. Donald Sjolund, presently director of Annie Wittenmyer Home. This excerpt is from "Iowa Children's Home Society Implementation of the Concept of Parental Force", presented by Mr. Sjolund in June, 1965.