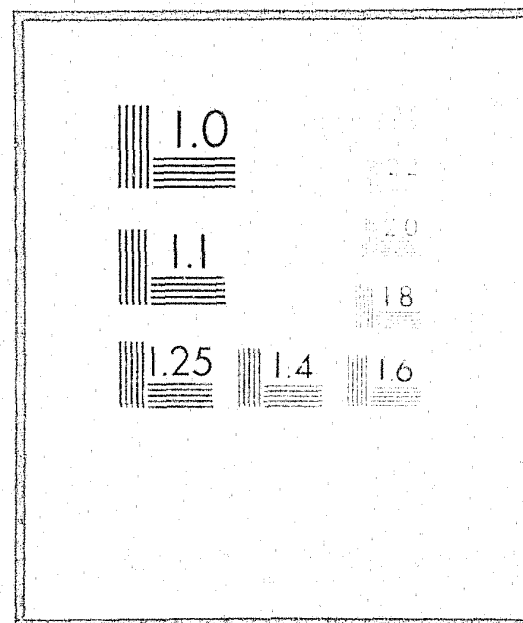


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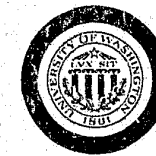
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Center for Social Welfare Research
School of Social Work
University of Washington

Source of Materials Available for Publication
of Child Abuse and Neglect
Investigation Reports

December 1976

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Center for Social Welfare Research
School of Social Work
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ACQUISITIONS

Survey of Measures Available for Evaluation
of Child Abuse and Neglect
Demonstration Projects*

December 30, 1975

*This research was supported by a grant, 90-C-430, from the National Center on Child Abuse and Neglect, Office of Child Development, Office of Human Development, Department of Health, Education and Welfare.

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SURVEY OF MEASURES AVAILABLE FOR EVALUATION
OF CHILD ABUSE AND NEGLECT DEMONSTRATION PROJECTS

One of the primary tasks being performed by the "Child Abuse and Neglect Measurement and Macro Evaluation Project" for the National Center on Child Abuse and Neglect, OCD, is the development of measures which can be used in the Summative Evaluation of the Center's series of demonstration projects. In the most general terms, the focus of these projects is on prevention, identification and treatment of the child abuse and neglect phenomena. It obviously would be inefficient to approach the measurement task as if no measures had ever been developed which might have relevance to this evaluation. Therefore, a survey of available measures has been conducted. This is a report of that survey and related matters.

Variables Which Guided Measure Survey

Before a survey of measures can be made, the universe of variables for which measures will be sought must be determined. If these measures were to be used in a basic research project with a highly circumscribed theoretical focus such a survey would be relatively straightforward. However, in this instance the universe of possible variables is expansive, not only because it involves the evaluation of a large number of diverse demonstration projects, but also because of the lack of consensus and knowledge about the causes of the phenomena and how best to respond to it through prevention or treatment services. Given this state, some form of structure had to be adopted as a guide to the survey. In October 1975 this project submitted to NCCAN a set of questions which were considered crucial to a Summative Evaluation of the demonstration projects.* It seemed that these questions afforded as reasonable a structure as possible for the specification of variables with which to guide the measure survey. Consequently, each of the 144 questions was carefully screened to extract the variables for which measures would be necessary in order to answer the question. This process can be illustrated with an example from the Treatment/Effectiveness set of questions where one question was: "To what extent were the precipitating problems reduced?" The key variable requiring measurement is "precipitating problems." Of course in this instance the variable "precipitating problems" is a multidimensional variable which has to be subdivided into its several component variables (see page 40). Frequently the variables extracted from the questions were unidimensional.

Once the variables list was complete the variables were placed in one of three groups: (1) those for which relatively sophisticated psychometric-sociometric measures might be available, (2) those which simply required some form of counting, or categorical listing, and (3) those which might best be approached

*J. R. Seaberg, D. F. Gillespie, and J. Long, Questions for the Summative Evaluation, Seattle: Center for Social Welfare Research, School of Social Work, University of Washington (October 31, 1975), (mimeographed).

through open-ended questions, either because of the potential for unique responses or lack of prior knowledge of the potential range of responses. The latter group of variables contained many variables for which more precise forms of measurement might be developed (e.g. lists, categories) once a period of initial data collection via the open-ended approach helped establish the parameters of the variables. (A complete listing of the variables in these subgroupings appears in Appendix A.) The survey of measures was conducted only in relation to those variables in the psychometric-sociometric measure group. The rationale for this circumscription of the measure survey was that inadequacies for this type would require more basic developmental attention than would variables in the listing-counting and open-ended groups.

Measure Screening Criteria

Some of the most basic screening criteria derived from constraints placed on measure appropriateness by NCCAN. The first, and possibly most restricting, was the directive from NCCAN in its RFP.

The measures must be sophisticated enough to indicate in quantitative* fashion, the effectiveness, etc., of the services as indicators of their quality. The measures must, at the same time, be easy enough to provide, record and gather so that the data are provided or recorded by the case workers or other service providers. Simplistic head-count type of measures, such as recidivism, are insufficient.

The measures should include at a minimum, measurement of the impact on the child and his family or other involved persons of the effectiveness of the services provided.**

On the one hand, the RFP called for measures of considerable sophistication, but simultaneously it restricted sophistication by requiring that the measures be of a type for use by service providers only. Implicit in the latter requirement are three criteria: (1) the measures should not require a high degree of training to administer or interpret, (2) the measures should be economical in administration time, and (3) the measures should provide a basis for recording the service providers' perception of the abuse or neglect situation rather than relying on direct responses from the service consumers. In essence these would be a very special order of measures.

Because of the highly specialized order of measure required to meet the above criteria, seriously limiting the probability of locating any appropriate measures on the basis of these criteria alone, the measure survey was directed

*Emphasis added.

**"Priority Statement for Research Activities, Fiscal Year 1975," National Center on Child Abuse and Neglect, Office of Child Development, (September 17, 1974), p. 10.

at two levels: (1) those measures which would meet the criteria, and (2) those measures which would require slightly more time and training in their use. It was envisioned that the measures in the latter category could be used by the Summative Evaluator with selected samples of the service consumers, using evaluation staff rather than service staff to collect the data. This would allow for a reasonably sophisticated level of measurement and keep costs, both financial and service provider time, within limits. Therefore, in the section of this report where the results of the survey are presented there will be two categories of recommended measure(s): (1) Recommended - Service Provider Use, and (2) Recommended - Evaluator Use (with a selected consumer sample).

Beyond the criteria for appropriate measures already elaborated, several others basic to quality measurement were imposed. Evidence of validity and reliability of the measures were considered fundamental. Validity was judged not only on the basis of that presented by the developer of the measure, but also by the relevance to the particular problem and services being evaluated here. Measures could not require much time to use or administer, consequently, the fewer items the better. Where available, preference was given to measures developed, tested or standardized using samples which included persons of lower-middle and below on continua of education and income, and which included minorities and persons of both sexes.

The RFP requirement of quantitative measures was interpreted to preclude the use of categorical or presence-absence types of measures such as those used by Gil and those used by the National Clearinghouse. Also, preference was given to more recently developed measures which tend to reflect advances in psychometric and sociometric techniques, and are often shorter versions of previously developed instruments, incorporating the best items from previously developed instruments.

As will be obvious to the reader, there had to be tradeoffs on some criteria, particularly those related to developmental and testing samples, but these several criteria were the ideal against which all measures were screened.

The Measure Survey Procedures

Following the grouping of the variables, and an amplification of selected variables in the psychometric-sociometric group into their component variables, an intensive and systematic measure survey was conducted on those variables. The staffing, management and supervision procedures, and sources consulted are described briefly as follows.

The management and supervision of the measure survey was conducted by the three authors, assisted by doctoral students who are research assistants to the project. In order to accomplish the task within the time constraints operating, student readers were hired to assist with the survey. Following a campus-wide recruitment and careful screening of the applicants, ten students were selected as readers. Their selection was based on their familiarity with the library system, their library experience in the social science area, their

time availability and interest. The student assistants were senior undergraduates, and masters and doctoral level graduate students from a variety of disciplines.

Each student was assigned a set of variables from the psychometric-sociometric grouping for which measures were needed. Each of the supervisors worked with approximately three students and each student researched approximately two to four variables. The students were carefully briefed on definitions, key words, and potential sources for each assigned variable. Their work was reported on two forms: (1) a Source Form, and (2) a Measure Reporting Form (see Appendix B). The Source Form was completed for every variable. It provided a means for the assistant to record the source checked and the key words checked within that source. This form provided a means for the supervisor to determine the thoroughness of the survey on each variable. The Measure Reporting Form allowed for recording identification and location information about the reference, the type of measurement device, a short description of the measurement device, information on testing or standardization of the measure, reliability and validity information, and other references.

On the basis of the information supplied on the Measure Reporting Form, the supervisors made judgments as to how closely the measure approximated the criteria against which measures were screened. If the measure did not approximate the criteria it was not investigated further. However, for those which seemed to meet the established criteria, the source was duplicated so that the supervisors might assess the measure more carefully. Following a careful screening of each measure from its original source, a decision was made to recommend or not recommend the technique for use by either the staff of the demonstration projects or by the evaluator. Again this decision was based on screening criteria.

It should be mentioned that in addition to supervising the student leaders, the authors were directly involved in the measure survey. Their activities were directed toward more obscure sources of potential measures, consulting with other faculty who might know of appropriate measures, scrutinizing numerous compendia of measures, and in some cases duplicating some of the efforts of the student assistants in order to get some sense of the thoroughness of their work.

A wide variety of sources were tapped in the measure survey. The University of Washington library system was heavily utilized, particularly the main library system and its undergraduate extension, the Health Sciences library, the Social Work library, and other departmental libraries. All pertinent indices, abstracts, catalogs, and compendia of measures were searched. Abstracts were searched back from 5 to 10 years depending on the number of measures located. In addition to these sources, several bibliographies related to child abuse and neglect were screened. A number of the more important compendia and bibliographies which were searched are listed in Appendix C.

Even though this project attempted to follow a carefully thought out procedure, as described, a measure survey of this type is in reality less than an

exacting process. If the tack is to pursue the general literature dealing with a variable, a process of sludging through a great number of theoretical, conceptual or experiential statements about the variable as it relates to numerous other variables ensues with relatively little information specific to the measurement issue. If, on the other hand, the tack is to use published compendia of measures, the number presented is almost astronomical and the process of tracking down every reasonable sounding lead for more detailed information is highly time consuming. Having used both of these tacks, this measure survey seems to have touched base with the state-of-the-art. Using either tack, one of the most frustrating problems was the "additional information available from the author" footnote so frequently encountered, the latter usually accompanied by an address five to ten years old.

Addendum

It is anticipated that there will be an addendum to this report at some future date. The formal survey is considered complete, but the process of conducting the survey creates a degree of momentum and a heightened sensitivity which will probably result in the screening of additional measures. It is likewise anticipated that reader feedback as a result of this report will bring more measures to the attention of the project which will be screened.

General Purpose Measurement Techniques

There are a number of general purpose measurement techniques which have applicability to some of the variables which guided this survey, particularly variables such as those which comprise the multidimensional variable, "precipitating problems." These techniques include: (1) behavioral monitoring, (2) goal attainment scaling,* (3) problem-oriented records,** and (4) etc.*** The utility and problems of using these techniques, particularly goal attainment scaling, will be presented in a separate report at a later date. It was, indeed, problems in the use of measurement devices such as those reported here which was the rationale for the development of goal attainment scaling.

*See: T. J. Kiresuk and R. E. Sherman, "Goal Attainment Scaling: A General Method for Evaluating Comprehensive Community Mental Health Programs," Community Mental Health Journal, 4 (1968): 443-453; and the extensive bibliography from the Program Evaluation Resource Center, Minneapolis.

**See: Lawrence Weed, Medical Records, Medical Education, and Patient Care: The Problem-Oriented Record as a Basic Tool. Chicago: The Press of Case Western Reserve University, 1970.

***See, for example: James R. Seaberg, "Systematized Recording: A Follow-up," Social Work, 15 (October 1970): 32-41.

Reporting Format

The substantive element of this report which follows immediately is presented in three major sections: (1) psychometric-sociometric measures (results of the measure survey), (2) counting, listing measures, and (3) open-ended question measures. For the latter two sections a brief discussion of the meaning and/or a proposed measurement procedure is presented for each variable. The results of the measure survey are all contained in the first section.

The format in which the results of the measure survey will be reported is: (1) the variable name, (2) a definition or discussion of the dimensions of the variable, (3) a measure(s) recommended for project staff use, (4) a measure(s) recommended for evaluator use, and (5) measures not recommended. The latter group of measures will consist of some of the measures which were found to be "in the ballpark" as a potential measure of the variable, but were rejected because of an inadequate fit with the criteria. If a measure is recommended, more detailed information is presented describing the measure, its validity and reliability, and the rationale for its recommendation.

In the psychometric-sociometric section the variables are arranged informally into three sub-sections: (1) those for which a measure is recommended for both project staff and evaluator use, (2) those for which a measure is recommended for the evaluator only, and (3) those for which no measure is recommended. Usually if a measure is recommended for project staff use it is automatically recommended for evaluator use.

Measurement instruments per se are not presented in this report since copyright laws prevent mass duplication without permission.

PSYCHOMETRIC-SOCIOMETRIC MEASURES

VARIABLE: Community Assessment of Project: Community Support/ Opposition/Apathy DFG

DEFINITION/DIMENSIONS: Meaning of the project to community members.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Questionnaire.

Source: C. E. Osgood, G. Suci, and P. H. Tannenbaum, The Measurement of Meaning, Urbana: University of Illinois Press, 1957.

Description of Measure: Respondents are asked to rate the given object, such as a child abuse and neglect project, on a series of seven-point, bipolar scales. Any person, place or thing can be rated. The bipolar scales reflect three dimensions: (1) an evaluation of the object or concept being rated (fair-unfair, clean-dirty, good-bad, valuable-worthless); (2) the potency or power of the object or concept (large-small, strong-weak, heavy-light); (3) the activity of the object or concept (active-passive, fast-slow, hot-cold). A one hundred item test can be administered in about 10 to 15 minutes.

Validity: Comparison with a Thurstone scale has produced coefficients of .74 to .82; with a Guttman scale a coefficient of .78 was produced; and with three factors on a Bogardis social distance scale coefficients of .72 to .80 were produced. See R. G. Smith, "Validation of a Semantic Differential," Speech Monographs, Vol. 30, March 1963: pp. 50-55.

Reliability: Test-retest coefficient of .85.

Primary References: J. C. Nunnally, Popular Conceptions of Mental Health: Their Development and Change, New York, Holt, 1961.

C. E. Osgood, "Studies on the Generality of Affective Meaning Systems," American Psychologist, Vol. 17, 1962: pp. 10-28.

Rationale: High reliability and validity, and easily adapted to the assessment of and support for child abuse/neglect projects.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

G. Antuens and C. M. Gaitz, "Ethnicity and Participation: A Study of Mexican-Americans, Blacks, and Whites," American Journal of Sociology, Vol. 80, #5, 1975:1192-1211.

G. M. Bolton, "The Lost Letter Technique as a Measure of Community Attitude Toward a Major Social Issue," The Sociological Quarterly, Vol. 15, Autumn 1974:567-570.

G. B. Forbes and H. F. Gromoll, "The Lost Letter Technique as a Measure of Social Variables: Some Exploratory Findings," Social Forces, Vol. 50, September, 1971:113-115.

D. V. Hardt, "Development of an Investigatory Instrument to Measure Attitudes Towards Death," Journal of School Health, Vol. 45, #2, February 1975:96-99.

G. E. Hendershot and J. W. Grimm, "Abortion Attitudes Among Nurses and Social Workers," American Journal of Public Health, Vol. 64, #5, May 1974: 438-441.

S. Milgram, "Comment on a Failure to Validate the Lost Letter Technique," Public Opinion Quarterly, Vol. 33, Summer 1969:263-264.

S. Milgram, L. Mann and S. Harter, "The Lost Letter Technique: A Tool of Social Research," Public Opinion Quarterly, Vol. 29, Fall 1965: 437-438.

R. L. Shotland, W. G. Berger and R. A. Forsythe, "A Validation of the Lost Letter Technique," Public Opinion Quarterly, Vol. 34, Summer 1970: 278-281.

G. Sparer, G. D. Dines, and D. Smith, "Consumer Participation in OEO-Assisted Neighborhood Health Centers," American Journal of Public Health, Vol. 60, June 1970:1091-1102.

A. W. Wicker, "A Failure to Validate the Lost Letter Technique," Public Opinion Quarterly, Vol. 33, Summer 1969:260-262.

VARIABLE: Family Economic Status

DFG

DEFINITION/DIMENSIONS: Monthly family expenditures per capita by age.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Questionnaire.

Source: William A. Reinke, "The Classification of Household by Economic Level," Economic Development and Cultural Change.

Description of Measure: The measure was developed using household expenditures of 872 randomly selected Taiwanese families. Only three items are necessary: (1) total family expenditures, (2) family size, and (3) ages of individual members. The procedure for scoring simply entails recording the mean expenditures during a given month for families of various sizes.

Validity: Using regression analysis, the standard errors of prediction from comparing the actual and typical expenditures for all 872 families were calculated on four increasingly refined indicators of family expenditures: (1) total family expenditures; (2) per capita family expenditures, which assumes that all members spend the same amount; (3) expenditures based upon family size which allows for the possibility that each addition into the family contributes a different amount to the total expenditures; and (4) expenditures based upon family size and age composition, which allows for the possibility that a member's contribution depends upon his age as well as his position in the family. Each stage of refinement showed a smaller standard error, with the fourth measure producing the most useful predictors of family expenditures. While individual family deviations from the predictors are still considerable, the author suggests that these deviations are attributable to real economic differences because the non-economic elements of age and family size are controlled.

Reliability: No data available.

Primary References: L. I. Dublin and A. J. Lotka, The Money Value of Man, revised edition (New York, Ronald Press, 1946).

E. Kleiman, "Age Composition, Size of Household and the Interpretation of Per Capita Income," Economic Development and Cultural Change, Vol. 15, #1, October 1966.

E. Sydenstricher and W. I. King, "The Measurement of the Relative Economic Status of Families," Quarterly Publication of the American Statistical Association, Vol. 17, #135, September 1921:842-857.

D. A. Weisbrode, Economics of Public Health (Philadelphia: University of Pennsylvania Press, 1961).

Rationale: Minimum amount of effort and acceptable level of standard error. Also the multiple regression technique handles all elements simultaneously, thus permitting a systematic, fast analysis.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

D. Birrel, "Relative Deprivation as a Factor in Conflict in Northern Ireland," The Sociological Review, Vol. 20, #3, August 1972:317-343.

S. Bradfield, "Some Occupational Aspects of Migration," Economic Development and Cultural Change, Vol. 14, #1, October 1965:61.

A. C. Kelley, "Household Saving Behavior in the Developing Economies: The Indonesian Case," Economic Development and Cultural Change, Vol. 16, #3, April 1968:385-403.

VARIABLE: Management Strategies

DFG

DEFINITION/DIMENSIONS: The degree to which supervisors facilitate goal attainment or consideration of those supervised. Two major management strategies or facets of leadership have been identified by factor analysis: (1) "initiation of structure" and (2) "consideration." The leader(s) who are high on both factors are generally found more effective than those who are low on one or both of these strategies.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Questionnaire.

Source: E. A. Fleishman, "A Leader Behavior Description for Industry," in R. M. Stogdill and A. E. Coons (eds.), Leader Behavior: Its Description and Measurement, Research Monograph #80, Columbus, Ohio State University, 1957:103-119.

Description of Measure: This measure has been used in a number of studies conducted by the Ohio State University Bureau of Business Research. Samples of 122 foremen, 31 foremen, another 31 foremen, 8 civil service supervisors, and 60 managers are reported by Fleishman. The questionnaire is distributed to group members, asking them to rate how often their leader actually uses particular behaviors. There are 48 items with 20 of these tapping "initiating structure" and 28 "consideration." Examples of initiating structure items are: tries new ideas, criticizes poor work, and assigns people to particular tasks. Items illustrative of consideration are: easy to understand, friendly and easily approached, and expresses appreciation when one of us does a good job. The items are responded to on a five-point Likert-like scale ranging from always to never. The time to administer the questionnaire is 10 to 15 minutes. The procedure for scoring involves assigning weights of 9 to 4 depending upon each item's orientation to the dimension; items are evenly divided between positive and negative orientations. The highest possible score on consideration is 112 and initiation has an upper-limit of 80.

Validity: Correlations between initiating structure and consideration have been consistently negative. Also, high scores on consideration have predicted low absenteeism, while high scores on initiating structure have predicted high turnover.

Reliability: Test-retest coefficients based on various samples range from .46 to .87. Split-half coefficients range from .68 to .98.

Primary References: C. L. Shartle, Executive Performance and Leadership, Columbia, Ohio State University Research Foundation, 1952.

Rationale: Sufficient reliability and validity, and easy and economical to administer. Also selected because the instrument

is based upon member perceptions of management strategies. For social workers and other professionals who are more or less autonomous and self regulating, member perceptions is assumed more appropriate than management self reports.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

R. Bales and P. Slater, "Role Differentiation in Small Decision-Making Groups," in T. Parsons, et al. (ed.), Family Socialization and Interaction Process, Glencoe, Illinois: The Free Press, 1955.

F. E. Fiedler, A Theory of Leadership Effectiveness, New York: McGraw-Hill, 1967.

J. K. Hemphill, Dimensions of Executive Positions, Ohio State University, Columbus, Bureau of Business Research, 1960.

R. L. Kahn and D. Katz, "Leadership Practices in Relation to Productivity and Morale," in D. Cartwright and A. Zander (eds.), Group Dynamics: Research and Theory, New York: Harper and Row, 1953:612-628.

R. Likert, "An Emerging Theory of Organization, Leadership and Management," in L. Petrullo and B. Bass (eds.), Leadership and Interpersonal Behavior, New York: Holt, Rinehart and Winston, 1961:290-309.

R. Tannenbaum, I. W. Weschler and S. Massarik, Leadership and Organization: A Behavioral Science Approach, New York: McGraw-Hill, 1961.

B. B. Boyd, "Perceptions of the First-Line Supervisor's Authority: A Study in Supervisor-Subordinate Communication," Academy of Management Journal, Vol. 15, #3, September 1972:331-342.

L. L. Cummings, "Risk, Fate, Conciliation and Trust: An International Study of Attitudinal Differences Among Executives," Academy of Management Journal, Vol. 15, #3, September 1971:285-304.

R. Hay, "Use of Modified Semantic Differentials to Evaluate Formal organizational Structure," Academy of Management Journal, Vol. 12, #2, June 1969:247-257.

R. Hodgetts, "Leadership Techniques in the Project Organization," Academy of Management Journal, Vol. 11, #2, June 1968:211-219.

R. D. Peterson, "A Cross-Cultural Perspective of Supervisory Values," Academy of Management Journal, Vol. 15, #1, March 1972:105-117.

W. A. Shrode, "A Study of Optimality in Recurrent Decision Making of Lower Level Managers," Academy of Management Journal, Vol. 13, #4, December 1970:389-397.

VARIABLE: Organizational Structure

DFG

DEFINITION/DIMENSIONS: Dimensions or characteristics reflecting project member interactions as a whole.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Questionnaire.

Source: J. K. Hemphil, Group Dimensions: A Manual for Their Measurement, Research Monograph #87, Columbus, Ohio, Bureau of Business Research, Ohio State University, 1956.

Description of Measure: Hemphil's measure ascertains 13 dimensions of a group: autonomy, control, flexibility, hedonic tone, homogeneity, intimacy, participation, permeability, polarization, potency, stability, stratification, and vicidity. The dimensions were selected from a group of adjectives identified by organizational authorities. The items were drawn from a probe questionnaire administered to 500 individuals, after which 5 judges placed the items into the dimensional categories. There are 150 items which are responded to on a 5 point scale ranging from definitely false to definitely true. The items describe characteristics of the group; they do not judge whether the characteristic is desirable or undesirable. Some examples of the test items are as follows: the group has well understood, but unwritten rules concerning member conduct; members of the group work under close supervision; members of the group lend each other money; the opinions of all members are considered as equal; the group has support from outside; failure of the group would mean little to individual members. The test takes approximately one hour to administer. The procedure for scoring involves summing the item scores for each of the dimensions.

Validity: Known groups validation techniques have shown the instrument to successfully distinguish between different groups and not distinguish between similar groups.

Reliability: Split-half reliability range from .59 to .87. The relationship between an item and high-low categories ranges from .03 to .78 with a median of .36 on the keyed items and from .01 to .36 with a median of .12 on the randomly selected items. Inter-correlation of dimension scores ranges from -.54 to .81, with most within the +.29 range at a .01 significance level. Agreement between different reporters of the same group ranges from .53 to .74.

Primary References: V. J. Bentz, "Leadership: A Study of Social Interaction," unpublished report, Bureau of Business Research, Ohio State University.

J. K. Hemphil and C. M. Westie, "The Measurement of Group Dimensions," The Journal of Psychology, Vol. 29, April 1950:325-342.

M. Seeman, "A Sociological Approach to Leadership: The Case of the School Executive," unpublished report, Bureau of Business Research, Ohio State University.

Rationale: This measure taps a wide range of structural variables in one test, and it is easy to administer and score.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

R. F. Bales, F. L. Strodtbeck, T. M. Mills, and M. E. Roseborough, "Channels of Communication in Small Groups," American Sociological Review, Vol. 16, August 1951:461-468.

B. M. Blau, "Structural Effects," American Sociological Review, Vol. 25, April 1960:178-193.

S. P. Bradley, "A Dynamic Model for Bond Portfolio Management," Management Science, Vol. 19, #2, October 1972:139-145.

W. B. Eddy, "A Multivariate Description of Organization Process," Academy of Management Journal, Vol. 11, #1, March 1968:49-58.

J. L. Price, Handbook of Organizational Measurement, Lexington, Massachusetts: D. C. Heath and Co., 1972.

R. S. Weiss and E. Jacobson, "A Method for the Analysis of the Structure of Complex Organizations," American Sociological Review, Vol. 20, December 1955:661-668.

VARIABLE: Relations Between Project and Other Community Agencies DFG

DEFINITION/DIMENSIONS: The intensity of interorganizational relations. This variable taps various degrees of resource investment ranging from director acquaintance to written contracts between organizations.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Questionnaire.

Source: D. L. Rogers, "Towards a Scale of Interorganizational Relations Among Public Agencies," Sociology and Social Research, Vol. 59, #1, October 1974:61-70.

Description of Measure: A scale of intensity of interorganizational relations (IOR) was developed from interviews with the top administrators in each of 116 public agencies. The scale contains six items of increasing relational intensity: (1) director acquaintance; (2) director interaction; (3) information exchange; (4) resource exchange; (5) overlapping boards; and (6) written agreements. Each administrator was asked to respond yes or no to questions concerning each of the six items. Time to administer the questionnaire is trivial, and standard Guttman techniques are used to process the scores.

Validity: The correlation between intensity scores and the number of joint programs as measured by Aiken and Hage (1968) was .55. While concurrent validity is thus not too high, the increased sophistication of the multiple item instrument, and the high face validity of the individual items provides sufficient support for the instrument's validity.

Reliability: The coefficient of reproducibility was .91. The minimum marginal reproducibility or minimum coefficient of reproducibility that could have occurred, given the cutting point used and the proportion of respondents passing and failing each of the items, was .73. The coefficient of scalability was .66. Seventy-four percent of the respondents conformed to one of the scale types, and the 26 percent nonconforming responses were distributed more or less randomly among 30 different patterns. The average correlation among the items in the scale was .75, and the reliability coefficient was .95.

Primary References: J. R. Finley, "A Study of Interorganizational Relationships," unpublished Ph.D. Dissertation, Ithica, New York: Cornell University, 1970.

G. E. Klonglin, D. A. Dillman, J. S. Wright, and G. M. Beal, Agency Patterns and Community Alcoholism Services, Iowa State University, Department of Sociology and Anthropology, Report #73, Aims, Iowa, 1969.

S. M. Leadley, "An Integrative Model: Cooperative Relations Among Organizations," paper presented at the Annual Meeting of the Rural Sociological Society, San Francisco, 1969.

F. Levine and P. E. White, "Exchange as a Conceptual Framework for the Study of Interorganizational Relationships," Administrative Science Quarterly, Vol. 5, 1961:583-601.

W. Reid, "Interagency Coordination in Delinquency Prevention and Control," Social Service Review, Vol. 38, 1964:418-428.

B. D. Starkweather, "Health Facility Merger and Integration: A Typology and Some Hypotheses," in P. E. White and G. J. Blasak (eds.), Inter-Organizational Research and Health: Conference Proceedings, Baltimore, Maryland: The John Hopkins University, 1970:4-44.

Rationale: High reliability and reasonable validity, and it is easy and economical to employ. Also, this measure represents the only multiple item measure of interorganizational relations available in the literature.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

M. Aiken and J. Hage, "Organizational Interdependence and Intra-Organizational Structure," American Sociological Review, Vol. 33, 1968: 912-930.

H. Guetzkow, "Relations Among Organizations," in R. Bowers (ed.), Studies on Behavior in Organizations, Athens, Georgia: University of Georgia Press, 1966:13-44.

R. E. Johns and D. F. de Marche, Community Organization and Agency Responsibility, New York: Association Press, 1951.

E. Litwak and L. F. Hylton, "Interorganizational Analysis: A Hypothesis on Coordinating Agencies," Administrative Science Quarterly, Vol. 6, 1962:395-426.

C. D. Marrett, "On the Specification of Interorganizational Dimensions," Sociology and Social Research, Vol. 56, 1971: 83-97.

S. K. Paulson, "Causal Analysis of Interorganizational Relations: An Axiomatic Theory Revised," Administrative Science Quarterly, Vol. 19, #3, September 1974:319-337.

J. E. Stoner, Interlocal Governmental Cooperation: A Study of Five States, Washington, D.C.: U.S. Department of Agriculture, Agricultural Economic Report #118, July 1967.

H. Turk, "Interorganizational Networks in Urban Society: Initial Perspectives and Comparative Research," American Sociological Review, Vol. 35, 1970:1-19.

G. L. Vacin, "A Study of Interorganizational Relations Between the Cooperative Extension Service and Members of Its Organization Set," unpublished Ph.D. Dissertation, Aims, Iowa: Iowa State University, 1972.

B. Yep, "An Applied Model of Interorganizational Cooperation," paper presented at the Annual Meeting of the Midwest Sociological Society, Milwaukee, Wisconsin, 1973.

VARIABLE: Socio Cultural Characteristics--Community Attitudes DFG

DEFINITION/DIMENSIONS: The degree of progressive attitudes toward nine segments of the community: (1) general community improvement; (2) living conditions; (3) business and industry; (4) health and recreation; (5) education; (6) religion; (7) youth programs; (8) utilities; and (9) communications.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Interview or questionnaire.

Source: Claud A. Bosworth, "Community Attitude Scale," in Handbook of Research Design and Social Measurement, B. C. Miller (ed.), New York, David McKay Company, 1964: 193-197.

Description of Measure: A cross section of groups in various communities were asked to define the meaning of progress and submit statements which indicated to them progressive or unprogressive aspects of progress. These statements were turned over to a representative panel of leaders who then designated each item as progressive or unprogressive. Different tests showed that 60 of these items were the most discriminating. These 60 items were compiled into three sub-scales with 20 items each, the scales being identified as community integration, community services, and civic responsibilities. An example of each of these sub-scales is as follows: (1) Community Integration, no community improvement program should be carried on that is injurious to business; (2) Community Services, the school should stick to the 3 R's and forget about most of the other courses they offer today; (3) Civic Responsibilities, busy people should not have the responsibility for civic programs. The items are responded to on a five point Likert scale ranging from strongly agree to strongly disagree. The instrument takes approximately 20 minutes to administer. The procedure for scoring follows the standard Likert format.

Validity: The total mean scores discriminated significantly between a progressive and an unprogressive group at the .02 level of significance. It was also found that citizens with positive attitudes on the scale also voted positively for a sewer extension plan.

Reliability: Split half coefficient of .56.

Primary References: Claud A. Bosworth, Attitudes Toward Community Progress, Ph.D. Dissertation, University of Michigan, 1954.

Rationale: This instrument is easy to administer and covers a broad range of community attitudinal areas.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

A. M. Barban, C. H. Sandage, W. M. Kassarian, and H. H. Kassarian, "A Study of Reissman's Inner-Other Directedness Among Farmers," Sociology, Vol. 2, June 1967:232-243.

D. R. Fessler, "The Development of a Scale for Measuring Community Solidarity," Rural Sociology, Vol. 17, 1952:144-152.

R. L. Garden, "Interaction Between Attitude and the Definition of the Situation in the Expression of Opinion," American Sociological Review, Vol. 17, February 1952: 50-58.

C. T. Jonassen, The Measurement of Community Dimensions and Elements, Columbus, Center for Educational Administration, Ohio State University Press, 1959.

C. Kirkpatrick, S. Stryker, and P. Buell, "Attitudes Toward Male Sex Behavior with Reference to Kinsey Findings," American Sociological Review, Vol. 17, October 1952:580-587.

E. O. Smigel, "Public Attitudes Toward 'Chiseling' with Reference to Unemployment Compensation," American Sociological Review, Vol. 18, February 1953:59-67.

F. R. Westie, "A Technique for the Measurement of Race Attitudes," American Sociological Review, Vol. 18, February 1953:73-78.

VARIABLE: Staff Motivation

JJL

DEFINITION/DIMENSIONS: The demonstration staff's satisfaction with their job and their motivation to perform the job has been inferred from their attitudes toward their work. Staff motivation has been found to be related to absenteeism, turnover rates, effective performance, and organizational commitment. There is strong evidence to support the contention that overall job satisfaction represents an important force in the individual's participation decision, and has a significant effect on absenteeism.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: Attitude Scale

Source: Arthur H. Brayfield and Harold F. Rothe, "An Index of Job Satisfaction," Journal of Applied Psychology, 35, October 1951: 307-311.

Description of Measure: The present index contains 18 items with Thurstone scale values ranging from 1.2 to 10.0 with approximately .5 step intervals. The index was standardized on 231 employed female office workers, and 91 adult night school students in Personnel Psychology classes at the University of Minnesota during 1943-46. A sample item is: "Most of the time I have to force myself to go to work" to which the worker responds that she/he strongly agrees, agrees, is undecided, disagrees, or strongly disagrees. Administration time is approximately five minutes. The Thurstone scoring system of five categories is applied to the items, and the Thurstone scale value gives the direction of scoring method so that a low total score would represent the dissatisfied end of the scale and a high total score the satisfied end. The Likert scoring weights for each item range from 1 to 5, and the range of possible total scores is 18 to 90 with 54 (Undecided) the neutral point.

Validity: Evidence for the instrument's validity is modest and comes primarily from two sources. The job satisfaction blank was administered to 91 adult night school students in Personnel Psychology classes, where the range of scores was 29-89, the mean score was 70.4 and the S.D. was 13.2. Students were divided into two groups--those employed in occupations appropriate to their interests and those who were not. The former group scores higher than the latter group, with a difference of 11.5 points, significant at the 1 percent level. Scores on this index also correlated .92 with scores on the Hoppock job satisfaction scale. In addition, the authors point to the face validity of their scale.

Reliability: An odd-even product moment reliability coefficient was computed for a sample of 231 employed female office workers. The coefficient was .77, which was corrected by the Spearman-Brown formula to a reliability coefficient of .87. The scale was administered to 41 male and 52 female civil service employees as part of a research project. Split-half reliabilities corrected by the Spearman-Brown formula were .90 for males and .78 for females (see reference below).

Primary References: Brayfield and Crockett, "Employee Attitudes and Employee Performance," Psychological Bulletin, 1955, 52, 396-424.

Brayfield, A. H., Wells, R. V., and Strate, M. W. "Inter-relationships Among Measures of Job Satisfaction and General Satisfaction," Journal of Applied Psychology, 1957, 41, 201-205.

Rationale: The Brayfield-Rothe Index of Job Satisfaction measures "overall" job satisfaction rather than specific aspects of it, unlike other scales. In addition, it is brief and easily administered.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURES NOT RECOMMENDED:

Lawler, E. E. and Porter, L. W., "The Effect of Performance on Job Satisfaction," Industrial Relations, VII, October 1967:20-28.

Stone, E. and Porter, L. "Job Characteristics and Job Attitudes: A Multivariate Study," Journal of Applied Psychology, 1975, 60(1), 57-64.

This questionnaire is oriented toward and was standardized on blue-collar workers, and takes 30-60 minutes to administer.

VARIABLE: Community Characteristics: Learning Environment of the Home DFG

DEFINITION/DIMENSIONS: The home learning environment is defined as containing a set of eight environmental forces that press for (1) achievement, (2) activeness, (3) intellectuality, (4) independence, (5) English, (6) Eth language (any language other than English which is spoken in the home), (7) mother dominance, and (8) father dominance. Each of the forces was defined in this study by a set of environmental characteristics that were assumed to be behavioral indicators of the inferred forces.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

Type of Measure: Semi-structured home interview.

Source: K. Majoribanks, "Ethnic and Environmental Influences on Mental Ability," American Journal of Sociology, Vol. 78, #2, September 1972: pp. 323-337.

Description of Measure: In this study, the relationship between a refined measure of the learning environment of the home and the levels and profiles of a set of mental ability scores of children from five Canadian ethnic groups was examined. The sample consisted of 37 families drawn from each of five Canadian ethnic groups. Eighteen of the families in each group were classified as middle class, and 19 as lower class. The number of families was 185 ethnic families, 37 coming from each of the groups. There are 23 items to be covered in the interview. An item example for each of the environmental forces is as follows: (1) Achievement, parental expectations for the education of the child; (2) Activeness, extent and content of indoor activities; (3) Intellectuality, number of thought-provoking activities engaged in by children; (4) Independence, freedom and encouragement to explore the environment; (5) English, opportunities available for English language usage in the home; (6) Eth language, opportunities available for eth language usage in the home; (7) Father dominance, father's involvement in child's activities; (8) Mother dominance, mother's involvement in child's activities. The schedule takes two hours to administer. The procedure for scoring entails a 6 point rating scale. The score for each characteristic is obtained by adding the scores on the relevant environmental items. The score for each of the environmental forces is obtained by summing the scores on each of the environmental characteristics.

Validity: Investigations of the zero-order and multiple correlations between the environment and mental abilities indicated that the environment scales had moderate to high concurrent validity in relation to verbal and number abilities, and low to moderate concurrent validity for spatial and reasoning abilities.

Reliability: The reliability coefficient for each of the environmental scales was estimated by using coefficient alpha. The reliability coefficients are as follows: (1) Achievement-.94; Intellectuality-.88; (3) Activeness-.80; (4) Independence-.71; (5) English-.93; (6) Eth Language-.90; (7) Father Dominance-.67; (8) Mother Dominance-.66.

Primary References: E. Bing, "Effect of Child-Rearing Practices on the Development of Differential Cognitive Abilities," Child Development, Vol. 34, 1963:631-648.

B. S. Bloom, Stability and Change in Human Characteristics, New York: Wiley, 1964.

R. H. Dave, "The Identification and Measurement of Environmental Process Variables That are Related to Educational Achievement," Ph.D. Dissertation, University of Chicago, 1963.

J. Weiss, "The Identification and Measurement of Home Environmental Factors Related to Achievement Motivation and Self Esteem," Ph.D. Dissertation, University of Chicago, 1969.

R. M. Wolf, "The Identification and Measurement of Environmental Process Variables Related to Intelligence," Ph.D. Dissertation, University of Chicago, 1964.

Rationale: Relevant to the delivery of child abuse/neglect services.

MEASURES NOT RECOMMENDED:

R. A. Danley and C. E. Ramsey, Standardization and Application of a Level of Living Scale for Farm and Non-Farm Families, Ithica, Cornell University, Agricultural Experimental Station, Memoir 362, 1959.

H. J. Eysenck, Race, Intelligence and Education, London, Temple Smith, 1971.

R. D. Gastil, "The Relationships of Regional Cultures to Educational Performance," Sociology of Education, Vol. 45, #4, Fall 1972: 408-425.

H. Ingersoll and L. H. Stott, "A Group Scale for the Measurement of Social, Cultural and Economic Status of Farm Families of the Middle West," Rural Sociology, Vol. 9, 1944.

A. R. Jensen, "How Much Can We Boost IQ and Scholastic Achievement?" Harvard Educational Review, Vol. 39, Winter 1969:1-123.

G. S. Lesser, G. Fifer, and D. H. Clark, Mental Abilities of Children in Different Social and Cultural Groups, Washington, D.C.: Government Printing Office, 1964.

A. R. Mangus and H. R. Gottam, Level of Living, Social Participation, and Adjustment of Ohio Farm People, Columbus, The Ohio State University, Agricultural Experimental Station, Bulletin 624, 1941.

C. E. Ramsey and J. Collazo, "Some Problems of Cross-Cultural Measurement," Rural Sociology, Vol. 25, 1960.

B. C. Rosen, "Race, Ethnicity, and Achievement Syndrome," American Sociological Review, Vol. 24, February 1959:47-60.

P. J. Rulon and W. D. Brooks, "On Statistical Tests of Group Differences," in Handbook of Measurement and Assessment in Behavioral Sciences, edited by D. K. Whitla, London, Addison Wesley, 1968.

W. H. Seewell, The Construction and Standardization of a Scale for the Measurement of the Socio-Economic Status of Oklahoma Farm Families, Stillwater, Oklahoma, A and M Agricultural Experimental Station, Technical Bulletin 9, 1940.

F. L. Strodbeck, "Family Interaction, Values, and Achievement," in Talent and Society, edited by D. C. McClelland, Princeton, N. J.: Van Nostran, 1958.

P. E. Vernon, Intelligence and Cultural Environment, London: Methuen, 1969.

VARIABLE: Community Types

DFG

DEFINITION/DIMENSIONS: The degree of urbanization. Urbanization is seen as a distinctive structural arrangement among services and institutions. There are three main structural dimensions associated with urbanization: local economy, representative external contacts, and interpenetration of the community and national systems.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None; because for each project community is a constant.

MEASURE RECOMMENDED: EVALUATOR USE:

Type of Measure: Observation and key informants.

Source: J. W. Durston, "Institutional Differentiation in Guatemalan Communities," Economic Development and Cultural Change, Vol. 18, #4, July 1970:598-616.

Description of Measure: This measure was developed as part of a study on 22 communities (county seats) drawn from 4 contrasting regions in Guatemala. It assumes a unidimensional sequence of community development from rural to urban. The measure entails a Guttman scale based upon the presence or absence of significant institutions and other stable patterns within the community. Fifty-eight simple and significant formal institutional patterns covering commercial, educational, religious, governmental institutions, voluntary associations, and the outside communication make up the scale. The items range from high school/auto dealer/radio station, through sewers to jail, bakery, and catholic church. The time to administer would be minimal given familiarity with the community. The procedures for scoring follow the standard Guttman techniques.

Validity: This study produced similar scale patterns with the scale of social differentiation developed by Young and Fujimoto (1965).

Reliability: The instrument produced a coefficient of scaleability of .73.

Primary References: F. W. Young and R. C. Young, "The Sequence and Direction of Community Growth: A Cross Cultural Generalization," Rural Sociology, Vol. 27, 1962:374-385.

F. W. Young and Isao Fujimoto, "Social Differentiation in Latin American Communities," Economic Development and Cultural Change, Vol. 12, April 1965:344-352.

Rationale: The instrument is easy and economical to administer. It also avoids the arbitrary taxonomical approach typical in community studies. Although certain scale items will have to be modified for American communities, the instrument provides the basic developmental line.

MEASURES NOT RECOMMENDED:

J. Isbister, "Urban Employment and Wages in a Developing Economy: The Case of Mexico," Economic Development and Cultural Change, Vol. 20, #1, October 1971:24-46.

K. C. W. Kammeyer, "Community Homogeneity and Decision Making," Rural Sociology, Vol. 28, #3, September 1963:238-245.

J. L. Kingston and P. L. Burgess, "Job Availability, Work Incentives and Unemployment Duration," American Journal of Economics and Sociology, Vol. 33, #3, July 1974:237-242.

C. G. Pickvance, "Life-Cycle, Housing Tenure and Intra-Urban Residential Mobility: A Causal Model," The Sociological Review, Vol. 21, #2, May 1973:279-297.

J. J. Poggie, "Contact, Change and Industrialization in a Network of Mexican Villages," Human Organization, Vol. 28, #3, Fall 1969:190-198.

B. Preston, "Statistics of Inequality," The Sociological Review, Vol. 22, #1, February 1974:103-118.

M. C. Robbins, "Factor Analysis and Case Selection in Complex Societies," Human Organization, Vol. 28, #3, Fall 1969:227-234.

A. J. Sofranko, "Modernization Balance, Imbalance and Domestic Instability," Economic Development and Cultural Change, Vol. 22, #1, October 1973:52-72.

R. C. Tryon, "Comparative Cluster Analysis of Social Areas," Multivariate Behavioral Research, Vol. 3, #2, April, 1968: 213-232.

VARIABLE: Screening Those at Risk for Abuse/Neglect

JJL

DEFINITION/DIMENSIONS: Perhaps the most challenging task for those researchers and service providers who are involved in the prevention of abuse and neglect deals with the identification of families "at risk" defined as those who, by possessing certain characteristics, stand a greater chance of abusing or neglecting their children than others. The challenge of developing accurate screening capabilities is not limited to methodological issues, because there are important ethical considerations when families are labelled as "high risk" for child abuse or neglect. Consequently, researchers should proceed cautiously in establishing empirical evidence characteristic of abusers and neglecters for the purpose of predicting which parents have the "propensity" to abuse or neglect their children. Some characteristics of these parents are already established (e.g., presence of a special child; social isolation of family) and were utilized in the construction of the screening instrument described below. However, more research is needed on characteristics or variables which discriminate abusers from nonabusers. A group of researchers affiliated with the Department of Maternal and Child Nursing at the University of Washington are currently developing a battery of tests designed to identify parents who have potential for abuse and/or neglect of infants and children (Mildred Disbrow, P.I.; DHEW 170-13-1479). Another research project conducted by the same department was aimed at developing an assessment format for use by nurses in identifying groups who are at high risk of physical, emotional, educational, and social dysfunction (Kathryn E. Barnard and Helen Bee Douglas, P.I., DHEW Pub. No. (HRA) 75-30).

MEASURE RECOMMENDED: PROJECT STAFF USE:

None, unless efforts to screen persons considered "at risk" for abuse or neglect are being made by the centers.

MEASURE RECOMMENDED: EVALUATOR USE:

Type of Measure: Survey on Bringing Up Children with Likert-type responses which is self-administerable.

Source: Ray E. Helfer, M.D. and Carol Schneider, Ph.D., Michigan State University and the University of Colorado. Write to Ray E. Helfer, B240 Life Sciences, Michigan State University, East Lansing, Michigan 48824.

Description of Measure: The Survey on Bringing Up Children was administered to 500 women who either came to a pre-natal clinic, into a hospital to deliver a baby or to a private pediatrician's office to have their child seen by her/him. One hundred of the mothers were thought, by a variety of observations and questions asked in the newborn period, to fall into a "high risk" category with limited parenting skill. This research screening questionnaire appeared to be capable of separating groups of mothers into three categories, according to its authors -- a) women in the lowest risk category were the patients of private pediatricians; b) those who come into

clinics and hospitals to have their baby without a private physician fell into a somewhat higher risk category; and c) those who were identified to be "high risk" were identified by the questionnaire as having more likely possibilities of rearing their children in an unusual way. The survey, in its present form, is a 50 item instrument made up of statements which are answered on a 7-point Likert scale from strongly agree to strongly disagree. An item example is: "When my baby cries I often get the feeling I just can't stand it." Time to administer the survey is not given but is estimated at approximately ten minutes. All scoring of forms is currently done at Michigan State University using a computer program written for that purpose. Scores are then shared with persons who utilize the instrument quickly. (Since the survey is still in the developmental stage, the authors request that users 1) return completed forms to them for scoring and analysis, and 2) obtain some brief data from the physician who examined the injured/neglected child using the enclosed "Assessment of Physical Injury" form).

Validity: The survey has not been fully validated, since mothers identified at risk have been administered the survey and are currently being followed up to see if they in fact become abusers or neglecters. Factor analytic studies on the 500 responses to the survey identified six major clusters, including isolation, how parents see their children, how they themselves were reared, etc., which support the face validity of the instrument. The authors state that the survey appears to be capable of separating groups of women who are at high and low risk in their capabilities of rearing their children.

According to the authors, the present survey has a sensitivity of approximately 86%; i.e., 86% of the known high risk group were identified by the survey and 14% were not. The questionnaire's specificity is also 86%; i.e., 86% of the low risk group were identified correctly and 14% were not.

Reliability: No reliability data were reported.

Primary References: Robert L. Burgess (P.I.) "Family interaction patterns related to child abuse and neglect" (OCD Grant 90-C-445) College of Human Development, Pennsylvania State University, University Park, Pennsylvania.

Rationale: Preliminary studies indicate that this short, easily-administered survey does discriminate between mothers at risk for child abuse or neglect and those who are not. This screening tool could constitute a crucial preventive activity and should be considered for use with families not yet identified as abusers/neglecters.

MEASURES NOT RECOMMENDED:

None.

VARIABLE: Client Satisfaction With Service

JJL

DEFINITION/DIMENSIONS: Any adequate assessment of service effectiveness must include some client-observed and client-reported variables. Client satisfaction with the interventions has typically been multi-faceted and has included attitudes toward and satisfaction with therapists and other professionals, as well as evaluations of the treatment process and outcome. Most measures of client satisfaction are either self-administered questionnaires or telephone follow-up interviews.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None. Most of the assessments of client satisfaction with service are specific to the agency or counseling situation and are conducted at the time of follow-up by telephone. Some of the more frequently used instruments could not be located in time to report on them here. Those considered of value will be discussed in addendum to this report.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

Reagles, K. W., Wright, G. N., and Thomas, K. R., "Development of a Scale of Client Satisfaction for Clients Receiving Vocational Rehabilitation Counseling Services," Rehabilitation Research and Practice Review, 3,(2) Spring 1972:15-28.

(The scale is specific to VR clients; very brief and of different formats; a sample unrepresentative of the US population was used in standardizing it and no test-retest reliability was calculated.)

Kiresuk, T. J., Follow-Up Packet. Program Evaluation Resource Center, 501 Park Avenue South, Minneapolis, Minnesota 55415.

(Satisfaction assessment is incorporated in a followup telephone interview by project staff. Besides being specifically directed to a particular mental health center, the structured interview has not been standardized and no normative data is available to the author's knowledge.

Greenup, J., "Patients' Assessment of Treatment in a Modified Therapeutic Community," British Journal of Social Psychiatry and Community Health, 6(2), 1972:103-107.

(Not generalizable to the demonstration projects due to the specificity of the program evaluation, since subjects were psychiatric patients released from an institution.)

Linden, J. D., Stone, S. C. and Shertzer, B., "Development and Evaluation of an Inventory for Rating Counseling," Personnel and Guidance Journal, 44, November 1965;267-276.

(This rating scale was standardized on high school students.)

VARIABLE: Community Awareness

DFG

DEFINITION/DIMENSIONS: The degree to which persons in a catchment area are aware of the services available to them.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

Rationale: There has been very little research and no scales developed to measure community awareness. There have been, however, several studies in the area of community health. But this research simply asks a sample of respondents whether they have ever heard of Center X; the proportion who have thus represent the extent of community awareness of X. In other words, the work to date with respect to community awareness is simplistic, area specific, and case specific.

MEASURES NOT RECOMMENDED:

R. W. Grayman, Philadelphia Clergymen in the Community Mental Health Centers, unpublished masters thesis, School of Social Work, University of Pennsylvania, 1969.

S. H. Heinemann, F. Perlmutter, and L. W. Yudin, "The Community Mental Health Center and Community Awareness," Community Mental Health Journal, Vol. 10, #2, 1974:221-227.

Joint Commission on Mental Illness and Mental Health, Action for Mental Health, New York: Basic Books, 1961.

S. I. Ring and L. Schein, "Attitudes Toward Mental Illness and the Use of Caretakers in a Black Community," American Journal of Orthopsychiatry, Vol. 40, 1970:710-716.

F. L. Tomlinson, A Study of Consumers Awareness of Resources in Their Community for the Treatment of Emotional Problems, unpublished masters thesis, School of Social Work, University of Pennsylvania, 1971.

VARIABLE: Prevention Services

JJL

DEFINITION/DIMENSIONS: Prevention services are defined here as those services provided by the demonstration projects directed toward preventing the first occurrence of child abuse/neglect (sometimes referred to as primary prevention). These preventive measures could include expert prenatal training for motherhood, contraceptive and abortion counseling, provision of free daycare for those needing it, teenage mother services, baby-sitting and homemaker services, self-help groups, basic housing, food and health care, 24-hour hotlines, and child management classes (parent education). These and other prevention-oriented activities can be directed toward children in general (child advocacy) as well as "high risk" families. Ideally, prevention activities would be focused on high risk families in which no substantiated case of abuse or neglect had occurred, and would be directed to various community institutions, groups and establishments such as schools, media, churches, pediatricians, mental health clinics, hospitals, etc.

Each prevention service offered at the project warrants systematic program evaluation of its effectiveness. Although evaluation procedures were sought for each of the aforementioned prevention services, efforts were focused on two of the most frequently offered services--hotlines and parent training classes or groups.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None. No adequate assessment techniques specific to each of the prevention activities listed above could be located. There are at least two explanations which come to mind. First, the concept of prevention is relatively new so that few published evaluations of preventive programs in mental health exist. Secondly, some prevention services such as parent groups are typically evaluated using a set of sophisticated but highly specific techniques. There is a vast literature on behaviorally-oriented parent education efforts which are evaluated by training the parents to keep records of changes in target behaviors, through systematic home and clinic observations of parent/child interactions by trained observers, and by therapist and parental self-report of progress. Although there are some observational forms and rating scales published, no general parent education evaluation packet could be located. With regard to hotlines, only one instrument was discovered which purported to assess caller-reported benefits. (Speer, D.C. and Schultz, M. An Instrument for assessing caller-reported benefits of calls to a telephone crisis service. Journal of Consulting and Clinical Psychology, 1975 43 (1), 102). However, since the instrument has not been obtained for critique yet, it cannot be recommended at this time.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

None.

VARIABLE: Project (Organizational) Goals/Objectives

DFG

DEFINITION/DIMENSIONS: The future states, activities, conditions, or outcomes to be realized by the project. The goal concept is most frequently employed as a basis for evaluating project or organizational effectiveness; the greater the degree of goal attainment, the greater the effectiveness.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

Rationale: Our review of the literature has revealed four major problems associated with the conceptualization-measurement of organizational goals: (1) the problem of identifying and gaining access to a project's goals; (2) the fact of multiple goals in all groups; (3) the question of whose goals represent the project's goals; and (4) the fact that a project's goals are subject to change and reflect varying emphasis upon such dimensions as quantity-quality, long-term/short-term, etc. Since the goal concept is crucial to the evaluation of effectiveness, and since different scholars have proposed resolutions to one or another of the problems, but none have resolved simultaneously all four, we feel that some developmental work is necessary. A brief overview of the four problems and a bibliography of certain basic references reviewed is presented as Appendix E.

VARIABLE: Severity of Physical Abuse
Severity of Neglect

JRS

DEFINITION/DIMENSIONS: The relative severity of a physical child abuse event compared to other such events is a variable of considerable importance to the protective service field. Explicitly or implicitly judgments about the relative severity are routine elements of dispositional decisions (e.g. a 10 year old boy with bruises on his arms is reacted to differently than a 2 year old girl who is suffering a skull fracture and possible brain damage). These decisions affect both service plans and legal actions. In physical abuse, severity is multidimensional including such dimensions as the type of injury, the means by which it was inflicted, evidence of repetitious injury, etc.

The severity of neglect events is a variable of importance for the same reasons cited above, but obviously with a different set of indicators. Similarly the severity of neglect is a multidimensional phenomena.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

David G. Gil, Violence Against Children, Cambridge, Mass.: Harvard University Press, 1970, p. 170.

In Gil's national study of physical child abuse he used a simple categorical measure of severity. The four categories lack definition or observable referents and no inter-rater reliability data are given.

"National Clearinghouse on Child Neglect and Abuse Reporting Form," Denver: Children's Division, The American Humane Association, 1975.

A categorical scale, for both abuse and neglect, this instrument also lacks definitions or observable referents and inter-rater reliability information.

James R. Seaberg, Physical Child Abuse: An Expanded Analysis, Unpublished Doctoral Dissertation, Madison, Wis.: University of Wisconsin, 1974, pp. 52-61, 167-172.

In this research, a severity of injury weighting scale was developed. It is limited to only one of the potential elements of a multidimensional severity scale as described above.

VARIABLE: Staff Attitudes Toward Clients

JRS

DEFINITION/DIMENSIONS: Staff attitudes toward their clients have been shown in a number of studies to have an affect on the continuance of the relationship and upon the changes in the client's problems. These attitudes are more clearly dichotomized into (1) perceptions of the client as a person and (2) expectations for the client, especially in terms of change in the client's presenting problem/s. On the latter, considerable research has demonstrated that expectations of the service-provider have a direct effect on the outcome of the service. A variety of variables have been investigated which comprise the service-provider's perception of the client, and ultimately the expectation. These include: client age, intelligence, socio-economic status, verbal skills, type of problem, attitude toward the service-provider, etc.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

G.T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change," Psychological Monographs, 76 (1962): 1-33.

The Relationship Inventory consists of 85 items and requires considerable time for response.

David Fanshel, "A Study of Caseworkers' Perceptions of their Clients," Social Casework, 39 (December 1958): 543-551.

The measures used in this study were quite crude and special to the particular focus of the study.

VARIABLE: Therapeutic Approaches

DEFINITION/DIMENSIONS: A variety of therapeutic approaches are inevitably employed in the counseling services of the projects; perhaps as many therapy approaches as there are therapists. These approaches could include behavior therapies, techniques and approaches espoused by Adler, Ellis, Perls, Freud, Rogers and others, and eclectic orientations, to name a few. Two major problems arise in attempting to measure this variable: (1) there are serious definitional problems in using these terms to describe the therapeutic approach used by a particular therapist since there is weak consensus as to what these terms mean in general, and (2) some therapists dislike being asked to pigeonhole their intervention strategies, particularly when no valid and reliable definitions of the different therapeutic approaches are offered.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None could be located. Definitions of various therapeutic approaches need to be standardized through empirical methods so that therapy outcome can be evaluated in relation to the approach(es) employed.

MEASURE RECOMMENDED: EVALUATOR USE:

None. (See comments above.)

MEASURES NOT RECOMMENDED:

None.

VARIABLE: Types of Physical Abuse
Types of Neglect

JRS

DEFINITION/DIMENSIONS: The importance of being able to distinguish among instances of child abuse and neglect within the total set of instances of these phenomena is widely recognized. Mutually exclusive categories descriptive of types of physical abuse and neglect would be of great advantage in research and evaluation, and potentially in prediction and prevention. For instance, it might be empirically established that certain forms of treatment are more or less effective in relation to different types of the phenomena. The greatest obstacle to arriving at such typologies is conceptual, namely, the divergence of conceptions of personality development and behavioral etiology. Consequently, there can be at least as many typologies of child abuse and neglect as there are conceptions of behavioral causality.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

Several typologies have been developed, but these have for the most part represented summations of clinical observation. The single exception to this is Gil's typology which was derived from an empirical effort. None of these are recommended because of lack of information from field testing on their validity and inter-observer reliability.

David G. Gil, Violence Against Children, Cambridge, Mass.: Harvard University Press, 1970, pp. 125-132.

This typology was derived from empirical data, but the reliability of that data was never established and field testing of the typology has not been reported.

J. D. Delsordo, "Protective Casework for Abused Children," Children, 10 (1963): 213-218.

E.J. Merrill, "Physical Abuse of Children: An Agency Study," in V. DeFrancis, Ed., Protecting the Battered Child, Denver: American Humane Association, 1962.

S.R. Zalba, "The Abused Child: II. A Typology for Classification and Treatment," Social Work, 12 (1967): 70-79.

VARIABLE: "Precipitating Problems"

As suggested earlier, a variable such as "precipitating problems" can either be measured via some general purpose measurement technique or (as reported here) by the use of measures for each of its component parts. In this instance, the component variables were arrived at by scrutinizing relevant literature on the causes of child abuse and neglect. This procedure is problematic in that there is considerable variation in opinion as to what set of variables contribute to the causes. The variables identified as a result of this review, presented in Appendix D, obviously concentrate on psychological and interpersonal phenomena rather than societal phenomena, but they seem to represent those reported most often in the literature as being the precipitating problems for abuse and neglect.

One recent effort to develop measures for this type of variable was that of Cohen.* She developed 28 indicators of parental functioning as indicators of potential for child abuse and neglect. These are currently being used by Berkeley Planning Associates in their evaluation of child abuse and neglect demonstration programs. These measures are still being field tested and recommendations are not made.

*Ann H. Cohen, Assessing the Impact of Health Programs Responding to New Problems: The Case of Child Abuse and Neglect, (Unpublished doctoral dissertation, University of California, Berkeley, 1975).

VARIABLE: Psychosis

JJL

DEFINITION/DIMENSIONS: An unknown percentage of clients treated at the demonstration centers suffer from psychotic symptoms (loss of contact with reality for varying time periods; suffering from delusions and/or hallucinations; regressive behavior; distortion of perceptions; cannot live independently; etc.). Thus, a small proportion of clients who lose control and abuse their children or neglect them are suffering from psychotic-like conditions and therefore require different intervention strategies from nonpsychotic clients. Since these clients represent a small but unknown proportion of the target population, a brief and simple screening procedure for use during intake is warranted.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Psychological Screening Inventory: Alienation Scale

Type of Measure: Self-administered screening inventory to which respondent marks true or false to statements.

Source: Lanyon, R. Development and validation of a Psychological Screening Inventory. Journal of Consulting and Clinical Psychology Monograph, August 1970, 35 (1), Part 2.

Format of the PSI and profile chart have been deposited with the National Auxiliary Publication Service. Order Doc. No. 01012 from the Nat. Aux. Pub. Serv. of the American Society for Information Science, CCM Information Sciences, Inc. 909 Third Ave., New York, N.Y. 10022.

Description of Measure: Though the PSI consists of five scales (Alienation, Social Nonconformity, Discomfort, Expression, and Defensiveness), the Alienation scale only is recommended as a screening device for psychotic clients. This scale was designed to indicate the similarity of the respondent to hospitalized psychiatric patients. The AI scale was developed using a criterion-groups approach, with normative data collected on 1,000 persons representative of the U.S. population with respect to age, comparable with respect to education and drawn from four diverse geographical locations. Scale scores for the normative sample are presented in the article for each demographic variable. The Alienation Scale contains 25 items to which the person responds true or false such as: "Sometimes I hear noises inside my head." The entire inventory takes between ten and twenty minutes to administer, so that the AI scale would take approximately five minutes. Scoring is done by entering item totals on a profile grid, which converts them to standard score form, with a mean of 50 and a standard deviation of 10. This inventory can be administered and scored by mental health aides or secretaries. Cutting scores in discriminating psychiatric patients from normals were empirically determined.

Validity: Impressive validity data were presented both on cross-validation groups and on the PSI's correlation with other tests. The PSI was administered to four separate institutionalized psychiatric groups having the diagnosis of functional psychosis. Psychiatric patients were correctly discriminated from normals over 80% of the time, with psychiatric patients scoring significantly higher on the A1 scale. In addition, correlations of the A1 scale with the MMPI were calculated for 153 male and 156 female undergraduates and for 41 state hospital male patients. The A1 correlated .41 and .45 with the Sc scale for male and female students respectively (Sc has been shown to be a valid MMPI scale for psychosis). For psychiatric patients, the correlation between A1 and Sc was .60. Further evidence for the validity of the A1 scale is its strong relationship to the six MMPI "psychotic signs" delineated by Meehl and Peterson, and MMPI profiles for high-A1 scorers which show a slope up to the psychotic end of the graph.

Reliability: The internal consistency of .62 for the A1 scale was estimated using the Kuder-Richardson Formula 20, on a group of 100 undergraduates. In addition, test-retest stability was measured four weeks apart on 54 undergraduates and was .66 for the A1 scale. Authors report that the coefficients were lower than anticipated and argue that the range of scores was restricted for this group when compared to the normative sample, and few scores in the higher range were encountered for the student sample.

Primary References: None.

Rationale: The PSI, besides having strong face validity, has been carefully cross-validated by the author and correlates strongly with MMPI measures of psychosis. Used as a screening instrument, the PSI is simple and rapid to administer by unskilled workers, unlike most of the other psychosis screening devices.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

Kincannon, J.C. Prediction of the standard MMPI scale scores from 71 items: the Mini-Mult. Journal of Consulting and Clinical Psychology, 1968, 32, 319-325.

Dahlstrom, W.G. and Welsh, G.S. An MMPI Handbook. Minneapolis: University of Minnesota Press, 1960.

Paulson, M.J., Abdelmonen, A.A., Thomason, M.L. and Chaleff, A. The MMPI: A Descriptive Measure of Psychopathology in Abusive Parents. Journal of Clinical Psychology, 1974, 30 (3), 387-390.

Overall, J.E. and Gomez-Mont., F. The MMPI-168 for psychiatric screening. Educational and Psychological Measurement, 1974, 34, 315319.

Though the MMPI and its shortened versions have been subjected to extensive research and has been found to be an excellent measure of psychosis, it was not recommended for use by the project staff for two major reasons: 1) even in its shortened versions, the MMPI is long and takes more time and requires a greater sophistication with the English language than does the PSI; 2) it takes greater sophistication in scoring and interpretation on the part of the worker.

Langner, T.S. A Twenty-two item screening score of psychiatric symptoms indicating impairment. Journal of Health and Human Behavior, 1962, 3 (4), 269-276.

The wording of the questions seems conducive to the client's over-attribution of symptoms. In addition, no questions regarding delusions and hallucinations were included.

Overall, J.E. and Gorham, D.R. The brief Psychiatric Rating Scale. Psychological Reports, 1962, 10, 799-812.

This scale require sophisticated interviewing skills by experienced clinicians.

Luborsky, L. Clinicians' judgments of mental health: A proposed scale. Archives of General Psychiatry, 1962, 7, 35-45.

This Health-Sickness Rating Scale is very theoretically-oriented and requires the clinician to make complex judgments based on their internal norms.

Derogatis, L.R., Lipman, R.S., Rickels, K., Uhlenhuth, E.G. and Covi, L. The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. Behavioral Science, 1974, 19, 1-15.

This checklist was found to be more sensitive to neurosis than psychosis.

VARIABLE: Self-Esteem (Self-Concept)

JRS

DEFINITION/DIMENSIONS: Self-esteem (or self-concept) refers to an attitude toward oneself. Studies of the association of self-esteem with a variety of variables have revealed the negative effect low self-esteem can have on the behavior and social functioning of individuals. In a general sense, self-esteem is derived from reflected appraisals, that is, the interpretation of other's reactions to oneself.

MEASURE RECOMMENDED: PROJECT STAFF USE:

Type of Measure: A Guttman scale with forced-choice responses ranging from "strongly agree" to "strongly disagree."

Source: Morris Rosenberg, Society and the Adolescent Self-Image, Princeton, N.J.: Princeton University Press, 1965, pp. 16-34, 305-307.

Description of Measure: The self-esteem scale is a 10 item Guttman scale. For each item the respondent indicates one of four alternatives from "strongly agree" to "strongly disagree." The scale takes only 2-3 minutes to complete. It is a unidimensional scale which allows the ranking of individuals along a scale from very high to very low self-esteem. High self-esteem in this instance is interpreted as an expression of the feeling that one is "good enough" compared to others rather than superior to others. An example of an item is: "I certainly feel useless at times." Information on scoring, which is quite straightforward, appears on pages 305-307 of the source above. The scale was developed using "normal volunteers" from a pool maintained by the National Institutes of Health. Demographic data on this group are not indicated.

Validity: In addition to an argument for face validity, a rough approximation of concurrent validity was made through the significant association of low self-esteem and a reasonably objective measure of depression.

Reliability: The scale has a reproducibility coefficient of .93 and a scalability coefficient of .72.

Primary References: None.

Rationale: The Self-Esteem Scale meets many of the criteria specified and is easily administered.

MEASURE RECOMMENDED: EVALUATOR USE:

Same as above.

MEASURE NOT RECOMMENDED:

E. Berger, "The Relation Between Expressed Acceptance of Self and Expressed Acceptance of Others," Journal of Abnormal and Social Psychology, 47 (1952), 778-772.

This is a lengthy set of scales with 36 items for self-acceptance and 28 items for acceptance of others.

VARIABLE: Anxiety

JRS

DEFINITION/DIMENSIONS: Anxiety is a concept used to describe a psychological state associated with heightened and disruptive inner tension and accompanied by a vague, disquieting feeling of uneasiness and apprehension. State and trait anxiety are distinguished. State anxiety is situational in response to a particular stimulus and varies across short time intervals. Trait anxiety is an inflectuating condition, a disposition to respond with state anxiety under stress.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

#1 (General)

Type of Measure: Self-administered statements to which the respondent indicates true or false.

Source: Janet A. Taylor, "A Personality Scale of Manifest Anxiety," Journal of Abnormal and Social Psychology, 48 (April 1953): 285-290.

Description of Measure: The Taylor Manifest Anxiety Scale remains one of the better measures of anxiety in a general or omnibus sense. The revised version consists of 28 items which are statements about the respondent to which true or false answers are given. Examples are: "Life is often a strain for me;" "My sleep is restless and disturbed." The time to administer is not given but should be less than 15 minutes. Medians are presented for normals (1,971 university students) and neurotics/psychotics (103 inpatients and outpatients). These were 14.6 for normals and 34 for the disturbed group.

Validity: Validity is assumed on the basis of the score differences between normal and neurotic/psychotic individuals. This in turn is based on the assumption that neurotics and psychotics are more anxious than normals.

Reliability: A test-retest correlation coefficient of .88 was obtained using the 28 item form with a four week interval between administrations.

Primary References: None.

Rationale: This scale is relatively brief, the items are not historically dated, and this is a widely used and recognized test of a general level of anxiety.

MEASURE RECOMMENDED: EVALUATOR USE:

#2 (Trait)

Type of Measure: A self-administered (or interviewer-administered) set of forced-choice response items.

Source: N.S. Endler and M. Okada, "A Multidimensional Measure of Trait Anxiety: The S-R Inventory of General Trait Anxiousness," Journal of Consulting and Clinical Psychology, 43 (1975): 319-329.

Description of Measure: The S-R Inventory of General Trait Anxiousness is designed to measure trait anxiety. It is a multidimensional measure which stresses the importance of situational factors as stimuli to trait anxiety. The situations include interpersonal situations, physical danger situations, ambiguous situations, and innocuous or daily routine situations. For each situation (e.g. "You Are in Situations Involving Interaction with Other People") nine modes of response to the situation are presented (e.g. "See experiences like this," "Heart beats faster," "Have an uneasy feeling," etc.). For each of these modes the respondent chooses a position on a scale of 1 to 5 anchored by such terms as "Very much" and "Not at all". The four situations and nine modes of response result in an inventory with 36 items. Time for administering the inventory is not reported.

The inventory was tested using normal individuals (386 high school students and 347 adults), neurotic patients of a general hospital (125 adults), and psychotic patients of a psychiatric hospital (45 adults). There were no sex differences, although adults reported higher anxiety than youth for the physical danger situations. The situations proved to be relatively independent of one another. Norms for each group are reported in the source.

Validity: Concurrently validity was tested using other standard anxiety scales and is reported as high (though there were differences for each situation), but the coefficients are not reported.

Reliability: Reliabilities were calculated using Cronbach's alpha for each of the situations. These ranged from .71 to .83 for the interpersonal situation, .80 to .83 for the physical danger situations, .69 to .86 for the ambiguous situation, and .62 to .85 for the innocuous situation. The latter was the only one considered unreliable.

Primary References: None

Rationale: This measure is multidimensional, particularly in relation to the situational element of anxiety, while the TMAS focuses primarily on interpersonal ego-threatening anxiety.

MEASURE NOT RECOMMENDED:

C.G. Costello and A.L. Comrey, "Scales for Measuring Depression and Anxiety," Journal of Psychology, 66 (1967): 303-313.

The anxiety scale might be a reasonable substitute for the TMAS. It is orthogonal to the depression scale and has good test-retest reliability. There has been less practical experience with it.

VARIABLE: Depression

JRS

DEFINITION/DIMENSIONS: Depression is a concept from the psychiatric nomenclature generally considered descriptive of a functional, primary mood disorder. Depression can be an affective state, that is, a momentary, situational status of the individual. It can also be an affective trait. In the latter instance, it refers to a lower threshold for experiencing depressive states. For the child abuse and neglect phenomena, depressive state and trait distinctions have not been made, but the reference is implicit for both. Indicators of depressive state and trait have been mixed frequently in the same measure resulting in a confounding of the distinctions. Since these distinctions are not clear in relation to child abuse and neglect, measures which do not adhere to the dichotomy may be more appropriate.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE: (#1)

Type of Measure: a self-administered scale with a set of statements about respondent for which anchored, forced-choice alternatives are provided.

Source: C. G. Costello and A. L. Comrey, "Scales for Measuring Depression and Anxiety," Journal of Psychology, 66 (1967): 303-313.

Description of Measure: The Costello-Comrey depression scale is a self-administered scale. It was developed using the best items from previously developed depression and anxiety scales. Using factor analysis both depression and anxiety scales were extracted from the item pool. This provided the added dimension of orthogonality (or independence) for the two concepts which are recognized as opposites of a continuum of behavior and whose indicators often have a close resemblance. The orthogonality of the two scales was demonstrated in concurrent validity studies also.

The depression scale consists of 21 items. An example is: "When I wake up in the morning I expect to have a miserable day." There are nine response alternatives with such anchoring labels as: absolutely, definitely not, etc. These are numbered from 9 to 1 with the numbers representing the scores. Construction of the scale was accomplished using 240 normal individuals whose characteristics are not reported except that half were female and half male. Time to administer should be minimal. Norms for a psychiatric sample with high depression and low depression are reported.

Validity: Concurrent validation studies were conducted using psychiatric clinical evaluations of depression for psychiatric patients. The scale clearly distinguished between persons rated as having a high degree of depression and those with a low degree.

Reliability: Split-half reliability was .82 for the psychiatric sample, and .90 for 576 normal subjects.

Primary References: None.

Rationale: This is a brief scale which could be administered and interpreted with ease.

MEASURES NOT RECOMMENDED:

There are a number of measures of depression which have been widely used. Some of them might easily be used in place of the one recommended above. Others are too lengthy or require a high degree of training to use.

William W.K. Zung, "A Self-Rating Depression Scale," Archives of General Psychiatry, 12 (1965): 63-70.

A widely used scale of only 20 items including physiological as well as psychological. Though reasonably well validated, the reliability of the scale is not established.

A.T. Beck, et. al., "An Inventory for Measuring Depression," Archives of General Psychiatry, 4 (1961): 561-571.

Essentially a rating scale for psychiatrists, this widely used measure depends upon considerable clinical knowledge to make use of such vague concepts as "somatic preoccupation," "suicidal content," etc.

Henry Wechsler, et. al., "The Depression Rating Scale," Archives of General Psychiatry, 9 (1963): 334-343.

Again, this scale was designed for a psychiatrist's use. Such items as "motor activity (agitation or retardation)" probably require strong clinical backgrounds to achieve a reasonable level of inter-observer reliability.

Stanley M. Hunt, et. al., "Components of Depression, Identified From a Self-Rating Depression Inventory for Survey Use," Archives of General Psychiatry, 16 (1967): 441-445.

Contains 101 items.

Max Hamilton, "A Rating Scale for Depression," Journal of Neurology, Neurosurgery and Psychiatry, 23 (1960): 56-62.

Requires considerable clinical knowledge to translate observations into the language of the scale (e.g., "obsessional symptoms").

VARIABLE: Hostility

JRS

DEFINITION/DIMENSIONS: Hostility is a concept frequently used to describe a component of the personality states of physical child abuse perpetrators. Hostility is commonly agreed to be a multidimensional concept, but there is less agreement on its elements. Overt and covert expression of hostility are two elements with the range of elements extending to a state of irritability.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

Type of Measure: A Likert-type questionnaire which is self-administered.

Source: Martin L. Zelin, et. al., "Anger Self-Report: An Objective Questionnaire for the Measurement of Aggression," Journal of Consulting and Clinical Psychology, 39 (1972): 340.

Description of Measure: The ASR gives separate scores for (1) awareness of anger, (2) expression of anger (with subscales for general, physical, and verbal expression), (3) guilt, (4) condemnation of anger, and (5) mistrust. The ASR is composed of 64 items for the eight scales. The initial item analysis studies and reliability studies were based on responses of 138 subjects. The validation studies were conducted using 82 psychiatric patients and 67 college students. Demographic and other data are not given for any of these sets of subjects.

Validity: A series of concurrent validity studies were used to establish validity. Significant correlations were found between scores from these scales and scores of other accepted measures of the ASR components.

Reliability: The authors note: "The reliabilities of the eight ASR scales and their intercorrelations indicate sufficient independent reliable variance so that an anger profile based on the eight ASR scores can be validly employed for predictions about individuals."

Primary References: None.

Rationale: Some of the more appropriate subscales such as those in the awareness of anger and expression of anger groups could be used independently, thus reducing the total number of items and administration time.

MEASURE NOT RECOMMENDED:

Arnold H. Buss and Ann Durkee, "An Inventory for Assessing Different Kinds of Hostility," Journal of Consulting Psychology, 21 (1957): 343-349.

The seventyfive items of this inventory, plus insufficient validity and reliability information caution against its use. It may be somewhat dated and the Zelin, et. al. Anger Self-Report appears to build on the Buss-Durkee inventory.

VARIABLE: Isolation (Alienation)

JRS

DEFINITION/DIMENSIONS: Social isolation has considerable acceptance in the theoretical literature on child abuse and neglect as an important causal variable for both phenomena. In a quantitative sense it is often measured as the absolute number of friends and relatives a person interacts with in a given time interval and/or the frequency of interactions with those friends and relatives in a given time interval. Qualitative measures of social isolation tend to be reported as components of another concept, namely, alienation. Alienation is a composite of three other concepts: powerlessness, normlessness and social isolation. Powerless is conceived as the feeling of less and less understanding of or influence over the events upon which one's life and happiness are known to depend. Normlessness is conceived as the internalization of conflicting norms and the absence of values which might give purpose and direction to one's life. Social isolation is conceived as a separation from peers and/or the influence of peer standards.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None or possibly the measure recommended below for evaluator use. Though not a perception of the consumers social isolation as seen by the service provider, the service provider could easily administer the measure.

MEASURE RECOMMENDED: EVALUATOR USE:

Type of Measure: Self administered (or interviewer administered) statements for which forced-choice responses are required.

Source: Dwight G. Dean, "Alienation: Its Meaning and Measurement," American Sociological Review, 26 (October 1961): 753-758.

Description of Measure: Dean's alienation scale is based upon relevant theoretical statements from the field of sociology. From the work of Seeman (see References below) Dean selected three theoretically assumed elements of alienation as the major components of his scale. These included powerlessness, normlessness and social isolation. Seven experts from the Ohio State University Sociology Department judged 139 items which presumably measured alienation, first, for their applicability or non-applicability to the powerlessness component. The identical procedure was followed independently for normlessness and social isolation. To retain an item at least five of the seven judges had to agree on which component the item measured, with no judge placing the item under more than one component. This resulted in nine items each for powerlessness and social isolation and six items for normlessness for a total of 24 items. An example of a social isolation item is: "Sometimes I feel all alone in the world." The time to administer the scale items is not given, but might reasonably be presumed to be less than 10 minutes. The

scoring procedure and the normative score information are not given. Dean's scale data were derived from a random sample from four of 19 voting wards in Columbus, Ohio. Responses were solicited from 1,108 individuals and received from 433 (38.8 percent) of which 384 were used in the analyses. Characteristics of the sample are not given.

Validity: Validity is not mentioned.

Reliability: Split-half reliabilities, using the Spearman-Brown corrected formula, for the components were .78 for powerlessness, .73 for normlessness, .84 for social isolation, and .78 for the entire scale.

Primary References: Richard A. Dodder, "A Factor Analysis of Dean's Alienation Scale," Social Forces, 47 (December 1969): 252-255.

MEASURE NOT RECOMMENDED:

Gwynn Nettler, "A Measure of Alienation," American Sociological Review, 22 (December, 1957): 670-677.

Several items seem quite dated.

VARIABLE: Marital Adjustment

JRS

DEFINITION/DIMENSIONS: Marital adjustment was until recently considered a multidimensional phenomenon. Recent shifts in theoretical perspectives have resulted in a focus on the communication process among marital couples as the primary determinant of the state of adjustment. Measurement development reflects these two perspectives. Marital adjustment might be defined as the accommodation of a marital couple to one another at a given time.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE: (#1)

Type of Measure: Self-administered questionnaire with multiple-choice and Likert-type responses.

Source: Harvey J. Locke and Karl M. Wallace, "Short Marital-Adjustment and Prediction Tests: Their Reliability and Validity," Marriage and Family Living, 21 (August 1959): 251-255.

Description of Measure: The Locke-Wallace test consists of 15 statements about a wide range of dimensions for potential harmony or conflict among marital couples. Responses are forced-choice. The test and the weighted scoring procedure are presented in the original source. The test requires less than 10 minutes for response. A sample item is: "Do you ever wish you had not married? Frequently - Occasionally - Rarely - Never." The mean adjustment score for persons with well-adjusted marriages was 135.9, while the mean score for a maladjusted group was 71.7. The norms were established using a sample of 118 men and 118 women from different marriages. This sample was young, white, well educated and predominantly in white-collar occupations.

Validity: Item validity was established from previous larger studies. Concurrent validity was established by the test's ability to clearly distinguish between marriages known to be headed for divorce and those known to be well-adjusted.

Reliability: The split-half reliability coefficient was .90 using the Spearman-Brown corrected formula.

Primary References: Graham B. Spanier, "Whose Marital Adjustment? A Research Note," Sociological Inquiry, 43 (1973): 95-96.

Douglas Kimmel and F. Van DerVeen, "Factors of Marital Adjustment in Locke's Marital Adjustment Test," Journal of Marriage and the Family, 36 (February 1974):57-63.

Rationale: This test has been used in a number of recent studies of marital counseling which involved samples more closely approximating those in the demonstration programs and clearly distinguished the degree of marital adjustment. It's multidimensionality and brevity are also crucial.

MEASURE RECOMMENDED: EVALUATOR USE: (#2)

An alternative measure which focuses on communication among marital couples is described as follows.

Type of Measure: Marital communication self-inventory device with four forced-choice responses from "Usually" to "Never."

Source: Millard J. Biennenu, "Measurement of Marital Communication," The Family Coordinator, 19 (January 1970): 26-31.

Description of Measure: The Marital Communication Inventory (MIC) consists of a set of 48 questions for which the respondent must indicate essentially a frequency of occurrence, "usually, sometimes, seldom, never." These responses are scored from zero to three with a favorable response receiving the higher score. An example of the questions is: "Is it easier to confide in a friend rather than your spouse?" Time to administer is not given. The testing of the inventory was conducted with 344 subjects of white, middle-class background from two northern Louisiana communities, one urban and one small.

Validity: Forty-five of the questions distinguished significantly between the upper and lower quartiles. In a concurrent validation study involving 23 couples receiving marital counseling and 23 couples not known to have marital difficulties, the inventory distinguished the two groups.

Reliability: A split-half reliability coefficient of .93 was achieved using the Spearman-Brown corrected formula.

Primary References: None.

Rationale: The 20 questions which discriminated most powerfully might be used alone, although this would require additional reliability and validity testing. If communication is viewed by service providers as the most crucial factor in marital adjustment and counseling focuses on that factor, this inventory might be the most valid.

MEASURE NOT RECOMMENDED:

David H. Olson and Robert G. Ryder, "Inventory of Marital Conflicts (IMC): An Experimental Interaction Procedure," Journal of Marriage and the Family, 22 (August 1970): 443-448.

A very cumbersome procedure to administer, this inventory utilizes vignettes to which couples respond individually, then are observed as they attempt to achieve consensus for a common response.

VARIABLE: Stimulus From the Child

JC

DEFINITION/DIMENSIONS: The child represents a complex set of inputs in the form of behaviors to which the parent reacts. This repertoire of behavior represents part of the potential interactions between child and parent. For example, the child may be withdrawn or aggressive, may steal, cry or argue.

The ideal measurement of this variable is by exact specification of the frequencies and intensities of the various child behaviors as they occur in interaction with the parent. However, the use of complex behavioral codes requires extensive training. An alternate method is to have observers rate the child along a specific number of dimensions. This provides a general notion of the range of behaviors of the child.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

Type of Measure: Rating Scale.

Source: Lenore Behar and Samuel Stringfield, "A Behavior Rating Scale for the Preschool Child," Developmental Psychology, Vol. 10, #5, 1974:601-610.

(Scale and manual available from Lenore Behar, Biological Science Research Center, Child Development Institute, University of North Carolina, Chapel Hill, North Carolina, 27514.)

Description of Measure: This is a 36 item rating scale for the behavior of preschool children. Each item is rated on one of the following: does not apply (0), sometimes applies (1), and frequently applies (2). The overall rating score is obtained by adding the subscores on each item. Items include such things as: restless, worries, lies, gives up, or stares into space. The instrument was tested on a deviant and normal population of preschool children (N for normal group 496 and N for deviant group 124). The teachers and teacher aides in the preschool were asked to rate each child along the 36 dimensions.

Validity: A Chi square statistic was used to determine if the scale differentiated between the normal and deviant groups. Thirty-one (31) of the thirty-five items did differentiate between groups. The score for the overall scale was significantly different ($p < .001$). A multiple regression analysis was performed to determine what proportion of the variance could be accounted for by the deviant-normal dimension. A multiple regression coefficient of .734 was obtained, indicating that 53.9% of the variance analysis indicated the existence of three major factors which were unipolar: Hostile-Aggressive, Anxious-Fearful, and Hyperactive-Distractable.

Reliability: Two types of reliability were reported--interrater agreement and test-retest reliability. The reliability was determined in a second study with a normal population (N=80) and a deviant population (N=9). Interrater reliability coefficients (Pearson's r) ranged from .67 to .97 with a mean of .84. One of the raters, a teacher who had been with her class for only five weeks scored .42. The latter suggests that accurate use of the scale requires familiarity with the child rated. Average test-retest reliability using Pearson's r was .87.

Rationale: Although the instrument has been used only with teachers it provides a relatively easy-to-administer device for rating the preschool age child. It is cautioned that the reliable use of the instrument requires that the rater have a good familiarity with the child rated.

MEASURE NOT RECOMMENDED:

Borgatta, Edgar F., and David Fanshek, "The Child Behavior Characteristics (CBC) Form: Revised Age Specific Forms," Multivariate Behavioral Research, Vol. 3, 1970:49-82.

(Not recommended because instrument not available for review.)

Bell, Richard Q., Mary F. Waldrop, and George M. Weller, "A Rating System for the Assessment of Hyperactive and Withdrawn Children in Preschool Samples," American Journal of Orthopsychiatry, Vol. 42, #1, 1972:23-34.

(Not recommended because instrument requires daily contact with the child.)

Peterson, Donald R., "Behavior Problems of Middle Childhood," Journal of Consulting Psychology, Vol. 25, #3, 1961:205-209. (Instrument not available for review.)

Rutter, Michael, "A Children's Behavior Questionnaire for Completion by Teachers: Preliminary Findings," Journal of Child Psychology and Psychiatry, Vol. 8, 1976:1-11.

(Not recommended because designed for older children than in target population.)

Scott, Leland H., "Personality at Age Four," Child Development, Vol. 33, 1962:287-311.

(Instrument not available for review.)

VARIABLE: Dependency (Role-Reversal)

JRS

DEFINITION/DIMENSIONS: Dependency refers to a psychological state in which an individual is overwhelmed by feelings of helplessness and indecision. This state may be manifest in a number of ways including: reliance on others to make decisions, constant seeking of approval and assurance from others, etc. This state also may be accompanied by anxiety.

A special form of dependency has been set forth in relation to child abuse and neglect, namely, role-reversal or reversal of the dependency role. (In this instance, because of the parent's own dependency needs, the ability to see the child's needs and capabilities is limited which results in a demand for adult performance and behavior from the child. Of course, dependency of this form need not be the form related to abuse or neglect (i.e. it could be just a general state of dependency without the particular manifestations of role-reversal).)

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURE NOT RECOMMENDED:

Dependency is most often determined by clinical observation.

A scale for "Role Reversal Parents" is being developed by Mildred Disbrow as part of a project titled "Measures to Predict Child Abuse." This project being conducted at the Department of Maternal and Child Nursing, School of Nursing, University of Washington is supported by a grant from the Maternal and Child Health and Crippled Children's Services, DHEW.

* M.G. Morris and R.W. Gould, "Role Reversal: A Concept in Dealing with the Neglected/Battered Child Syndrome," in The Neglected-Battered Child Syndrome, New York: Child Welfare League of America, 1963.

VARIABLE: Frustration Tolerance (Frustration Control)

JRS

DEFINITION/DIMENSIONS: Frustration is the emotional response to being prevented from achieving objectives or gratifying impulses or desires. In the case of physical child abuse, for instance, the child may become a barrier to some self-gratification desire of the caregiver and, thus, become the target of the caregiver's aggression. It is widely recognized that there are great variations in individual tolerance for frustration, and control of frustration once it is triggered.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURE NOT RECOMMENDED:

None.

VARIABLE: Impulsiveness

JRS

DEFINITION/DIMENSIONS: Impulsiveness is a concept descriptive of an inclination to act or an inability to delay gratification which is accompanied by a tendency to not weigh the consequences of the act for oneself or others. More specifically related to physical child abuse is the concept of "impulsive aggression" set forth by Berkowitz.* Measurement of impulsiveness or impulsivity has been accomplished most frequently using such projective techniques as the Rorschach.**

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

The Rorschach is not recommended because of the high degree of training and experience needed to use it. See the following as one example of its application in relation to impulsiveness:

E. Ostrov, et. al., "The 'Impulsivity Index': Its Application to Juvenile Delinquency," Journal of Youth and Adolescence, 1 (June 1972): 179-196.

* L. Berkowitz, "Some Determinants of Impulsive Aggression," Psychological Review, 81 (1974): 165-176.

** W.H. Holtzman, "Validation Studies of the Rorschach Test: Impulsiveness in the Normal Superior Adult," Journal of Clinical Psychology, 6 (1950): 348-351.

VARIABLE: Inappropriate Performance Expectations for Children JRS

DEFINITION/DIMENSIONS: Mentioned most commonly in relation to physical abuse, but having potential application to neglect as well is the phenomenon of inappropriate performance expectations for children. Usually this means that the parent or caregiver has behavioral or performance expectations for the child which are inappropriate for the child's age and developmental level. Clinically this phenomenon is determined simply by the discrepancy between the expectations and developmentally appropriate performance levels.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURE NOT RECOMMENDED:

This variable is most often a clinical judgment.

Earl S. Schaefer and Richard Q. Bell, "Development of a Parental Attitude Research Instrument," Child Development, 29 (September 1958): 339-361.

The "Acceleration of Development" subscale of the PARI has only moderate Kuder-Richardson reliabilities and the effect of removing its five items from the total body of 115 items is not clear.

VARIABLE: Narcissism JRS

DEFINITION/DIMENSIONS: Most simply put, narcissism is a concept which depicts self-love or self-attention. Vital as a concept in certain schools of thought on personality development, narcissism is associated with behavior that represents demanding, self-gratification often in primitive and direct ways. Thus, the narcissistic individual is extremely concerned about prompt gratification without respect to the demands or limitations of reality or the needs or rights of others.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURE NOT RECOMMENDED:

None. Narcissism is most often a clinical observation, but when measured psychometrically it is usually via a projective technique which requires very special training to administer and interpret.

VARIABLE: Apathy-Futility Syndrome

JRS

DEFINITION/DIMENSIONS: The apathy-futility syndrome is a concept developed by Polansky and his associates in their study of child neglect among the Appalachian poor (see reference cited below). Full elaboration of the A-FS is beyond the scope of this brief summary. It is a multidimensional concept which portrays a psychological state observed in mothers who exist in dire poverty which is characterized by (1) a pervasive aura that nothing is worth doing, (2) emotional numbness, (3) absence of intense personal relationships, (4) passive-aggressive expression of anger, (5) lack of competence in management of basic living tasks, (6) noncommitment to positive stands and low self-confidence, (7) verbal inaccessibility, and (8) an ability to inflict a sense of futility on those who try to help. Polansky and his associates developed a Maternal Characteristics Scale to measure this syndrome.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURE NOT RECOMMENDED:

Norman A. Polansky, et al., Roots of Futility, San Francisco: Jossey-Bass, 1972, (especially pp. 54-56, 133-135, 239-251).

The Maternal Characteristics Scale (MCS) is a multidimensional instrument which provides a means whereby service provider observations regarding characteristics of the maternal personality can be recorded. The observations can be based on direct observation, collateral reports, and opinions of other professionals. There are five major subscales. These are grouped into three major dimensions: (1) the apathy-futility dimension, combining (a) behavioral immobilization and (b) interpersonal detachment; (2) the childlike impulsivity dimension, combining (a) impulsivity and (b) dependency; and (3) verbal accessibility. A sample item from the interpersonal detachment subscale is: "Daydreams much of time; gets out of touch with current daily happenings." Each item is coded with a plus or minus symbol to indicate presence or absence of the phenomenon.

The MCS is one of the few encountered in the measure survey which was developed for recording service provider perceptions of service consumers. For this reason, and the fact that it was used with a population with great similarity to those served by the demonstration projects, its recommended use might seem warranted. However, there are problems which suggest otherwise.

The items assume the person rated is a female, living with her husband, and with a child (the "focal child") enrolled in a day-care center or nursery school (Polansky, et al., p. 240). Face validity is apparently assumed, and, probably reasonably so, given what appears to be an analytic induction model for constructing the scale. Scale reliability is not mentioned, but of at least equal importance in this instance is inter-worker reliability. As Polansky, et al. note: "Despite the effort to provide an objective format, potential problems of interpretation of items survive. Should 'verbalizes guilt' be checked if the woman mentions it once, or is such a rating reserved to those who are obsessively self-recriminating?" (p. 240) No formal studies of the ability to achieve consensus on these problems, interuser reliability, were reported. Further, the 136 items may be unduly time consuming.

For the above reasons the MCS is not recommended "as is," but it is clearly a good starting point for future development.

VARIABLE: Parental Role Performance

JC

DEFINITION/DIMENSIONS: This variable indicates the ways parents function in their role as parents. It consists of the complex chains of behaviors performed in the parenting role by adults who are both stimuli and response contingencies to children. That is to say, adults both direct and influence the growth of children and react to situations and behavior of children. This variable consists of the complex interactions of child and parent as indicated in the behavior of adults in the role of parents.

For example, the parent role may consist in part of caring for the physical and emotional needs of children and in reacting to specific conditions directly influenced by the child. The measurement of this variable might include ascertaining the extent to which the specific parent provides physical and emotional support to the child and the specific ways in which the parent reacts to various child situations such as illness, rebellion, school problems. That is, what is the behavioral response of parents faced by an ill child?

Inherent in the notion of parental role performance is the evaluation of parenting behaviors by some specified criteria. How well do adults function as parents, to what extent do they provide for the specified physical and emotional needs of the child or to what extent are their reactions to the child calculated to provide for the child's potential growth?

Measurement of this variable has taken three forms: assessment of child's attitudes toward its parents, direct observation of adult behavior and assessment of adult attitudes. The latter measurement is based on the assumption that attitudes are indicative of the ways people will actually behave.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

Baldwin, Alfred, Joan Kalhorn, Jay Huffman, "Patterns of Parent Behavior," Psychological Monographs, Vol. 58, #3, 1945.

(This is a discussion of the Fels Behavior rating scales.)

Bishop, Barbara Merrill, "Mother-Child Interaction and the Social Behavior of Children," Psychological Monograph, Vol. 65, #11, 1951.

(This is a behavioral code for mother-child behaviors in a structured laboratory setting requiring two half-hour sessions and extensive observer training.)

Champney, Horace, "The Measurement of Parent Behavior," Child Development, Vol. 12, #2, June 1941:131-166.

(This is the often quoted Fels Parent Behavior rating scales and is not recommended because it is an extremely lengthy and time-consuming measure.)

Schaffer, Earl S., and Richard Q. Bell, "Development of a Parental Attitude Research Instrument," Child Development, Vol. 29, #3, September 1958:339-361.

(This is the often-quoted PARI and is not recommended because it is a lengthy attitude measure requiring direct examination of parents.)

Shoben, Edward Joseph, "The Assessment of Parental Attitudes in Relation to Child Adjustment," Genetic Psychology Monographs, Vol. 39, 1949:101-148.

(Not recommended because of length and time to administer. This is an attitude measure.)

VARIABLE: Parent-Child Compatibility

JC

DEFINITION/DIMENSIONS: This refers to the patterns of family interaction existing within the family. How well do parents and children get along? How well does the family unit function, are the needs of each individual met, and how do the behaviors of children and parents relate to each other.

This variable has two components: (1) the specific patterns of behaviors which each member exhibits and how they are related in functional relationships; and (2) how the network of relationships among family members serve the family and individual's needs as judged by some specific criteria.

For example, measurement of this variable might consist of specifying the frequencies of a set of behaviors by each family member and how these behaviors are related to each other. The frequency of aggressive verbal and physical behaviors for each family member could be observed and the relationship between adult verbal aggressive behavior might be correlated with child-physical aggressive behaviors. Additionally, an outside observer might rate the family as a unit in terms of how the family relates to extrafamilial contacts.

The measurement of this variable requires an assessment of behaviors of family members in terms of some specified criteria. For example, the behavioral coding of family interactions by a specific 30 item code or the rating of family interaction by an outside observer in terms of psychopathology.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

Behrens, Jajorie, Donald I. Meyers, William Goldfarb, Nathan Goldfarb and Nina D. Fieldsteel, "The Henry Ittison Center Family Interaction Scales," Genetic Psychology Monographs, 80, 1969:203-295.

This device as reported requires a three-hour home visit. However, it suggests some potential as a rating instrument when the rater is familiar with the family (such as project staff). Such use would require determination of reliability.

Brown, George W. and Michael Rutter, "The Measurement of Family Activities and Relationships: A Methodological Study," Human Relations, Vol. 19, 1966:211-263.

Instrument not recommended because it requires two three- to four-hour interviews.

Coe, William C., Andrew E. Currey, David R. Kessler, "Family Interactions of Psychiatric Inpatients," Family Process, Vol. 8, #1, 1969:119-130.

Not recommended because takes a limited aspect of the variable by looking at quantitative aspects of interaction and tension levels.

Ehrenwald, Jan, "Family Diagnosis and Mechanisms of Psychosocial Defense," Family Process.

Not recommended because requires a highly trained rater and no reliability and validity data provided.

Geismar, II, Michael A. LaSorte, Beverly Ayres, "Measuring Family Disorganization," Marriage and Family Living, February 1962:51-56.

and L. L. Geismar and Beverly Ayres, Measuring Family Functioning, 1960, Greater St. Paul United Fund and Council, St. Paul, Minnesota.

Instrument not recommended because requires highly trained rater and instrument failed to meet criteria for scalability.

Moustakas, Clark E., Irving E. Sigel, and Henry D. Schalock, "An Objective Method for Measurement and Analysis of Child-Adult Interaction," Child Development, Vol. 27, #2, June 1956:109-134.

Not recommended because the behavioral code requires extensive observer training.

Swanson, G. E., "The Development of an Instrument for Rating Child-Parent Relationships," Social Forces, Vol. 29, October 1950:84-90.

Not recommended because instrument is a questionnaire for children.

For review of this literature see:

Lytton, Hugh, "Observation Studies of Parent Child Interaction: A Methodological Review," in Child Development, Vol. 42, #3, 1971, and Marian Radke Yarrow, "Problems of Methods in Parent-Child Research," in Child Development, Vol. 34, 1963:215-226.

VARIABLE: Propensity to Violence

JRS

DEFINITION/DIMENSIONS: Considerable attention has been given to what is perceived to be a "culture" of violence within our society, particularly among certain socio-economic groups. In essence, individuals involved in such a culture are thought to respond to a variety of situations with acts of physical violence. For this reason, child abuse is considered to be more prevalent among these groups.

MEASURES RECOMMENDED: PROJECT STAFF USE:

None.

MEASURES RECOMMENDED: EVALUATOR USE:

None.

MEASURE/S NOT RECOMMENDED:

Howard S. Erlanger, An Empirical Test of the Subculture of Violence Thesis, Madison, Wis.: University of Wisconsin, Institute for Research on Poverty, (1972).

The measures of a propensity to violence used in this study were from the national survey for the National Commission on the Causes and Prevention of Violence conducted in 1968. The measures were designed to gather public opinion information and as such did not necessarily cover the conceptual scope of the variable in question. Validity and reliability information are not available.

VARIABLE: Sadism

JRS

DEFINITION/DIMENSIONS: Sadism is a concept which depicts the gaining of pleasure from inflicting pain or suffering on others (i.e., pleasurable aggression). Though commonly associated with inflicting physical pain via beating, burning, etc., sadism also includes pleasure derived from dominance over others and subjecting them to the will of the perpetrator regardless of the means employed.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

None. Sadism is most often a clinical observation, but when measured psychometrically it is usually via a projective technique which requires very special training to administer and interpret.

VARIABLE: Satisfaction in Parental Role

JC

DEFINITION/DIMENSIONS: Satisfaction in parental role is defined as the feeling statements that adults express about their role as parent. It is their evaluation of how well they function as parents, how meaningful they find the parenting role, whether they regret having children, whether they believe their life would be better off if they did not have children.

The measurement of this variable requires the direct examination of parent feeling states. This variable should not be confused with parent attitudes toward child rearing, family, or parenting.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURE NOT RECOMMENDED:

A review of the literature indicated no appropriate measures for this variable.

VARIABLE: Stress

JRS

DEFINITION/DIMENSIONS: Stress is a concept for which there are a number of conceptualizations. Dohrenwend* has set forth a conceptualization to apply to studies of the prevalence and distribution of mental disorders in the social environment. Dohrenwend isolated five factors involved in stress reactions. "These are (1) external stressors that throw the organism into an imbalanced state; (2) factors that mediate or alleviate the effects of the stressor; (3) the experience of stress itself, which is the product of the interaction between the stressor and the mediating factors; (4) the adaptive syndrome, which consists of the organism's attempt to cope with the stressor; and (5) the organism's response, which may be either adaptive or maladaptive."** This conceptualization has not been applied to child abuse or neglect.

The attempts to measure stressful events in life have all been related to studies of the relationship between stress and physical illness. For this reason the available measures do not include indicators of many variables considered crucial to the child abuse and neglect phenomena, particularly those variables related to poverty and minority identification.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

T.H. Holmes and R.H. Rake, "The Social Readjustment Rating Scale," Journal of Psychosomatic Research, 11 (April 1967): 213-218.

This scale of 43 "life events" does not seem valid for the complete range of stressful events often associated with child abuse and neglect, particularly interpersonal types of events.

E.S. Paykel, et. al., "Scaling of Life Events," Archives of General Psychiatry, 25 (October 1971): 340-347.

This scale has 61 items, but also seems invalid for the same reasons stated above.

*B.P. Dohrenwend, "The Social Psychological Nature of Stress: A Framework for Causal Inquiry," Journal of Abnormal and Social Psychology, 62 (1961): 294-302.

**R. Scott and A. Howard, "Models of Stress," in Social Stress, R. Scott and A. Howard, Editors, Chicago: Aldine Publishing Co., 1970, pp. 262-263.

VARIABLE: Strict Disciplinarian (Corporal Punishment)

JRS

DEFINITION/DIMENSIONS: Central to the thinking of many observers of physical child abuse is the inclination of the parent or caregiver to be a strict disciplinarian, which need not be but often is taken as synonymous with practicing corporal punishment. The practice of corporal punishment (physical punishment) is the primary variable of concern, but it is recognized that there is a continuum of punishment from the most passive to the most physical. It is the measurement of inclination and behavior along this continuum which is being examined here.

MEASURE RECOMMENDED: PROJECT STAFF USE:

None.

MEASURE RECOMMENDED: EVALUATOR USE:

None.

MEASURES NOT RECOMMENDED:

L.D. Eron, et. al, "Social Class, Parental Punishment for Aggression, and Child Aggression," Child Development, 34 (1963): 849-867.

The Punishment Scale confounds the relationship of punishments and child behavioral situations by varying the set of punishments for each situation. Reliability is not reported.

J.R. Hurley, "Parental Acceptance-Rejection and Children's Intelligence," Merrill-Palmer Quarterly, 11 (1965): 19-31.

Concurrent validity coefficients are low and reliability is not reported.

Alice S. Honig and J.R. Lally, Assessing the Behaviors of Caregivers, ABC-I and ABC-II, (1973), ERIC: ED 081 480.

These behavioral observation checklists cover a very wide range of child development concerns in addition to forms of punishment.

Howard S. Erlanger, On The Incidence and Consequences of the Use of Corporal Punishment in Child Rearing--A Critique, Madison, Wis.: University of Wisconsin, Institute for Research on Poverty (September 1972).

The data used in this study are from the national survey of the National Commission on the Causes and Prevention of Violence conducted in 1968. The measures of attitudes toward corporal punishment in child-rearing are quite simple, limited in scope, designed to solicit public opinion, and cannot be characterized as either valid or reliable.

THE COUNTING AND LISTING VARIABLES

The variables listed in this section lend themselves to either straightforward enumeration or descriptive categorization. In extracting the variables from our list of questions, 46 of this type emerged. In presenting each of these variables, we discussed the procedures for counting or listing which appear most (1) valid, (2) economically feasible to employ, and (3) appropriate to child abuse/neglect projects. Validity was estimated in terms of the probable knowledge of, and biases associated with, the potential sources of information for each variable. Economic feasibility was determined with respect to the manner of data production. The use of records was assumed to be the least expensive, and direct observation the most expensive. Data produced from questionnaires was assumed to be intermediate in expense to records or observation. In order to promote realistic and as comprehensive as possible evaluation, we have sought to weigh the relative gains and losses in both cost and validity, recommending the procedure which seems to produce optimal results. Finally, the appropriateness of the suggested procedures for child abuse/neglect projects was assessed in terms of the kinds of tasks, problems, and personnel typically involved in these agencies.

(1) Prevention Services: Categorized as prevention services directed to (a) caretakers, (b) children, (c) community agents (teachers, clergy, law enforcement officials, etc.), (d) caretakers and children, (e) caretakers and community agents, (f) children and community agents, or (g) caretakers, children, and community agents. For agencies classified as d, e, f, or g sub-categorized on basis of their relative proportion of staff time devoted to each basic target group. Obtain the information necessary to achieve classification from project managers or staff members responsible for prevention services. Given the wide array of activities and techniques geared to prevention services and the likelihood of new ones emerging, the use of the above categorization will facilitate comparative assessment for a variety of agencies and evaluations.

(2) Number of Clients: Measured as the average daily client load for each month. Information obtained from project records. Count the number of persons receiving project services each day for the duration of each working month; sum the total number of clients served during the month; and divide by the number of days for which services were provided that month. If the standard deviation is 1 or less than 1 for the average daily client load computed each month during the year, then the yearly average daily client load would be preferable. If the standard deviation is more than 1, the monthly variation should be taken into account.

(3) Number of Clients per Service: Measured as the average daily client load for each type of service offered. The source of data and procedures are the same as for variable number 2 above, except that the counts are service specific and thus do not reflect the project as a whole.

(4) Staff Hours per Service: Measured as the average number of staff hours devoted each day to the various types of service for each month. The data gathered by direct question to all service delivery staff. Count the number of daily hours registered by all service delivery staff for each type of service; sum the total number of hours for each service each month; and divide by the number of days for which service was delivered during the month. Use standard deviation criterion described above in #2.

(5) Staff Years of Experience: Measured as the total project staff's average number of years of professional experience. Data gathered through agency employment records. Count the number of years of professional experience, including graduate school and employment, for each staff member; sum the total number of years for the project staff; and divide by the number of project members.

(6) Staff Age: Measured as the total project staff's average age in years. Data gathered through agency records. List the present age of each staff member; sum the total number of ages for all project staff; and divide by the number of project members.

(7) Staff Race: Measured by the project's relative proportions of racial types. Data gathered from project records. Classify by Census Bureau's 1970 categories: Caucasian, Black, Asian, Indian, other; add the total number of each type; and divide each type by the total number of project staff.

(8) Staff Income: Measured by the average monthly project-paid income for all staff. Project accounting records provide the data source. Tally the income for each staff; sum the total amount of income for project staff; and divide by the total number of staff.

(9) Staff Education: Measured by the average number of years of completed formal education for all project staff. Data obtained through project records. List the number of years of completed formal education for each staff person; sum the total amount of education for project staff; and divide by the total number of staff.

(10) Costs per Prevention Service: Measured as the exact number of dollars spent each month on the various types of service. Data obtained through project records. List the number of dollars allocated each month to each type of service.

(11) Number Community Organizations: Measured as the total number of child welfare or development organizations based in the project's catchment area. Data obtained through telephone directory.

(12) Number of Persons Referred: Measured as the average daily number of referrals received by a project each month. Data obtained from project intake records. Count the number of recorded referrals for each day during the month; sum the total number of daily referrals for that month; and divide by the number of project operating days during the month. Use standard deviation criterion described above in #2.

(13) Geographical Units: Measured as the geographical location of the project's office(s) or physical plant(s). Data obtained from a map. List the state, county, community, and address for each of the project's office(s) or physical plant(s). If a project has more than one office, list these separately only when the units are separated by one or more miles. The Bureau of Census 1970 classification of geographical areas should be used to categorize the projects.

(14) Number of Substantiated Cases: Measured as the average daily number of substantiated cases reported by a project each month. Data drawn from project records. Count the number of substantiated cases for each day during the month; sum the total number of substantiated cases for that month; and divide by the number of project operating days. Use standard deviation criterion described above in #2.

(15) Referral Attrition: Measured as the ratio of the average daily client load for each month to the average daily number of referrals received by a project each month. Data obtained from project records. Divide the number of clients (measure number 2) by the number of referrals (measure number 12).

(16) Cost of Identification Procedures: Measured as the exact number of dollars spent each month on identification procedures. Data obtained from accounting records. List the number of dollars allocated each month to identification procedures.

(17) Total Number Project Staff: Measured by the scale of operations, including the number of full-time staff (8 hour day and 40 hour week) and full-time equivalents of part-time staff. Data obtained from official payroll printouts. Count the number of weekly paid hours for each staff member; add the total number of hours for all project staff; and divide by 40.

(18) Time to Learn Law: Measured by the total number of hours spent by all project staff in learning about the legal aspects of child abuse/neglect. Data obtained by direct question to all project staff. List the time spent by each staff member; and sum the total amount of time spent by all staff.

(19) Time Spent Innovating Identification Approaches: Measured by the total number of hours spent by all project staff in developing new ways of identifying child abuse/neglect cases. Data obtained by direct question to all project staff. List the time spent by each staff member; and sum the total amount of time spent by all staff.

(20) Time from Referral to Complete Investigation: Measured by the project's average period of time from referral to completed investigation for all completed cases. Data obtained from case records. List the amount of time

between the referral and completed investigations for each of the project's recorded cases, past and current; sum the total amount of time spent for all cases; and divide by the number of cases.

(21) Number Intake of Child Abuse and Neglect in Other Community Agencies: Measured by the average daily client load for each month for all other child abuse/neglect community agencies within the project's catchment area. Data obtained by telephone contact with project managers or other appropriate staff. List the reported daily client loads for each agency; and sum the total number of clients served for each month separately.

(22) Staff Turnover: Measured as the ratio of staff replacements to staff positions per year. Data obtained from project records. Count the number of staff replacements, excluding positional additions or deletions, for each year; count the number of staff positions; place the number of replacements over the number of positions and divide.

(23) Client Age: Measured as the average age in years for the current client load. Data gathered through agency records. List the present age of each client; sum the total number of ages for all clients; and divide by the number of clients.

(24) Client Race: Measured by the relative proportion of racial types. Data gathered from project records. Classified by Census Bureau's 1970 categories: Caucasian, Black, Asian, Indian, other. Add the total number of each racial type; and divide each type by the total number of clients.

(25) Client Income: Measured by the average monthly income for all clients, or client caretakers. Data obtained from project records. List the monthly income for each client; sum the total amount of income for all clients; and divide by the total number of clients.

(26) Client Education: Measured by the average number of years of completed formal education for all clients. Data obtained from project records. List the number of years of completed formal education for each client; sum the total amount of education for all clients; and divide by the total number of clients.

(27) Frequency Treatment Contacts: Measured by the project's average monthly number of treatment sessions per staff member. Data obtained from project records. Count the number of clients; count the number of staff; count the number of treatment sessions per month for each client; add the total number of treatment sessions; divide the number of treatment sessions by the number of clients; multiply the average number of treatment sessions times the number of clients; and divide by the number of staff.

(28) Duration Treatment Contact: Measured by the average length of time for the project's treatment sessions. Data available through project records. List the length of time for each treatment session executed during the month; sum the total amount of time involved in treatment sessions; and divide by the number of treatment sessions.

(29) Attrition from Treatment Services: Measured by the difference between the number of clients terminating treatment with staff approval and the

number terminating without staff approval during the past year. Clients currently receiving treatment are excluded from this measure.

(30) Size Waiting List: Measured by the annual average monthly number of persons diagnosed as needing treatment but not yet receiving treatment. Data available through project records. Count the number of persons designated to receive treatment for each month of the year; sum the total number of persons waiting for service that year; and divide by 12.

(31) Time from Substantiation to Service: Measured by the project's average lag time between case substantiation and the initiation of service. Data available through project records. List the number of hours between substantiation and first treatment contact for each client receiving service; sum the total number of hours; and divide by the number of clients.

(32) Administrative Structure of Referral: Measured by the relative degree of centralization characterizing the referral process. Data available by direct question to the project's manager. Count the number of project personnel who are authorized to make referrals; sum the total number of persons making referrals; and divide by the total number of project staff (variable-measure number 17).

(33) Number of Families Known to Other Public Agencies: Measured by the proportion of clients who are or have been serviced-processed by other public agencies (public welfare, police, mental health, etc.). Data available through intake records. Count the number of project clients on record with other agencies; and divide by the total number of clients.

(34) Number Unsubstantiated Cases Referred Elsewhere: Measured as the difference between the number of persons referred (measure number 12) and the number of substantiated cases (measure number 14).

(35) Number Unsubstantiated Cases Receiving Service Elsewhere: Measured by the proportion of unsubstantiated cases referred elsewhere who subsequently received service. Data obtained from follow-up call to agencies receiving the referrals. List the number of unsubstantiated cases referred elsewhere who are receiving or have received service; and divide by the total number of unsubstantiated cases referred elsewhere (measure number 31).

(36) Number Other Community Agencies Dealing with Child Abuse/Neglect: Measured by the total number of child abuse/neglect agencies based in the project's catchment area. Data obtained through social service directory.

(37) Time to Organize and Operationalize Project: Measured as the number of days between project initiation or funding and the achievement of the yearly average daily client load. Data available through project records. Count the number of days from the first day of funding to the point in time when the current annual average daily client load was achieved (measure number 2).

(38) Recidivism: Measured by the proportion of clients who have returned for additional service after a staff approved termination. Count the number of previously terminated clients who have returned for additional service; and divide this number by the total number of clients serviced during the year (recidivists plus non-recidivists).

(39) Number of Siblings of Victim also Abused or Neglected: Measured by the proportion of multiple victim cases for all clients having more than one child. Data available through project records. List the number of clients or caretakers having more than one child; count the number of these cases involving more than one victim; and divide the number of multiple-victim cases by the total number of cases.

(40) Number of Newly Stimulated Child Abuse/Neglect Resources in Community: Measured by the rate of new resources uncovered monthly in the prevention, identification, or treatment of child abuse/neglect. Data obtained by direct question to all staff. Count the number of new resources actually used by each staff member; sum the total number of new resources discovered; multiply the number of newly discovered resources by 10; and divide by the number of staff.

(41) Continuity of Service Time Gaps: Measured by the average lag time between service referrals and initiation of service. Data available through agency records. List the number of hours between referrals (sent and received) and service initiation for all clients and referrals; sum the total amount of hours; and divide by the number of clients and referrals.

(42) Number Child Abuse/Neglect Cases Treated by All Community Resources: Measured by the exact number of cases currently receiving treatment by all agencies within the project's catchment area. Data obtained by telephone call to agency director.

(43) Community System Treatment Capacity: Measured by the total maximum number of cases potentially serviceable by the existing child abuse/neglect agencies. Data obtained by direct question to agency directors or other knowledgeable sources for each community organization dealing with child abuse/neglect.

(44) Planned Courses of Treatment: Categorized as services directed to (a) caretakers, (b) children, or (c) caretakers and children together. Agency records provide data source. Rationale for this classification is the same as that presented in measure number 1.

(45) Organizational Settings: Categorized as (a) medical, (b) social service, (c) medical and social service, or (d) independent. Medical refers to a project being housed within a hospital or medical center; social service refers to the project being housed within a social welfare complex; medical and social service refers to the project being housed in a health service complex; and independent refers to the project being located apart from either medical or social service settings. This measure should be combined with staff experience to more accurately reflect the nature of the setting.

(46) Organizational Types: Categorized as: (a) profit, (b) nonprofit, or (c) voluntary. Data obtained by telephone contact with each organization in the project's catchment area.

OPEN-ENDED VARIABLES

The variables listed in this section presently defy enumeration or a prior classification. But this is only because too little is now known about the range of variation and the appropriate dimensions for measurement. As soon as data has been generated relevant to these variables, then we shall be in a position to begin developing more sophisticated measurement schemes. We are, therefore, constrained in presenting these variables to simply listing each one, and suggesting what appears to be the most appropriate source of information. Evaluators selecting the use of these variables in their analyses will thus have to construct post hoc classifications. Our list of questions produced 38 variables of this type.

(1) Prevention Definition: List the kinds of activities defined as preventative. Data gathered by direct question to all staff members. Evaluators will want to take note of the similarities and differences both within and between projects.

(2) Abuse Definition: Same procedure as with the prevention definition.

(3) Neglect Definition: Same procedure as with the prevention and abuse definitions.

(4) High Risk Definition: List the characteristics and events identifying high risk persons. Data obtained by direct question to all staff.

(5) Substantiating Procedures: List the types of considerations that enter into the substantiation of child abuse/neglect cases. Data obtained by questioning the diagnostic team or persons responsible for substantiating cases.

(6) Innovative Identification Approaches: List the new ways of identifying cases which have been discovered. Data obtained by questioning referral sources and outreach workers.

(7) Barriers to Identification: List the kinds of things which prevent identification or make it difficult. Data obtained by questioning referral sources and outreach workers.

(8) How Barriers to Identification Handled: List the ways that specific barriers to the identification of child abuse and neglect have been dealt with. Data obtained by questioning referral sources and outreach workers.

(9) Precautions to Protect Rights of Children and Parents: List the specific actions taken to protect child and parental rights. Data obtained by direct question to all staff.

(10) Manner of Identifying Disruption of Community Customs: List the means used to assess project impact on community norms. Direct question to all project staff.

(11) Identification Affect Prevention and Treatment: List the ways in which the manner of identification impacts upon prevention and treatment. Question all staff.

(12) Role of Self-Help Groups in Policy and Management of Project: List the manner and kinds of contributions that self-help groups make to the policy and management of the project. Question all staff and self-help groups.

(13) Collaborative Arrangements for Interagency Cooperation: List the kinds of activities used to foster interagency cooperation. Question all staff.

(14) State Laws and Court Procedures on Child Abuse/Neglect: List the ways that state laws and court procedures facilitate or hinder dealing with child abuse/neglect. Question project managers.

(15) Needed Changes in State Laws: List the changes in state laws believed necessary to improve dealing with child abuse/neglect. Question project managers.

(16) Obstacles to Delivery of Service: List the things or events hindering service delivery. Question all staff.

(17) Tracking Procedures: List the ways of tracking clients through the project system and community system. Question all project staff and agency directors of other agencies.

(18) Innovative Treatment Approaches: List any new techniques or styles for providing treatment. Question all service delivery staff.

(19) Residual Effects of Treatment Strategies: List all unintended behavioral manifestations following treatment. Question all service delivery and follow-up staff.

(20) Impact of Project on Other Child Welfare Agencies: List changes in other agencies believed to be a result of the project. Question agency directors.

(21) Reasons Prescribed Service Not Given: List the reasons as to why prescribed service was not given. Question all staff.

(22) Professional Experience: List the kinds of professional experience characterizing the project staff. Question all professional staff.

(23) Staff Position Titles and Responsibilities: List the project position titles and the responsibilities associated with each one. Data obtained through agency employment records.

(24) Prevention Planning Means: List the plans for preventing child abuse/neglect. Question all staff.

(25) Referral Sources: List all referral sources. Question project director.

(26) Potential Referral Sources: List all potential referral sources. Question all staff.

(27) Attrition Reasons: List the reasons given for client attrition. Question all staff.

(28) Identification-Relevant Resources: List the available resources for identifying child abuse/neglect. Question all staff.

(29) Identification Procedures (Project): List the procedures actually used to identify child abuse/neglect cases. Question all staff.

(30) Identification Procedures (Community): List the procedures used by other agencies to identify child abuse/neglect cases. Question agency directors.

(31) Follow-up Methods: List the methods used to follow-up clients. Question service delivery staff.

(32) Management Experience of Project Manager: List the kinds of management experience for the project manager. Question the project manager.

(33) Sources of Financial Support for Projects: List the sources of financial support for each project. Question the accounting officer.

(34) Perpetrator Disposition Following Substantiation: List the possible dispositions for substantiated child abuse/neglect cases. Question the diagnostic team.

(35) Victim Disposition Following Substantiation: List the possible dispositions for the victims of substantiated cases. Question the diagnostic team.

(36) Services to Maintain Change: List the kinds of things done to maintain changes brought about by treatment or project contact. Question all staff.

(37) Treatment Services: List and describe the various treatment services provided. Question the service delivery staff.

(38) Tracking Procedures: List and describe the techniques and activities used to keep track of cases, including both those for which service was/is provided and those referred elsewhere. Question all staff.

Utilization of Recommended Measures

The measures presented in this report are drawn from a set of evaluation questions* and, as such, they provide either a resource or point of departure for those interested in answering the questions. Given the attempt at comprehensiveness, however, the end result as a whole indicates a substantial imposition upon the respondents. But the imposition is more apparent than real because evaluation needs vary with each project. Thus some questions will be critical, while others will be not relevant for different investigations. Evaluators, therefore, may conduct good and useful evaluations by selecting only the questions and their corresponding variables-measures which relate most directly to project needs.

If a particular evaluation calls for extensive data gathering, evaluators may construct research designs that permit on-going, incremental data collection. In recommending measures we have tried to minimize costs, time, and system disturbance yet retain reasonably adequate measures. Thus, spread out over time, the imposition upon respondents is mitigated.

To the extent that the measures recommended are employed by different evaluators, we will begin to see the generation of comparable data on a variety of projects. This should facilitate refinement of existing measures, and increase our ability to generalize.

Discussion and Next Steps

As indicated at the outset, this report constitutes one aspect of the backdrop to a project which will focus on measurement development. Pending the final assessment of the potential of general purpose measurement techniques to meet part of the requirements of an evaluation of the NCCAN demonstration projects, definitive conclusions on the state-of-the-art cannot be made, but, on the basis of the results of this measure survey, the picture is not bright. If this conclusion holds, the necessity of a project devoted to measurement development will be firmly substantiated. The conclusion, then, is that relatively few measures of the type designated as appropriate by NCCAN in their RFP actually exist and not many more exist which might be appropriate for evaluator use with samples of the total population served by these demonstration programs.

The purpose of the measure survey was to avoid "re-inventing the wheel" for every variable and, at the same time, locate the gaps in the measures currently available. The variables for which no measures were recommended can constitute the pool of variables from which our selection for developmental

*J. R. Seaberg, D. F. Gillespie, and J. Long, Questions for the Summative Evaluation, Seattle: Center for Social Welfare Research, School of Social Work, University of Washington (October 31, 1975), mimeographed.

work might be made. These important decisions will be made in consultation with NCCAN and, therefore, cannot be revealed at this time. It is important to note that the measure survey served our other utilitarian function for the measurement development phase of this project, namely, measures which were not recommended will provide a basis for the development of new or modified, and more relevant and precise measures.

APPENDIX A

List of Variables in Three Groupings

1. PSYCHOMETRIC-SOCIOMETRIC

Community Assessment of Project: Community Support/Opposition/Apathy
Family Economic Status
Management Strategies
Organizational Structure
Relations Between Project and Other Community Agencies
Socio Cultural Characteristics--Community Attitudes
Staff Motivation
Community Characteristics: Learning Environment of the Home
Community Types
Screening Those at Risk for Abuse/Neglect
Client Satisfaction With Service
Community Awareness
Prevention Services
Project (Organizational) Goals/Objectives
Severity of Physical Abuse, Severity of Neglect
Staff Attitudes Toward Clients
Therapeutic Approaches
Types of Physical Abuse, Types of Neglect
Precipitating Problems

2. COUNTING AND LISTING

Prevention Services
Number of Clients
Number of Clients Per Service
Staff Hours Per Service
Staff Years of Experience
Staff Age
Staff Race
Staff Income
Staff Education
Costs Per Prevention Service
Number Community Organizations
Number of Persons Referred
Geographical Units
Number of Substantiated Cases
Referral Attrition
Cost of Identification Procedures
Total Number Project Staff
Time to Learn Law
Time Spent Innovating Identification Approaches
Time from Referral to Complete Investigation
Number Intake of Child Abuse and Neglect in Other Community Agencies
Staff Turnover
Client Age
Client Race
Client Income
Client Education

CONTINUED

1 OF 2

Frequency Treatment Contacts
Duration Treatment Contact
Attrition from Treatment Services
Size Waiting List
Time from Substantiation to Service
Administrative Structure of Referral
Number of Families Known to Other Public Agencies
Number Unsubstantiated Cases Referred Elsewhere
Number Unsubstantiated Cases Receiving Service Elsewhere
Number Other Community Agencies Dealing with Child Abuse/Neglect
Time to Organize and Operationalize Project
Recidivism
Number of Siblings of Victim Also Abuse or Neglected
Number of Newly Stimulated Child Abuse/Neglect Resources in Community
Continuity of Service Time Gaps
Number Child Abuse/Neglect Cases Treated by All Community Resources
Community System Treatment Capacity
Planned Courses of Treatment
Organizational Settings
Organizational Types

3. OPEN-ENDED

Prevention Definition
Abuse Definition
Neglect Definition
High Risk Definition
Substantiating Procedures
Innovative Identification Approaches
Barriers to Identification
How Barriers to Identification Handled
Precautions to Protect Rights of Children and Parents
Manner of Identifying Disruption of Community Customs
Identification Affect Prevention and Treatment
Role of Self-Help Groups in Policy and Management of Project
Collaborative Arrangements for Interagency Cooperation
State Laws and Court Procedures on Child Abuse/Neglect
Needed Changes in State Laws
Obstacles to Delivery of Service
Tracking Procedures
Innovative Treatment Approaches
Residual Effects of Treatment Strategies
Impact of Project on Other Child Welfare Agencies
Reasons Prescribed Service Not Given
Professional Experience
Staff Position Titles and Responsibilities
Prevention Planning Means
Referral Sources
Potential Referral Sources
Attrition Reasons
Identification-Relevant Resources

Identification Procedures (Project)
Identification Procedures (Community)
Follow-up Methods
Management Experience of Project Manager
Sources of Financial Support for Projects
Perpetrator Disposition Following Substantiation
Victim Disposition Following Substantiation
Services to Maintain Change
Treatment Services
Tracking Procedures

APPENDIX B

Source Form

Measure Reporting Form

Measure Reporting Form

Assistant's Name: _____

Date: _____

Variable:

Call Number: _____ Library Location: ☐ Main
☐ Social Work
☐ Health Sciences
☐ Undergraduate
☐ Other: _____

Source:

- (a): Journal: author(s), title, volume number (month, year), page numbers.
- (b): Book: author(s), title, city, publisher, year, page numbers.

Type of measurement technique:

- ___ questionnaire (self- or interviewer-administered)
___ rating scale
___ projective test
___ observation code
___ other, specify:

Description: _____

Original Instrument (if any):

Norms:

Group standardized on:

- (a) sample size
- (b) sample characteristics
- (c) sample method

Assistant's Name _____

Item example:

Number of items:

Time to administer:

Reliability:

(a) how assessed

(b) coefficient

Validity (how assessed):

Where instrument available:

References:

Leads to other instruments

Source Form

Assistant's Name: _____

Date: _____

Variable:

1. All sources checked:

2. Key words checked for each source:

APPENDIX C

Compendia and Bibliographies Consulted

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APPENDIX D

"Precipitating Problem" Variable List

"PRECIPITATING PROBLEMS"

Psychosis
Self-Esteem (Self-Concept)
Anxiety
Depression
Hostility
Isolation (Alienation)
Marital Adjustment
Stimulus From the Child
Dependency (Role-Reversal)
Frustration Tolerance (Frustration Control)
Impulsiveness
Inappropriate Performance Expectations for Children
Narcissism
Apathy-Futility Syndrome
Parental Role Performance
Parent-Child Compatibility
Propensity to Violence
Sadism
Satisfaction in Parental Role
Stress
Strict Disciplinarian (Corporal Punishment)

APPENDIX E

Problems with the Project Goal Concept

PROBLEMS WITH THE PROJECT GOAL CONCEPT

Project effectiveness takes the group as the unit of analysis because individuals within a group might be extremely effective in their particular task performances but, as a result of poor communication, environmental conditions, or what have you, a group per se might still be ineffective. Thus, in our search for measures of effectiveness, we were looking for measures of how well groups as a whole did what they set out to do. That is, project effectiveness is assessed in answer to the question: How well does the group achieve its goals? But our search for measures turned up more problems than it did measures.

In general, there are four kinds of problems associated with the conceptualization of project goals: (1) the problem of identifying and gaining access to a project's goals; (2) the fact of multiple goals in all groups; (3) the question of whose goals represent the project's goals; and (4) the fact that a project's goals are subject to change and reflect varying emphasis upon such dimensions as quantity-quality, long-term/short-term, etc. A brief statement on each of these problems should indicate why the development of adequate measures for project goals has been hampered.

Identification: The problem of identification is four-fold: (1) the relative distinction between means and ends (goals) suggests that any goal may be seen as a means to another goal; (2) the bias characteristics of people's statements about future activities makes these inaccurate indicators of goals; (3) if behavior is observed (to reduce verbal bias) the distinction between intended and unintended consequences makes the designation of goals problematic; and (4) with respect to "project" goals, there is the problem of reification. With respect to the first sub-problem, means-goals relativity, since any goal may be a means to another goal, the designation of some activities as goals is both arbitrary and related to the interests of the researchers. The second and third sub-problems, bias and the distinction between intended and unintended consequences, are interrelated. The fact that people distort or do not know the project's goals makes verbal statements alone almost useless. Likewise, the observation of behavior apart from project intentions confuses goals with unintended consequences. Edward Gross (1969) has put forth a scheme incorporating both intent and behavior; only where intent and activity correspond can we say that we have identified a goal. The fourth sub-problem in identifying goals, reification, arises from that fact that only individuals can have intentions. If we agree that the concept of a goal inherently contains intentions, then it would appear that we have viciated the notion of a "project goal." This criticism is often at base of those who assume that the owner-management goals are also the goals of the organization or project.

The second main problem of the goal concept, the fact that all projects have multiple goals, presents a particular problem in assessing effectiveness: Which goals do we measure progress toward? Two partial solutions have been

advanced in the literature: (1) one conceptualizes multiple goals within an active-dormant framework, with different goals seen as being pursued in sequence; (2) another conceptualizes multiple goals in a rank-order, assuming group energy to be distributed relative to the goal structure. Each of these views may be seen as a partial solution.

The third main problem of the goal concept, whose goals represent the project's goals, has reference to the appropriate referent for inferring project goals. The literature review identified five different referents: (1) societal functions; (2) servicing demands; (3) official policy; (4) leader values; and (5) staff accommodations to executive and environmental interests. Some have argued that since the goals will differ depending upon the referent selected, it is necessary to use multiple measures, but this undermines the group level of analysis.

The problem of goal change and variation represents the most difficult problem. The difficulty with goal change and variation is that it undermines the use of project goals as a common denominator in comparing projects and assessing effectiveness. The large number of factors which affect the group's goals make it impossible to incorporate them all in systematic research.

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