

OCT 17 1977

EVALUATION AND
MONITORING

EVALUATION OF THE INTENSIVE TREATMENT UNIT

at

GANNONDALE SCHOOL FOR GIRLS

DS-75-C-8C-9-651

by

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Director of Research

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October, 1977

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Gannondale

Residential School For Girls With Problems
4635 East Lake Road Erie, Pa. 16511 814/899-0648

Social Work Department
814/899-7659

February 10, 1978

Mr. Thomas J. Brennan, Executive Director
Governor's Justice Commission
Department of Justice
P.O. Box 1167
Harrisburg, PA 17120

Re: Final Evaluation Report
on the Intensive Treatment
Unit by Northwest Institute
of Research (DS-75-C-8C-9-651)

Dear Mr. Brennan:

We are grateful for the opportunity to comment on the accuracy of the findings of Dr. Mark Iutovitch and his research associate.

Enclosed you will find the results of our examining the report as it stands.

That so much difficult material was worked with and historical data absorbed resulting in so few errors is highly commendable. You will see that there were but three errors which were not of a substantive nature. The references to additions, modifications and deletions along with the corrections have been made for the purpose of adding clarity.

We feel that the evaluation, which was necessarily limited in its scope, has contributed to a good beginning and is a solid foundation for growth. As a result, the recommendations of the evaluation are being seriously considered.

As this evaluation thoroughly measures the "results" of our effort up to the given point, in the future we should like to evaluate other components of our program such as counselling, the effect of parental interaction, differential treatment, goal setting, etc.

We are deeply appreciative for the faith the Governor's Justice Commission showed by granting its financial assistance to this unique endeavor. We also want you to be aware of our continuing gratitude to


the personnel of the Northwest Regional office for their technical assistance and support. Your choice of the Northwest Institute of Research to function as the evaluator of our efforts is to be commended, for all members of the evaluating team functioned sincerely interestedly and astutely.

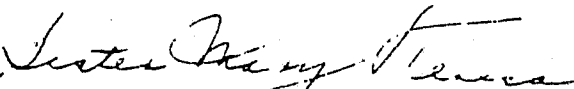
We see this endeavor in its totality as a fine example of the cooperation that can exist between the public and private sectors.

Our invitation to you still stands. Whenever you are in this area, we want you to feel free to visit our setting and observe the work that is being done.

May Almighty God continue to bless you and your confrères in your difficult work.

Sincerely,


Louis J. Grande, ACSW (per L.H.)
Associate Director


Sister Mary Teresa, ACSW
Director

LJG:SMT:mmnd
Encs.

C.C.: Ms. Linda Sheridan
Dr. Mark Iutcovich

Acknowledgement Line 3 Correction

The name is Sister Mary Teresa Dame

Page 1 Paragraph 2 Sentence 1 Modification

The Intensive Treatment Unit program was conceived as one based on maximum control of environment; that is an environment wherein all activities and spheres of life are controlled and structured to achieve positive resocialization.

Page 2 Paragraph 1 Sentence 1 Modification

Please change "Authorities" to Administrators.

Page 8 Par. 3 Sent. 2 Addition

The reason for this is that the Northwest Tri-County Intermediate Unit was not able to supply a teacher until October 4, 1976.

Page 16 Par. 1 Correction

Founded in 1934, the program for Gannondale was developed by the Sisters on sound social work practices with psychiatric orientation and a strong desire to serve troubled girls. Fundamental recognition of each person's individuality, respect for her essential value and reverence for her inherent dignity were the bases for the program. By creating a therapeutic milieu with a welcoming atmosphere and a trusting honor system and by applying professional knowledge with a persistent patient approach, the Sisters witnessed a high percentage of the troubled delinquents in their care attain changes in their attitudes and behaviors and thus achieve the best possible adjustment of which each was capable.

By 1973, it was quite clear that such a program was insufficient for certain girls due to countless changes in society which were grossly reflected in its youth. Although engaged in activities similar to their predecessors, the girls were found

to have been involved for much longer periods of time, to an even greater degree and thus in need of a different approach.

Although based on the same philosophy of Gannondale's Cottage and Group Home programs, the Intensive Treatment Unit at Gannondale with its physical, social and treatment program specifications significantly departs from the type of service which Gannondale provided from the beginning.

Page 17 Par. 1 Modifications

After considerable effort the Sisters were able to receive all the necessary approvals from different state and county agencies for establishing what is known as the "Intensive Treatment Unit". The Governor's Justice Commission of the Commonwealth was able to help the I.T.U. financially toward furnishings, some equipment and a percentage of salaries.

Page 17 Par. 1 Additions

The building of the I.T.U. was subsidized by a grant from the Sisters of Our Lady of Charity and other miscellaneous donations, bequests and foundations. However, the balance was funded by a mortgage instrument. It should be noted that while the per diem rate is sufficient to meet current ordinary operating expenses, no portion of the per diem is utilized to reduce the mortgage.

Page 19 Par. 1 Sent. 3 Modification

It was hoped that this group of persons would become a working team, develop the program on clearly stated criteria and be the nucleus for the complete staff complement of the I.T.U.

Leave sentence 4 as is.

Page 19 Par. 1 Sents. 5, 6, 7 Modifications

Time proved that unfortunately the professionals hired or that particular

combination of professionals did not meet the set expectations. In what appeared to be cooperation with the differences inherent in the various personalities participating, the program material was developed.

Shortly after personnel was faced with the very troubled girls whom they were to serve, the apparent cooperation dissolved gradually because of conflict, ideological bias and concern with minor and irrelevant issues.. Thus a situation developed where staff could not work together for the sakes of the girls.

Page 19 Par. 1 Sent. 8 Deletion

✓ Kindly delete the entire last sentence.

Page 19 Par. 4 Last Line Modifications

c) The revision of and further redevelopment of specific procedures and regulations for both staff and residents.

Page 20 Par. 1 Sent. 1 Deletion

Exclude "and the Director", because the Director is a Sister.

Page 20 Par. 2 Sent. 3 Deletion

Delete "The Director" she is a Sister.

Page 20 Par. 3 Sent. 1 Modifications

Once the I.T.U. began with a new group of girls and the staff introduced their mechanisms of control, things began to proceed more normally. In fact, staff developed a chart which designated specific consequences for specific infractions. This chart was based on and developed from the experiences of the first six months. Prior to that, staff was constantly focussing their attention on "crisis" situations.

Leave sentence 3, 4 as is.

Page 20 Par. 4 Line 2 Modifications

A "Grand Exodus" was made by the residents of the I.T.U. which was interpreted by the staff as nothing more than a "test" and was made by the girls to prove they could escape if they wanted.

Page 21 Line 2 Additions

Some returned on their own, others were picked up by State and City Police not far from the area and two were transported from one of the girl's home by staff.

Page 21 ~~Par. 1~~ Line 4 Modifications

Following this exodus and for several weeks, the amount of interaction between the girls was significantly reduced. During this period of time the staff worked with and attempted to convince the girls of the seriousness of their running.

Last 2 sentences as is.

Page 21 Par. 2 Line 12 Additions

Include the following: Gone out to baseball and football games and gone shopping.

Page 22 Only Complete Paragraph Sentence 2 Addition

After "controlling behavior" add for continuing to motivate the girls to modify their behavior.

Page 23 Par. 1 Sent. 4 Correction

Within a year's time, Gannondale School for Girls may have well more than 100 referrals that must be processed for placement to their cottage program or the I.T.U.

Page 28 Par. 2 Line 3 Addition

Insert this after sentence 2: It was not until late January, 1977 that a teacher's aide was provided by the Northwest Tri-County Intermediate Unit.

Page 51 First Full Sentence Delete

Staff found themselves so enmeshed in attempting to sort out and settle a variety of details that they lost sight of their overall goals.

Page 52 Par. 2 Last Sent. Addition

He proved to be not only a valuable asset in terms of redirecting treatment but also assisted in developing a therapeutic Quiet Room and helped to formulate policy on smoking, etc.

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ACKNOWLEDGEMENT

This evaluation research would not have been completed without the grant received from the Governor's Justice Commission, Commonwealth of Pennsylvania. Special recognition is also due to Sister Marie Teresa Dame whose cooperation and suggestions have been instrumental in the completion of this task. Moreover, we would like to express our gratitude to the I.T.U. staff and other agencies who have contributed to the successful completion of this work.

INTRODUCTION

This is an evaluation of a treatment program for adolescent females who are severely disturbed, aggressive acting out, chronic runaways, and/or grossly withdrawn. The Intensive Treatment Unit at Gannondale School for Girls, Erie, Pennsylvania was established to provide intensive treatment and security for resocializing the adolescent girls so that their behavior would be more congruent with the expectations of the larger society.

The Intensive Treatment Unit program was conceived as one based on maximum control of environment; that is an environment wherein all activities and spheres of life are controlled and structured to achieve positive resocialization. It is assumed that, in such a structured setting, the client can receive "intensive, individual treatment within an atmosphere of stability and security".

It should be noted that such a structure and program is unique in the Northwest Region of Pennsylvania. Until the development of I.T.U. at Gannondale School for Girls, delinquent females had to be placed for treatment near Philadelphia, Pennsylvania or out-of-state.

Indeed, before such a program could be designed and implemented, a number of requirements had to be met:

1. There had to be explicitly stated goals and objectives of the program, moreover, they had to be measurable so that the effects of the program could be evaluated.
2. There had to be managers and staff persons who had the motivation, ability and authority to coordinate such a program.
3. There had to be explicit activities that were linked to the intended outcomes, that is, a therapeutic treatment program had to be designed.

The Administrators at Gannondale School for Girls, in devising the I.T.U., had specified a number of goals and/or objectives which were to serve as guidelines for their action as well as to serve as a means for program evaluation.

These objectives, as stated in measurable terms are as follows:

- a. Twelve (12) months after commencing operation the project will have significantly reduced the number female offenders who will be sent out-of-county to obtain services. It is anticipated that the project will have served between 20 - 32 individuals during this time and should reduce out-of-Erie County Juvenile Court commitments of females by 70%.
- b. One impact of intensive treatment shall be to substantially reduce the incidence of Juvenile Court re-placement hearings which result in placements from one facility to another because of run-away and other types of negative behavior.

The project will follow-up those children having I.T.U. experience and subsequent placement in less restrictive facilities with those children experiencing similar problems but not having I.T.U. experience. The expected decrease in re-hearing would be 70%.

- c. The project will significantly increase academic achievement, especially in reading and math scores. It is expected that within ninety (90) days residents will experience increases of between six months and two years in test results.
- d. The project will significantly impact on negative attitudes and demonstrate that positive changes in this area have concomitant changes in behavior. Attitudinal characteristics will be constantly monitored and recorded and shall include qualitative analysis of self-care and grooming, concept of self and expressions of individual worth, etc. The development of personal responsibility and self-determination shall be fostered. Specific attitudinal characteristics will be targeted for change and will be evaluated on a weekly basis.
- e. The project will significantly impact upon and reduce the frequency of specific targeted negative behavior, i.e., aggression, flight, acting out, etc. This will be accomplished through the therapeutic environment and treatment modalities selected to meet individual needs.

A qualitative and quantitative analysis of the targeted behavior will be completed on a weekly basis.

From the specification of the program goals and objectives we can identify three groups of individuals who must be taken into account: a) the receivers of the treatment, b) the deliveries of treatment and finally c) the community as a whole. The schemata found in Figure 1 outlines the set of objectives for the I.T.U. in terms of these three groups.

Indeed, such objectives are manageable if those who are in charge with the implementation provide the resources, i.e. financial and professional, and structure the treatment in terms of necessary and sufficient conditions. This means that in any therapeutic setting, both dimensions should be dealt with if success is to be expected.

In the case of I.T.U. at Gannondale School for Girls the necessary condition is the appropriate physical and social structure. As it was mentioned before, the entire structure follows the model of a "total institution" where it is possible to coordinate the behavior of the residents. The sufficient condition is the specific treatment which may redirect the behavior of the delinquent girls placed in each unit.

More specifically, the necessary conditions include such aspects as: 1) the appropriate physical structure which is amenable to control behavior, 2) the managerial and professional staff who have the motivation, ability, and authority to implement the specific treatment. Although a closed system is more efficient in controlling behavior than an open system, it does not mean that the behavior will be changed. In order to change behavior a specific treatment must be implemented in order to trigger the reorganization of the individual's orientation. Thus, both the necessary and sufficient conditions must be present in order to achieve positive results.

Indeed, in devising the I.T.U. the underlying rationale is to overcome the failure of the previous socialization process which did not develop

Figure 1: Set of Goals for Gannondale Intensive Treatment Unit

	Receivers Young female offenders	Deliverers Caseworkers & Consultants	Community
External Observable Effects	<p>Increase academic achievement</p> <p>Reduce frequency of targeted negative behavior, i.e. aggression, flight, acting out, etc.</p> <p>Develop positive attitudes in such areas as: self-care, grooming, conception of self, sense of individual worth, personal responsibility, self-determination, etc.</p>	<p>Provide highly individualized instructional and therapeutic environments</p>	<p>Reduce out-of-county placements</p> <p>Reduce Juvenile Court Rehearings</p>
Internal Inferable Effects	<p>Deter young female offenders from further penetrating criminal justice system by providing specialized treatment</p>	<p>Development of feelings of group solidarity & wholesome family life</p>	

psychological mechanisms against delinquent acts. The program is to resocialize the adolescent girls and develop psychological mechanisms against these delinquent acts.

In order to achieve such resocialization of the delinquent girls, specific treatment is to be implemented. Accordingly, the program calls for counseling persons individually and in groups, psychotherapy, behavior modification and reality therapy.

The designer of the therapeutic setting also introduced mechanics through which such behavioral change may be accomplished, for instance, role modeling. It is stated that role modeling begins with a staff member entering the door and continuing until his/her departure. Each is to offer the girls a positive model in the way one speaks, dresses, eats, and considers others. Common everyday manners and respectful treatment of people assure that staff members present a positive picture.

Through such a therapeutic setting in which the implementors focused on both demeritons, i.e. the necessary and sufficient conditions, the end result of the resocialization process is expected to bring about personal awareness, social skills, vocational, educational, and positive attitudes which will enhance the probability of the residents to function in the larger society.

It is often debated whether a closed or open system is the most appropriate structural environment to change the behavior and attitudes of the delinquents. Such a debate is based more on philosophical orientations rather than on empirical evidence. It is important to realize that this evaluation will not ultimately settle such a debate. The concern here is to provide an evaluation of a program which established a closed system as a stepping stone for continuing treatment in an open system. The Gannondale

Sisters introduced a system which is basically contrary to their philosophical outlook and for this they should be commended.

• As a final note, it should be stated that behavioral and attitudinal changes tend to be incremental rather than cataclysmic. Thus this evaluation is an attempt to see if such incremental improvements do indeed take place once the delinquent girls are placed in the I.T.U.

METHODOLOGY

As specified in the goal schemata found in the introduction, there are three groups of individuals who play an integral part in the functioning of the I.T.U.: the receivers of the treatment, the deliverers, and the community as a whole. In order to evaluate the program system in its entirety, data were collected and analyzed for each external observable effect that was specified in the goal schemata.

At this point it will be useful for the reader to understand that, for purposes of confidentiality, no names of the young female offenders, staff persons or consultants will be used in this report. For identification purposes, we have attached numbers to the young female offenders, or residents of the I.T.U. We have done this because many of our data presentations specify information for each particular resident. The residents have been numbered from 1 to 19 which comprises that group of girls who entered the I.T.U. prior to June 1, 1977 - the ending date for the evaluation period.

The purpose of this section on methodology is to outline the techniques used in collecting the data and the type of analysis employed which would allow us to draw inferences from the data. Because of the complexity of the program and the fact that we had to obtain our data from the records kept by the institution, we have utilized both quantitative as well as qualitative data for our analysis.

It is to our advantage that the files and records for the adolescent females who were residents of the I.T.U. carry a wealth of information. In some instances, however, the data are not complete. When this is the case, it will become clear in the presentation of our analysis and findings. Often, we were unable to use the entire set of subjects for our analysis, therefore, the size of our sample varies from one test to another.

First, focusing on the young adolescent females who receive the treatment, there are three areas of external observable effects to be evaluated: scholastic achievement, frequency of negative behavior patterns, and the development of positive attitudes. The type of data utilized to evaluate each of these areas will be specified in what follows.

In the area of scholastic achievement, we were not able to include the first seven residents in our analysis. The reason for this is that the Northwest Tri-County Intermediate Unit was not able to supply a teacher until 10/4/76. Prior to her arrival, the girls were instructed by two of the staff persons with an education background. However, no standardized tests were administered at this time and information concerning the academic progress of these girls was not available. For the remainder of the girls, the records kept by the full-time teacher were used in our analysis. These records contained both quantitative and qualitative data. As quantitative measurement, the Peabody Individualized Achievement Test, which is a standardized achievement test, was administered upon a girl's entry to the I.T.U. and then readministered at an appropriate time interval. Some of the students, however, did not have a post-test, therefore, in comparing the before and after scores only seven girls had complete information available.

The scores that were used in our analysis were the "Total Test Battery Score" given in terms of grade equivalency. Qualitative evaluations were also made by the teacher regarding the scholastic progress of the girls as well as their school behavior and attitudes. The evaluations made by the teacher with regards to school progress, since they were verbal in nature, were categorized by us in the following manner: great progress, some progress, little progress, no progress, and regression. The appraisal of school behavior and attitudes was already assessed categorically by the teacher in this manner: needs improvement, average, and good.

Now, turning to the area of behavioral manifestations within the unit, we had a more difficult task facing us in the collection of this information. The staff of the I.T.U. were required to keep a daily log of activities within the unit in which they would specify all the behavioral manifestations that were noteworthy. In scanning these daily logs we arrived at a typology of negative behaviors that could be used in tabulating the frequency of each occurrence for the girls throughout their stay in the I.T.U. ^{In} tabulating these frequencies, the total length of stay for each resident was broken down into months and the frequency for each month was reported. In this manner we could compare the extent of progress from month to month for each girl. The categories of our typology and the form used to record the frequencies can be seen in Figure 2.

In order to obtain these frequencies, a thorough examination of the daily logs had to be completed. This, of course, was a long and arduous job. However, it yielded a set of data that could be quantitatively analyzed. Moreover, since these data are objective in nature, it eliminates some of the subjectivity that is present in other forms of data.

Figure 2: Continued

[illegible]

Figure 2: Behavioral Manifestations While at I.T.U.
(The frequency for each month the girl is a resident)

[illegible]

Finally, to examine the attitudinal characteristics of each girl, we collected data from the form used by the I.T.U. staff to record the daily points achieved by the girls. This point system, however, did not take effect until the first week in October, so again, in our analysis only a portion of the girls are used. Figure 3 represents the form utilized by the I.T.U. staff from which our data were collected.

At this point, some explanation may be needed in the use of this form. Each girl is appraised in every category, on a daily basis by usually three to four staff persons, depending upon who is on duty that day. At the end of the day an average score for each category is figured which could range between 0 and 4. Then, at the end of a 7-day period, a total number of points for all 10 categories is calculated. If 190 points is reached, the girl is given a privilege. For the purposes of our evaluation, we have compared the total number of points achieved for the first week with that of the last full week in residence. It must be mentioned here, that some of the residents were not appraised the first couple weeks of their stay. This was usually a time of observation in which a girl could not work toward obtaining privileges. Also, the last full 7-day period was used for comparison since some residents left in the middle of a 7-day period and therefore, did not have a complete point total that could be used for a valid comparison.

The second focus of our evaluation is on those who deliver the treatment, i.e. the staff and consultants. Our mode of data collection for this part of our evaluation was open-ended interviews with key persons involved with the I.T.U. We conducted interviews with the Director of Gannondale, the present coordinator of the I.T.U., and one of the supervisors of the I.T.U., who has been there from its beginning. In these interviews we also gathered our data with regard to the historical

Figure 3: I.T.U. Priviledge Point System Form

Date	M T W T F S S		M T W T F S S		M T W T F S S		M T W T F S S		M T W T F S S		M T W T F S S	
ABUSIVE LANGUAGE												
RESPECT FOR STAFF												
RESPECT FOR OTHER GIRLS												
MANNERS												
COOPERATION												
SELF CONTROL												
DISRUPTIVENESS												
RESPONSIBILITY												
NEATNESS												
GENERAL ATTITUDE												

	M T W T F S S		M T W T F S S		M T W T F S S		T O T A L S																					
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	MON	TUE	WED	THU	FRI	SAT	SUN
ABUSIVE LANGUAGE																												
RESPECT FOR STAFF																												
RESPECT FOR OTHER GIRLS																												
MANNERS																												
COOPFRATION																												
SELF CONTROL																												
DICRUPTIVENESS																												
RESPONSIBILITY																												
NEATNESS																												
GENERAL ATTITUDE																												

4 = Excellent

2 = Fair

3 = Good

1 = Poor

0 = Nothing

WEEKLY TOTAL POINTS

EXTRA POINTS/WEEK BEFORE

GRAND TOTAL

PRIVILEGES TO DATE

development of the program. Our focus in these interviews was on the problems encountered by the unit as well as the changes made throughout its development. In these interviews we were also able to augment our understanding of how the "milieu therapy" worked in practice. The framework and guidelines for the type of therapeutic environment proposed by the developer of the I.T.U. are documented in the "Manual" prepared by them. However, a number of changes in the initial set of guidelines resulted when, in practice, they were not working as originally intended. Although most of these changes are specified in the "Manual," what the precipitating factors were that caused these changes are not. Therefore, by interviewing key persons for the I.T.U. we were able to outline the dynamics that the unit was going through.

The final focus of our evaluation is on the community one of the groups which must be considered in determining the effects of such a program. The question to be answered is to what extent did the development of the I.T.U. in Erie County reduce the number of out-of-county placements. This is a key question to ask since the I.T.U. at Gannondale is the only one of its kind in this part of Pennsylvania. Prior to its development, young adolescent females requiring a security unit, as such, had to be sent across the state near Philadelphia. To answer this question, data were provided by the Juvenile Probation Department of Erie County with regards to the number of out-of-county placements for the year under investigation. Moreover, the Director of Gannondale provided statistics regarding the number of referrals to them, both in and out-of-county.

It must be mentioned here that information regarding the second question of reducing the number of Juvenile Court re-hearings could not be obtained since the project developers have not, at this time, been able to follow-up on the girls having I.T.U. experience. Moreover, to determine the answer to this question, a control group must be used for comparison.

This control group would have similar problems as those placed with the I.T.U., only they would have been placed in less restrictive settings. By comparing these two groups one could then estimate what the expected decrease in re-placement hearings would be resulting from I.T.U. experience.

Turning now to our mode of analysis, for that data which are quantitative in nature, we were able to statistically analyze it in order to draw inferences as to the significance of the treatment program. In all cases where statistical analysis was done, we utilized the t-test for difference between two sample means. This test was used in order to compare before and after scores for the same set of girls with regards to particular areas of concern. Moreover, the t-test was employed because our sample size, in most cases, was relatively small.

At this point it should be mentioned that we developed a "profile sheet" to be completed for each girl that has been a resident of the I.T.U. This profile sheet contained all the information discussed above that was used in our analysis of the residents. Furthermore, it documented many other pieces of information concerning the girl with regards to her race, religion, age, family and social background, physical and mental health, and any other significant facts that required recognition. Most of these pieces of information have not been utilized in our evaluation because, for so many of the girls, either the information was not up-to-date, or not available. In our section on future evaluations we will discuss more thoroughly this form of documenting information so that it can be readily analyzed.

HISTORICAL OUTLINE

Founded in 1934, the program for Gannondale was developed by the Sisters on sound social work practices with psychiatric orientation and a strong desire to serve troubled girls. Fundamental recognition of each person's individuality, respect for her essential value and reverence for her inherent dignity were the bases for the program. By creating a therapeutic milieu with a welcoming atmosphere and a trusting honor system and by applying professional knowledge with a persistent patient approach, the Sisters witnessed a high percentage of the troubled delinquents in their care attain changes in their attitudes and behaviors and thus achieve the best possible adjustment of which each was capable.

By 1973, it was quite clear that such a program was insufficient for certain girls due to countless changes in society which were grossly reflected in its youth. Although engaged in activities similar to their predecessors, the girls were found to have been involved for much longer periods of time, to an even greater degree and thus in need of a different approach.

Although based on the same philosophy of Gannondale's Cottage and Group Home programs, the Intensive Treatment Unit at Gannondale with its physical, social and treatment program specifications significantly departs from the type of service which Gannondale provided from the beginning.

Struggling with their realization, the Gannondale Sisters began looking for a different model which might be more effective in changing delinquent behavior. They explored and visited different institutions in which similar delinquent girls were treated. After informing themselves and evaluating the programs established in different parts of the country, the Sisters arrived at the conclusion that a new therapeutic model was needed. The model would have to be effective in controlling behavior physically as well as emotionally. Thus, the idea of a closed system, with the characteristics of a "total institution" was thought to be more instrumental than the open system. In March 1974 the decision was made to develop a physical structure in which intensive treatment could be applied to delinquent girls.

In order to establish such a unit, the approval of different state agencies and the community in which the unit would be housed was required.

After considerable effort, the Sisters were able to receive all the necessary approvals from different state and county agencies for establishing what is known as the "Intensive Treatment Unit". The Governor's Justice Commission of the Commonwealth was able to help the I.T.U. financially toward furnishings, some equipment and a percentage of salaries.

The building of the I.T.U. was subsidized by a grant from the Sisters of Our Lady of Charity and other miscellaneous donations, bequests and foundations. However, the balance was funded by a mortgage instrument. It should be noted that while the per diem rate is sufficient to meet current ordinary operating expenses, no portion of the per diem is utilized to reduce the mortgage.

However, persons within the community showed resistance to such an endeavor. As always, in any community, there are people who demonstrate fear to a new program, especially when it involves a structure that must be surrounded by a fence.

As the Director of Gannondale pointed out, they were not calloused with regards to their neighbors' apparent concerns. They did respect them, frankly. However, it did seem as though some element infiltrated the minority group to the extent that their exaggerations blew things completely out of proportion. Indeed, there were other members of the community who realized the need for and approved of the plan for developing an Intensive Treatment Unit at Gannondale.

Some community members resisting the new program went to the Township Supervisor and asked such questions as:

1. What kind of residence would the I.T.U. be?
2. What type of girls would be served there?
3. Why had a 4 foot fence been erected on a good portion of Gannondale's eastside boundary?

The Director of Gannondale offered valid and appropriate answers to each question so that any misunderstandings would be dispelled. In a meeting of the Harborcreek Township Supervisors, where all the parties

concerned were present, questions were asked regarding the I.T.U. building, what kind of residents would be there, the program to be followed for them, and the use of a 14 foot fence to assure control of the girls on the campus.

This meeting had positive results in erradicating unfounded fears and 75% of those participating demonstrated their approval for the establishment of the I.T.U. But the resistance did not stop at this point. On March 18, 1975, some community persons circulated a petition against the establishment of the I.T.U.

A new meeting a Harborcreek Township with the Zoning Board was held.

In this meeting the following questions were raised:

1. The number of guards necessary for such a unit.
2. Would the girls living in the I.T.U. have been convicted of felonies or any other types of convictions and where would the girls come from.
3. The quality and number of staff to serve the girls.
4. The possibility of harm to them or their children as meted out by the girls of the I.T.U. even though a 14-foot fence is to surround the play area of I.T.U.
5. Installation of gas and other utilities.
6. In 10-years' time what use could such a unit be put to if the Sisters were no longer here, or the need no longer exists.
7. Possible depreciation of their properties.
8. Possibility of tax money being used to build the 1 -story unit.

We have described in detail the resistance shown by a certain segment of the community in order to stress that such obstacles may be a serious hindrance in the attempt to allevaiate societal problems.

From the documents analyzed it became clear that the Sisters used tact, honesty and provided forthright answers to dispell misunderstanding. In the end, the Sisters were able to gather enough support in order to override opposition and to make preparations for the I.T.U.

Finally, by overcoming the irrational fear of a small segment of the community, in August 1975 the ground breaking for the I.T.U. physical structure was held. The building was designed to meet the needs for the intended treatment as well as to conform to the requirements and regulations of the Labor and Industry Act, Fire and Panic Act, the National Safety Life Code and the local codes.

The difficulties in organizing the I.T.U. did not stop at this point, however. The problem of staffing with appropriate professional personnel was a long and painful process.

As it was stated in the introduction, the professionals must demonstrate not only ability but other qualities, as well as, in order to achieve success. Between February and May, 1976, nine people were hired to work within the I.T.U. It was hoped that this group of persons would become a working team, develop the program on clearly stated criteria and be the nucleus for the complete staff complement of the I.T.U. Time proved that unfortunately, the professionals hired or that that particular combination of professionals did not meet the set expectations. In what appeared to be cooperation with the differences inherent in the various personalities participating, the program material was developed.

Shortly after personnel was faced with the very troubled girls whom they were to serve, the apparent cooperation dissolved gradually because of conflict, ideological bias and concern with minor and irrelevant issues. Thus a situation developed where staff could not work together for the sakes of the girls.

Due to the problems arising out of such conditions, by the end of July 1976, the negative results manifested themselves. It has become impossible for the staff to control the behavior of the residents. The residents, instead of changing in a positive way, became more entrenched in their delinquent behavior.

It was the opinion of all but one of the staff that the unit should be closed because it was a failure. They felt that they should work on the development of a treatment program for a while longer and then start afresh with a new group of girls. Finally, they were convinced not to close the unit. It was at this point that the Director of Gannondale moved into the unit in order to bring things under control. After this crisis passed, it was realized that drastic measures had to be taken if the program was to continue.

Some of the major steps taken were: (a) a different screening process for prospective personnel, (b) the introduction of mechanisms for controlling the residents' behavior (a privilege and punishment system) and, (c) the revision of and further redevelopment of specific procedures and regulations for both staff and residents.

Although the Sisters realized that the program faced various problems due to the professionals and to the logic of the implementation, they looked for new approaches as well as more qualified and experienced workers. It is necessary to stress that the implementation of the I.T.U. program was a process in which the implementors adapted to and were flexible enough to cope with the conditions as they evolved.

One aspect which emerges from this description of the historical development of the I.T.U. is that, as new problems evolved and had to be dealt with, the Sisters made decisions that were worthwhile and therefore, they enhanced the probability of success. Too often when people devise programs for "human beings" they concentrate more on philosophical issues which are inherently unresolvable. The Sisters were scrupulously honest with themselves and realized that they had to cope with these crises although the solutions may contradict with their general philosophical orientation.

Once the I.T.U. began with a new group of girls and the staff introduced their mechanisms of control, things began to proceed more normally. In fact, staff developed a chart which designated specific consequences for specific infractions. This chart was based on and developed from the experiences of the first six months. Prior to that, staff was constantly focusing their attention on "crisis" situations. They had no time or energy left to get around to their purpose, i.e., to establish a therapeutic milieu. After the changes were made, the staff were finally able to concentrate on the treatment program and on each individual girl and her problems.

Indeed, the staff seemed to be in control of the situation, but another "crisis" arose on March 26, 1977. A "grand exodus" was made by the residents of the I.T.U. which was interpreted by the staff as nothing more than a "test" made by the girls to prove they could escape if they wanted to. This event has been interpreted this way because within 24 hours all girls were back within the I.T.U. Some returned on their own, others were picked up by State and City Police not far from the area and two were transported from one of the girl's home by staff. Following this exodus and for several weeks, the amount of interaction between the girls was significantly reduced. During this period of time the staff worked with and attempted to convince the girls of the seriousness of their running. They had to realize that if any treatment program was to be beneficial for them, they had to remain a part of it. They had to understand they could not solve any of their problems by running away.

Finally, toward the end of this first year, another major adjustment was introduced into the therapeutic program. The staff became convinced that keeping the girls totally within the unit for 24 hours a day, 7 days a week was creating more problems than it solved. Seeing the same faces day after day, realistically, could become aggravating for anyone. Initially, the staff decided to take the girls out, one at a time, for any errands or other duties that needed attention. This proved to be too time consuming and often caused problems when, for one reason or another, a girl could not be taken out when it was her turn. Eventually it was decided that the residents, as a group, could be taken out and handled with a minimal amount of supervision. Since then, the I.T.U. residents and staff have attended plays, concerts, gone to dinner, gone swimming, played with the cottage girls, gone out to baseball and football games, gone shopping, and just taken on walks together. This has proved to be a vital part of the therapeutic program and up to this time has not caused any serious problems. It is important to note that the girls are not forewarned of these outings. This is the policy

of the staff because if the girls have not been behaving properly, they are not allowed to attend these outings. Therefore, the staff do not want to bribe "good behavior" by letting the girls know in advance of an event. Although "good behavior" is something the program hopes to establish, it cannot be elicited primarily through a reward program. After all, when the girls return to their homes there will not always be someone there to reward them when they follow the normative order of the larger society.

This is the point at which the I.T.U. now stands. The professionals involved have been able to work out the mechanisms for controlling behavior, for continuing to motivate the girls to modify their behavior, enhance the treatment program and develop policies that should be uniformly applied. They have proved to be adaptable and flexible enough to cope with the problems as they encounter them. The professionals that are now there are capable of working as a team; there is a commonality of purpose and a general professional orientation, with an emphasis on therapeutic and rehabilitative techniques.

PROGRAM EVALUATION

A. Receivers

In this section on the "receivers" of the service provided by the Intensive Treatment Unit our focus will be multifaceted. The first concern will be to give a profile of the type of girl accepted for treatment within the I.T.U. Indeed, the selection process is a difficult one, since each case must be thoroughly examined before a placement can be made.

Within a year's time, Gannondale School for Girls may have well more than 100 referrals that must be processed for placement to their cottage program or the I.T.U. Those that are accepted for treatment within the I.T.U. have evidenced that they cannot be treated in an open setting and that they need more security and individualized treatment in order to avoid becoming more ensconced in the criminal world. Although the types of delinquent behavior exhibited by each of these girls may not be different from that of those within the Gannondale Cottage Program, it is the degree to which these behaviors are manifested that determines where the girl is placed. In Figure 4 the type of delinquent behavior manifested by each of the girls accepted into the I.T.U. is indicated.

Figure 4: Type of Delinquent Behavior Manifested by Residents of the Intensive Treatment Unit.

TYPE OF BEHAVIOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total No. of girls
Runaway	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	19
Truancy	x	x	x		x		x		x	x	x		x	x		x	x	x	x	14
Suspension from School				x	x		x		x	x		x		x					x	8
Incorrigible			x		x	x		x	x	x	x				x		x	x	x	11
Promiscuous		x			x	x			x	x		x	x	x	x	x		x	x	12
Petty theft, shop lifting		x					x	x		x		x			x	x			x	8
Vandalism										x									x	2
Injury or threats to others	x		x	x			x		x						x				x	7
Suicidal threats, attempts				x		x						x	x	x	x					6
Serious adult criminal offenses (burglary, robbery, larceny)				x		x			x	x				x		x			x	7
Drugs		x			x	x		x	x	x				x	x	x			x	10
Lying	x							x		x	x	x	x			x	x			8
Drinking	x							x	x	x			x		x					6

Figure 4: Continued

TYPE OF BEHAVIOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total No. of girls
Violate Probation	x								x									x		3
Verbally Abusive			x										x							2
Hysterical Tantrums												x								1
TOTAL NUMBER OF BEHAVIORAL MANIFESTATIONS	6	5	5	5	6	6	5	6	10	11	4	7	3	7	8	7	4	5	10	

From Figure 4 we can see that more than half the girls exhibit the delinquent behaviors of: runaway, truancy, incorrigibility, promiscuity, and durgs. Of course, some of the other delinquent behaviors may have been exhibited by more girls than indicated in Figure 4. However, since such behaviors were not indicated in the case histories, we can assume that they were not predominate characteristics of the girls.

Other indicators used in determining a girl's placement into the I.T.U. are the number of prior placements, the length of stay in each of these placements, and the reasons for discharge. Figure 5 outlines this information for each resident of the I.T.U. Unfortunately, the data cannot be considered complete, since in most cases the reasons for discharge were not recorded in the files of the girls. In some instances, as well, the length of stay was not indicated. The length of stays that are specified in Figure 5 are only for those placements that are not considered temporary shelters, such as Detention, the Emergency Shelter, and in some cases, hospitalization. The 19 females in the I.T.U. from June 1976 to June 1977 averaged 4.73 prior placements with an average of 4.72 months per placement; the least number of prior placements was 0, and the most, 11. The length of stay ranged from 3 days up to 4 years. Although the reasons for discharge were not indicated, in a majority of the cases, those that were specified were usually for one or two reasons: the girl ran away or the setting was not equipped to handle the disruptiveness of the girl. In summary, those girls selected for placement in the I.T.U. could not be handled by other settings and they required security unit that would discourage their running away from the treatment they needed.

One further word about the female placed in the I.T.U.: these girls are not to be considered "criminals." They are girls who have manifested

delinquent behavior which, if no intervention were made on the path they have made for themselves, they would undoubtedly end up involved in more serious criminal acts. Moreover, they are girls who have evidenced that they may benefit by such intervention and that they are not completely beyond all help.

A second focus of our evaluation will be on the effect of the treatment while the girls were residents of the I.T.U. The staff and supervisors of the I.T.U. have as their objective to provide a very stable and structured environment which would provide the security these girls need. The unit has been kept very small - a maximum of 8 girls at any one time - so that feelings of group solidarity and wholesome family life can be developed. Because this facility is a home for the girls all facets of their daily life are attended to. The girls eat, sleep, attend school, and engage in physical activities within the unit. Moreover, the girls themselves maintain the unit, they help prepare meals, clean up dishes, keep the entire unit clean as well as the court yard, and do their own laundry. It is thought that the girls' participation in all these routine activities not only provides them with good habits, but as well, is therapeutic for them.

Our evaluation of this therapeutic milieu and its effects on the residents has focused on three areas: educational achievement, behavioral manifestations and attitudinal characterizations. As stated previously, one of the major goals and objectives of the Intensive Treatment Unit is to provide an individualized and specialized educational program for each of the resident girls. In a majority of the cases, these girls have had learning difficulties and have been unable to function in a regular classroom setting. In some instances, a few of the girls were of below normal intelligence because of some brain disorder, therefore, their educational

program had to be specially tailored to suit their needs. In other cases, girls were academically deficient because of their acting-out behavior within the regular school setting and/or their habitual truancy from school. With such girls the I.T.U. school has provided a more structured setting and an individualized educational program in order to enhance each girl's own academic ability.

However, before evaluating the educational program as a whole, some comments must be made about it. The formal instruction of I.T.U. residents did not actually begin until October 4, 1976 when the teacher was hired. It was not until late January, 1977 that a teacher's aide was provided by the Northwest Tri-County Intermediate Unit. Prior to that, educational instruction was given by staff members who were qualified as teachers. Consequently, there are no standardized appraisals of the educational achievement for those girls that were solely under the instruction of staff persons. In addition, some of the girls under instruction of the teacher did not receive post-examinations of the Peabody Individual Achievement Test, either because they were discharged from the unit without enough notice to administer the test or they left the unit prior to the minimum of 5 weeks required before a follow-up examination can be given.

For the twelve I.T.U. residents with whom the teacher dealt, there are three types of evaluation that will be made. The first is the Peabody Individualized Achievement Test that has already been mentioned. The scores from this test that are compared are the "Total Test Battery Scores" which are given in terms of "grade equivalency." Secondly, a report is given as to the subjective evaluation that was made by the teacher with regard to the amount of progress made by each student. Finally, the school behavior, attitudes of each student, as reported by the teacher, are summarized.

For the 7 girls that do have both scores on the P.I.A.T., we have made a comparison and statistically analyzed these scores to see if there was

any significant change in them. From the results of the t-test for the difference between two sample means we found a significant improvement had occurred, overall, for these seven girls. (The t-score of -2.03 was statistically significant at the .05 level for a one-tailed test.) In examining each set of scores individually, (see Figure 6) we see that only one resident had a decrease in her test scores. In explanation of this decrease, the teacher noted that the girl, a retarded epileptic, had to be placed in the Gertrude E. Barber Center twice which interrupted her instruction. Moreover, the teacher thought the girl's scores were affected by her own deficiency in spending enough time with the girl. Each of the other students did, indeed, show significant increases in their scores. The greatest improvement was made by resident 15; her initial test score of 4.0 jumped to 10.6 after seven months of instruction within the I.T.U.

Figure 7 gives a more individualized evaluation of the overall academic progress made by each resident. From this figure we can see that half of the girls made great progress in their academic ability while residents of the I.T.U. and nine females, or 75% made at least some progress. Undoubtedly the individualized and personalized instruction received by each of these girls has been very beneficial. As stated before, each of these girls were academically deficient for one reason or another and could not function in a regular classroom setting, and it has been shown here that, with proper attention, academic improvement can result.

Evaluations were also made with regard to the behavior and attitudes of the girls within the I.T.U. classroom. Indeed, an individualized academic program for each of the girls does not guarantee their automatic improvement. If a girl is disruptive, she not only hinders her own progress, but as well as interferes with the work of the other girls in the classroom. Moreover, although a girl may have the potential, without

Figure 6: Peabody Individualized
Achievement Scores

<u>Resident</u>	<u>Initial Test Score</u>	<u>Score at Discharge</u>
8	9.1	9.6
9	5.4	9.0
10	9.4	11.0
11	8.5	N.G.*
12	5.0	N.G.
13	3.3	N.G.
14	7.1	N.G.
15	4.0	10.6
16	5.8	5.6
17	5.1	6.3
18	6.6	8.4
19	12.9	N.G.

*N.G. stands for "not given" either because the girl left the unit before she could be post-tested or because it was too soon to retest the girl.

positive academic attitudes, she will probably not work up to her ability.

From Figure 8 we can see that at least 75% of the students have a ranking of average or good on the following behavior/attitudes: completes work on time, listens to and follows directions, respect for academic ability, and cooperation. Those areas that need improvement by at least a third of the students are: use of non-abusive language and academic motivation. Twenty-five percent need to improve their respect for others when speaking and to work up to their academic ability. The students needing the most improvement, that is, in three or more of the categories, are 12, 13, and 8. The student with the most positive behavior and attitudes is 11, although she needs improvement in her overall academic motivation.

We will now turn to the behavior and attitudes of the girls as it is manifested in their daily activities within the unit. Tabulations were made of the frequency of each particular type of behavior on a monthly basis.

It should be noted here that the length of stay for each of these residents is different; it ranged from one week to 9½ months. Moreover, there are some females that were still residents as of June 1977. In Figure 9, the length of stay is given for each resident; for those girls that are still within the unit, the length of their stay is figured from their day of entry up to June 1, 1977.

In order to analyze these behavioral manifestations, we have taken each resident's total frequency of particular types of acting-out behavior during her entire stay within the I.T.U. However, since the length of stay for each girl is different, these frequencies are not really comparable. Therefore, the average per month has been calculated and is reported (in parentheses) so that comparisons can be made.

Figure 8: Behavior/Attitudes of I.T.U. Students

Behavior/ Attitude	Needs Improvement	Total No. of Students	Average	Total No. of Students	Good	Total No. of Students
Completes work on time	12,* 17	2	8, 14, 19	3	9, 10, 11, 13, 15, 16, 18	7
Listens to and Follows directions	8, 13	2	9, 12, 14	5	10, 11, 15	5
Respect for others when speaking	12, 13, 15	3	8, 10, 14	6	9, 11, 17	3
School conduct			8, 9, 10, 12 14, 15, 16, 17 18, 19	10	11, 13	2
Use of non-abusive language	8, 13, 15, 18	4	9, 10, 12 14, 16	5	11, 17, 19	3
Attendance (lack of tardiness)			16, 17	2	8, 9, 10, 11 12, 13, 14, 15, 18, 19	10
Overall academic motivation	8, 11, 12, 17	4	9, 10, 14, 16 19	5	13, 15, 18	3
Working up to academic ability	12, 14, 19	3	8, 9, 10 11, 13	5	15, 16, 17 18	4
Cooperation			8, 13, 14 15, 16	5	9, 10, 11, 12 17, 18, 19	7
Other: Recreation**			11, 12	2	9, 13	2

*The numbers within these category cells correspond to the residents under instruction within the I.T.U. school.

**Not all the girls were evaluated on this category.

Figure 9: Length of Stay
for
Residents of I.T.U.
(from June 1976-May 30, 1977)

<u>Resident</u>	<u>Length of Stay</u>
1	3 months
2	2 months
3	3 1/3 months
4	1 month
5	2 months
6	1 1/4 months
7	1 week
8	9 1/2 months
9	6 1/2 months
10	9 1/4 months
11	3 1/3 months
12	2 1/2 months
13	2 1/2 months
14	7 1/2 months
15*	7 months
16*	5 months
17*	5 months
18*	5 months
19*	1 month

* These females were still residents of the I.T.U. as of June 1, 1977.
Therefore, the number of months does not represent their total length of stay.

In examining the frequencies in Figure 10 we can see that the negative behaviors most frequently manifested are: refusing to do as told and being verbally abusive to the staff. Those behaviors which are the least frequent are: interfering with a staff member who is trying to control another girl and being physically abusive to oneself. The total average of behavioral manifestations per month came out to be approximately 14. This means that, on the average, the girls act up 4.7 times per day. This type of data, although informative in one way, does not allow us to evaluate the effects of the treatment program.

In order to examine this aspect, we have compared the frequency of negative behaviors for the first and last month of each resident's stay within the I.T.U. In this type of analysis, no distinction is made as to the particular types of negative behavior manifested; what is of concern is how many times did a girl act-out the first month in comparison to the last month. This comparison, when statistically analyzed, tells us if there is a significant decrease in the manifestation of negative behaviors from the beginning of treatment to the end. Figure 11 gives the frequencies used in this calculation.

When these figures are statistically analyzed by a t-test for the difference between two sample means we find that there is a significant decrease in the frequency of negative behavior from when a girl entered the I.T.U. to when she was discharged. ($t=2.10$, significant at $p \leq .05$, two-tailed test) This analysis, of course, tells us that there was an overall decrease for those girls who were in residence for over one month. However, if we examine each particular resident, we can see that some, indeed, showed an increase. (Resident 1 and 11)

Figure 10: Frequency (Average Per Month) of Behavioral Manifestations for I.T.U. Residents

	Residents																			
	1	2	3	4	5	6	7 ⁺	8	9	10	11	12	13	14	15*	16*	17*	18*	19*	Total
Behavior																				
Physical abuse-self				1 (.1)	1 (.5)	2 (.2)								1 (.1)				1 (.2)		6 (3.8)
Physical abuse-other resident			1 (.3)	1 (1)				11 (1.2)	9 (1.4)	6 (.6)		4 (1.6)	2 (.8)	4 (.5)	10 (1.4)	1 (.2)				48 (9.2)
Physical abuse-staff								3 (.3)	3 (.5)			6 (2.4)	4 (1.6)	3 (.4)	3 (.4)	5 (1)			2 (2)	29 (8.6)
Physical abuse-object			4 (1.2)	1 (1)		1 (1)		6 (.6)	5 (.8)	2 (.2)		13 (5.2)	10 (4)	3 (.4)	1 (.1)	2 (.4)		1 (.2)		49 (15.5)
Verbal abuse-other resident			3 (1.5)	4 (1.2)		2 (1)		10 (1)	9 (1.4)	9 (1)	1 (.3)	2 (.8)	2 (.8)	2 (.3)	3 (.4)	4 (.8)	1 (.2)		2 (2)	54 (12.7)
Verbal abuse-staff	12 (4)		8 (2.4)	1 (1)				5 (.5)	8 (1.2)	8 (.9)	1 (.3)	1 (.4)	6 (2.4)	9 (1.2)	4 (.6)	10 (2)		2 (.4)	1 (1)	75 (18.3)
Complaints	5 (1.6)	4 (2)	6 (1.8)		1 (.5)	1 (1)		10 (1)	4 (.6)	5 (.5)	3 (.9)	1 (.4)	2 (.8)	6 (.8)	2 (.3)	1 (.2)			1 (1)	52 (13.4)
Refuse to do as told	7 (2.3)	1 (.5)	13 (3.9)	1 (1)	1 (.5)			23 (2.4)	7 (1.0)	15 (1.6)		7 (2.8)	4 (1.6)	11 (1.4)	4 (.6)	5 (1)	1 (.2)			90 (20.7)
Crying		1 (.5)	3 (.9)			1 (1)		4 (.4)	1 (.15)	1 (.1)		1 (.4)	2 (.8)	5 (.7)	1 (.1)	1 (.2)				21 (5.25)
Runaway	3 (1)	3 (1.5)	1 (.3)		3 (1.5)			4 (.4)		1 (.1)		1 (.4)		2 (.3)	1 (.1)	1 (.2)	1 (.2)	1 (.2)		22 (6.2)

Behavior	Residents																			Total
	1	2	3	4	5	6	7 ⁺	8	9	10	11	12	13	14	15*	16*	17*	18*	19*	
Possess objectionable object	2 (.6)							5 (.5)		1 (.1)		3 (1.2)	3 (1.2)	1 (.1)						15 (3.7)
Destroy property	1 (.3)		1 (.3)		1 (.5)			1 (.1)				2 (.8)	1 (.4)	1 (.1)						8 (2.5)
Disruptive at meal			1 (.3)					10 (1)	1 (.15)	5 (.5)		1 (.4)	4 (1.6)	4 (.5)	1 (.1)	2 (.4)	3 (.6)	1 (.2)		33 (5.75)
Interfere with staff								1 (.1)	1 (.15)			1 (.4)			1 (.1)		1 (.2)			5 (1.05)
Do something strictly forbidden		2 (1)				1 (1)		11 (1.2)	4 (.6)	10 (1)	1 (.3)		5 (2)	7 (.9)	8 (1.1)	4 (.8)	6 (1.2)	4 (.8)	3 (3)	56 (14.9)
Total	30 (9.8)	14 (7)	41 (12.6)	5 (5)	9 (4.5)	6 (6)		94 (10.7)	52 (8)	63 (6.6)	6 (1.8)	43 (17.2)	45 (18)	59 (7.7)	39 (5.3)	36 (7.2)	13 (2.6)	10 (2)	9 (9)	574 (141)

⁺Resident 7 was only in the I.T.U. for one week, therefore, no data was available on her.

*Residents 15 - 19, as of the first of June, 1977 had not yet been discharged from the I.T.U., therefore, the number of months used to calculate their average is based on their length of stay up to that time.

Figure 11: Frequency of Behavioral Manifestations for the First and Last Month

Resident	<u>1st Month</u>	<u>Last Month</u>
1	9	20
2	12	2
3	18	12
4*		
5	5	4
6*		
7*		
8	20	4
9	10	3
10	9	3
11	1	5
12	14	8
13	11	5
14	4	4
15	9	1
16	7	3
17	3	2
18	4	1
19*		

* These girls were only residents of the I.T.U. for one month or less, therefore, no comparison can be made.

Our final area of evaluation for the I.T.U. concerns their behavioral and attitudinal characteristics. On the first of October the I.T.U. adopted a system whereby the staff counselors could evaluate the girls, daily, on a number of behavioral and attitudinal characteristics. These characteristics are: abusive language, respect for staff, respect for other girls, manners, cooperation, self control, disruptiveness, responsibility, neatness, and general attitude. The girls can gain a maximum of 4 points in each category from the counselors who evaluate them during the day. For a daily point total, an average for each category is calculated and summed for all 10 categories. A seven day total is then figured and if a girl reaches 190 points she is given a "privilege." In order to determine if any change in the girl's attitudes has resulted from the treatment program we have compared each girl's first week's total points to her last full week's total points. In Figure 12 the total points for those girls used in our comparison are given. Statistically, we have computed a t-score for the difference between two sample means. Our results indicate that there has not been any statistically significant change over the treatment period for those girls whose points could be compared.* The t-score of 2.01 also indicates, because it is a positive value, that the total number of points from the first to last week, on an average, decreased. This, of course, was not what is to be expected. However, there are many factors that can account for this. One, that the girls have a tendency to act-out more just as they are about to leave the unit if they know they are being transferred to the cottages or going home. This results because they may be somewhat

*The original set of girls, of course, did not have this data available therefore, only 10 girls were used. Moreover, for the last few girls who are still residents, their last full week used for comparison was the last week in July. This extension beyond June 1, 1977 was done in order to have the treatment program in effect longer for these girls.

Figure 12: Behavior/Attitude
Points for Residents of I.T.U.

<u>Resident</u>	<u>1st week</u>	<u>Last full week</u>
10	178.5	165.25
11	231.5	206.5
12	166	160.5
13	207.5	65.5
14	221.5	130.5
15	200.5	199
16	177.5	192
17	198.5	167
18	200	182
19	180.75	195.5

$t = 2.01$, Not Significant

afraid that they will not be able to handle the new environment. They have become secure and, to a certain extent, dependent upon the unit which provides them with a highly structured and stable atmosphere. Another factor is that there may have been a turn over in staff during a girl's length of stay. This type of evaluative technique is subjective in nature, therefore, particular staff persons may vary in their perceptions of the girls' behavior and attitudes. As a result, the set of staff evaluating a girl at her entry may judge the same types of behavior and attitudes differently from those judging her at the end of her stay. Finally, at the entry of a girl, the staff may be more lenient in judging her, not really expecting too much. As a girl progresses through the program, however, the staff may come to expect better behavior and more positive attitudinal characteristics, consequently a girl may not measure up to the level of expectations that are somewhat higher than when she entered. The level of staff expectations play a very subtle part in this type of evaluative technique and cannot really be avoided. The important thing to remember is that any subjective measurement of "good and bad" will entail this and that any analysis of such data should be done with caution.

Now that all the areas of counseling outlined in our goal schemata have been examined, there is one final question to raise. That is, how many of the residents successfully completed the program? During the course of each girl's stay within the I.T.U. she is periodically being evaluated by staff as to her progress. Decisions regarding the status of each resident are made on a bi-monthly bases. If the staff feel a girl is progressing well, then she will remain in the I.T.U. until they feel she is ready to be transferred to the cottage program or sent home in the custody of her parents. However, for those girls which have not responded

to treatment, or for some reason cannot be dealt with in the I.T.U., a decision must be made concerning the type of treatment that would be most beneficial for them. In Figure 13 we can see what the status was of each girl that had been discharged from the I.T.U. (As of June 1, 1977 only 14 of the 19 girls had been discharged.)

This rate of success, unfortunately, is not that impressive. However, it must be remembered that the first few months of the program (see Historical Outline for details) was a very difficult and trying time. The entire program was in an upheaval. The structure and stability needed in such a setting was absent at that time. Once the initial set of girls departed the I.T.U. (Resident 1 through 7) then the staff could "begin again" with new girls. This was considered the best approach since the relationship between the staff and the initial set of girls had deteriorated to such an extent that it created an environment that was not at all therapeutic.

For those girls that were considered to have successfully completed the program, they averaged a length of stay of approximately 6.35 months. Those being removed prior to completion, averaged only 2.5 months of residence. Figure 14 gives the dates of arrival and departure for each of the residents, as well as their total length of stay.

Of the last five residents who entered the I.T.U. within that first year, 4 have been discharged since the first of June, 1977. Of these 4, three have successfully completed the program and have been transferred to the cottage program at Gannondale. The total length of stay for each of

Figure 13: Status of Discharged Girls

Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Successful	x							x	x	x	x				5
Not Successful		x	x	x	x	x	x					x	x	x	9

Figure 14: Length of Stay by Status of Discharged
I.T.U. Residents

<u>Successful</u>			<u>Not Successful</u>		
<u>Resident</u>	<u>Dates</u>	<u># of Months</u>	<u>Resident</u>	<u>Dates</u>	<u># of Months</u>
1	6/1/76-8/30/76	3	2	6/1/76-7/29/76	2
8	9/1/76-6/17/77	9½	3	6/4/76-9/15/76	3 ¹ / ₃
9	9/7/76-3/22/77	6½	4	6/7/76-6/27/76 7/26/76-8/6/76	2
10	9/10/76-6/17/77	9½	5	6/7/76-7/29/76	2
11	9/17/76-12/10/76	3½	6	6/10/76-7/10/76	1
			7	7/27/76-8/7/76	1 week
			12	9/21/76-12/7/76	2½
			13	9/23/76-12/9/76	2½
			14	9/28/76-5/11/76	7½

Average: 6.35 Months

Average: 2.5 Months

these 3 girls is:

<u>Resident</u>	<u>Dates</u>	<u>No. of Months</u>
15	10/28/76-8/15/77	9½
17	12/29/76-8/15/77	7½
18	1/7/77-8/22/77	7½

If we include these figures in calculating the average total length of stay for those who successfully completed the program, we come up with an average of 8 months. The new average length of stay for those not successfully completing the program becomes 3 months when you add in a 7½ month length of stay for resident 16.

For those girls that did not successfully complete the program there are a number of reasons for their removal. In some cases the girls ran and either did not or would not return. Others, with the aid of an attorney, obtained their early discharge from the program. In these cases, the interference came from attorneys who either did not understand or accept the girls' needs. One girl was removed early because of a fear for her safety among the other residents. Such a threatening situation was created that no other recourse was left but to remove the girl before she got hurt. Finally, some of the initial residents were discharged because they demanded too much attention from a staff that, at that time, was not really equipped to handle such disruptive and destructive girls.*

To evaluate the real effects of the program, however, we should examine the status of the residents who were discharged as successfully completing the program. As mentioned before, the I.T.U. maintains a very sheltered, stable and secure environment. Because of its internal

*In a later part of this evaluation report we will outline, the detail why the staff at that time was not equipped to handle the situation.

control of behavior a girl may very well conform to its standards and exhibit behavior that would be accepted in the larger society. Once a girl exits from this environment and is bombarded with other forces, often those that led her into delinquent behavior to begin with, she may not be able to withstand the pressure. As a result, unless the girl has completely internalized a new normative order, she will resort to her old ways. In some cases, the girl may just be waiting for the time when she can "get out," all the time playing her "game" so that she can reach this goal. Other girls may have become too dependent on the security of the I.T.U. and will be unable to cope with more freedom as it is given them. A reaction to this is to run, as many have done who have been placed in the Gannondale Cottage Program upon release from the I.T.U.

Unfortunately, there is no systematic follow-up on each of these girls, except on an hearsay basis. Of course, those in the cottage program are monitored until they leave that setting. And, indeed, some former residents stay in touch with Gannondale and at times call for advice and guidance. From the information that is available, one of the eight girls was initially discharged to her home, one went from the cottage program to her home, five who were initially placed in the cottages either ran from there or were removed and one is still a resident on the cottage program. The two girls who have returned to their homes, from their communication with Gannondale, are satisfactorily adjusting to the larger community. Of course, for any valid and reliable evaluation of the long-term effects of the treatment program at the I.T.U., a follow-up on each and every girl who has been a resident must be made. What is of vital importance is what happens years from now. Does the girl continue with her delinquent behavior and progress into the adult criminal world

or not? In our discussion on future evaluation we will more thoroughly explore what this would entail.

B. Deliverers

In evaluating the "deliverers" of the services within the I.T.U. it is essential that we first understand the philosophy behind what it is that these persons should be working toward. The unit has been set up so that all dimensions of a girl's growth can be focused upon: her education, physical, emotional, cultural, spiritual, social, recreational, and work-related involvements. This closed facility, employing a family-type style of living, is to foster warmth and human concern. This involvement of residents and staff together becomes an integral part of the milieu therapy itself and is of vital importance in this resocialization process.

The staff are to be examples and provide role models for the girls which they can emulate. They must whole heartedly participate in all the activities of the unit whether it be meetings, cleaning, cooking, playing ball, laundering, watching T.V. and so on. Moreover, the staff have as their goal to capitalize on the strength of each girl in order to foster the actualization of potentialities and to create and establish a sense of meaning. They try to enhance in each girl a sense of: self-worth, self-discipline, self-respect, self-reliance, self-expression, responsibility, initiative, wholesome pride, trust, understanding, awareness of and respect for others, cooperating with others for common goals, realism and logic in her thinking and awareness of Almighty God. The staff alone, however, are not responsible for the attainment of these goals. Although they must maintain an atmosphere conducive to this, the girl's themselves must have the ultimate responsibility, i.e. they must be willing and receptive to therapeutic milieu offered them.

This brief introduction regarding the functions of the I.T.U. staff has been given in order to provide some of the guidelines used in evaluating their

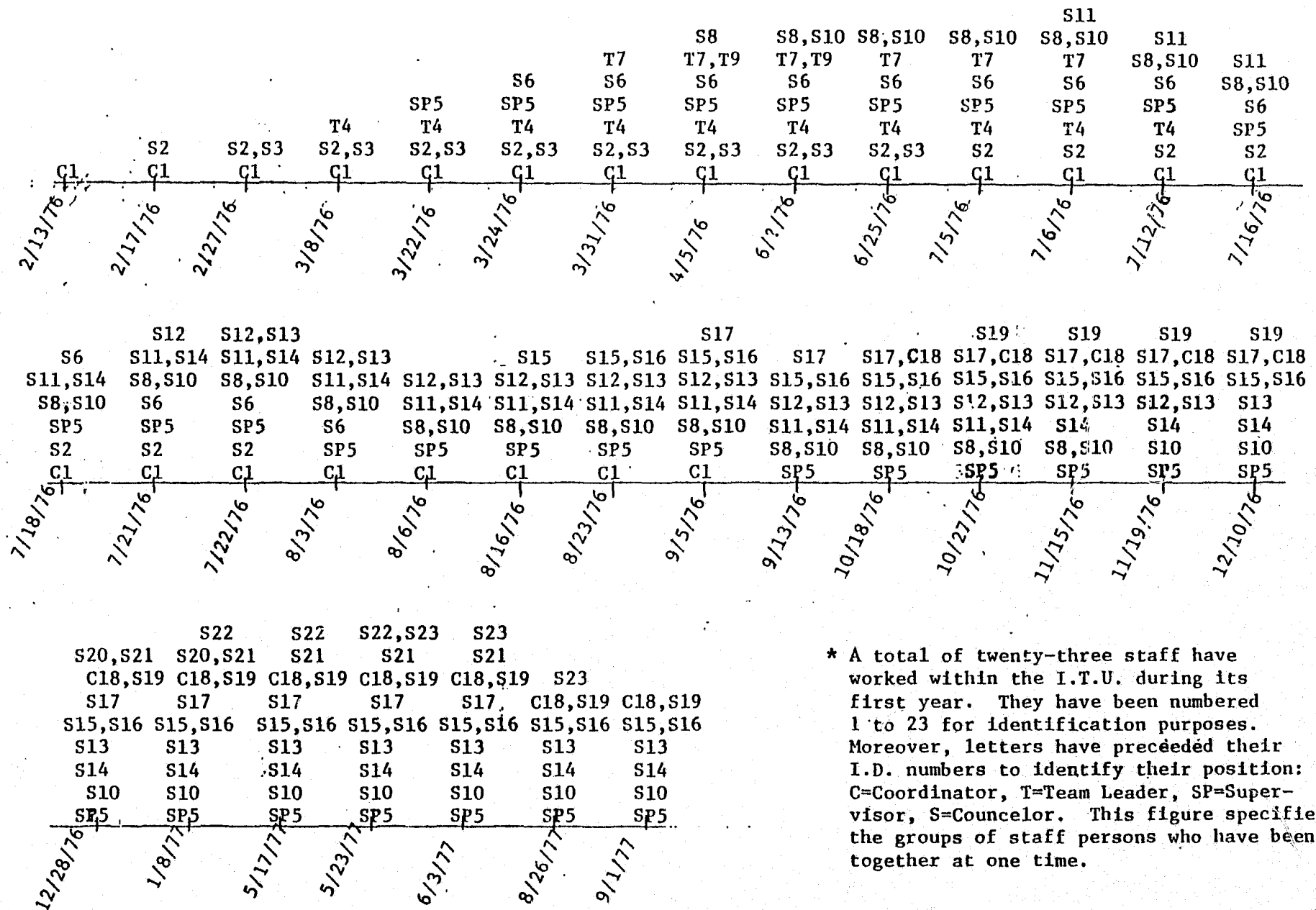
role. One thing that is apparent from this brief introduction is that the interaction process between the staff and residents can spell success or failure depending upon how it develops. The residents must have a sense of trust, and security for the staff with whom they interact. There must also be a degree of continuity with regard to the staff with whom a resident interacts. Moreover, the staff themselves must be able to work together and control the situation, regardless of how calm or destructive it is.

It has been evidenced from the data we gathered that, in the initial stages of the I.T.U., some of these items were missing. For example, Figure 15 shows the changes in staff from February 13, 1976 (when the first coordinator was hired) and September 1, 1977 (when one of the counselors left that had been hired prior to the end of our evaluation period.). Just by the number of entries it can be seen that the rate of turnover is high. The longest time for any one group of staff to working together is between January and May, 1977. It is unfortunate that the turnover is so high--60% of those hired before June 1977 have already left--because it means that no one group of staff persons have been there long enough to be able to work together comfortably, not only among themselves but with the residents as well.

Indeed, this interaction process within the unit is the key element in our evaluation of the I.T.U. during its first year. There were three areas of difficulty with regards to this process that led to the problems encountered in the first two phases of the I.T.U.:

1. STAFF TO STAFF RELATIONS: The initial set of staff persons hired were unable to work together as a team, they disagreed with each other over treatment methods and were not able to capitalize on the opportunity of molding a program that would suit them as a group of managers. It should be pointed out here that prior to the entry of the first residents in June 1976, the staff that were already hired had the task of working on the set of "specifics" regarding

Figure 15: Changes in I.T.U. Staff *



* A total of twenty-three staff have worked within the I.T.U. during its first year. They have been numbered 1 to 23 for identification purposes. Moreover, letters have preceded their I.D. numbers to identify their position: C=Coordinator, T=Team Leader, SP=Supervisor, S=Counselor. This figure specifies the groups of staff persons who have been together at one time.

the treatment program.

2. STAFF TO RESIDENT RELATIONS: Many of the initial set of staff persons hired did not realize what was involved in the counseling of young adolescent females. Because of this, problems arose between the staff and residents. Many staff did not expect such aggressiveness and destructiveness on the part of the female residents, consequently they were at a loss to know how to deal with it. For many of the initial set of staff their approach to the residents was a failure and as a result they did not have the respect of the girls which is a necessity if any therapeutic relationship is to develop.
3. RESIDENT TO RESIDENT RELATIONS: Out of the set of first residents (7 in total) six were from Erie County and they knew each other. Many had been on the "street" together, consequently, as a group, they had it more "together" than the staff. Moreover, because they had no respect for many of the staff persons, they took advantage of the situation. During these first few months of the I.T.U. there was more property destruction and aggressive acting-out than all tolled for the last 9 months of the evaluation period. These girls proved that the architect's so called "indestructable" unit was indeed, destructable. They broke furniture, punched holes in the walls and destroyed many items that were supposedly "attack proof."

These problems that arose during the first few months more or less corrected themselves when, for one reason or another, all but one of the first set of staff persons left the unit. Moreover, by the middle of September, 1976, all of the original group of girls had been discharged from the unit. With new staff that were coming on—ones that had been screened more thoroughly to determine their ability to handle and adjust to this type of treatment setting—and a new set of residents, the unit was finally able to work at the task for which it was intended. In other words, they "took a hold" of the situation; they analyzed what their problems were, developed a privilege and punishment system and through experience, determined the best way to handle the acting-out behavior of the residents.

From what was experienced during the first few months in the I.T.U. it is apparent that without the right kind of staff the functioning of the unit can very readily deteriorate. Indeed, the Director of Gannondale

realized this and as a result amended her hiring practices. Subsequent staff that were brought to the I.T.U. showed a greater capability of working within such a unit. It is suggested here that, once the right kind of staff are found, they be given more benefits and salaries that will keep them there. Working in such a unit is very difficult and can be extremely taxing at times; it requires a special ability and above all, patience. These qualities are not readily found in persons seeking such positions, therefore, one must be very careful in their selection. Moreover, a person that does prove his/her ability to cope with such situations is very much in demand elsewhere and unless inducements are given to these persons, they may move to positions offering better material rewards.

Finally, in concluding this section on the "deliverers" of the I.T.U. therapeutic program a few comments will be made on the use of consultants. Since November 1976 a psychiatrist has regularly visited the I.T.U. He has spent 9 hours per month with the girls and staff. His main tasks were to review the progress and events of the program, suggest changes, interview individual girls, consult privately with staff, meet with the staff as a group and have lunch with the staff and the girls. On several occasions his suggestions proved to be extremely helpful--particularly when he was consulted over the controversy of allowing the girls to smoke within the unit. He proved to be not only a valuable asset in terms of redirecting treatment but also assisted in developing a therapeutic Quiet Room and helped to formulate policy on smoking, etc.

Indeed, from the first decision to develop the I.T.U., the Sisters at Gannondale have made efficient use of specialists in a number of areas. Other developers of similar treatment units throughout the country were consulted and many of their suggestions were utilized. Certain potential

crises were avoided because of the knowledge gained from those more familiar with the functioning of such units. Specialists were also called in to design the building, which, of course, was a necessity since a number of physical requirements had to be met in order to make the unit a secure, yet family-style, living quarters. It is to the credit of the Sisters at Gannondale that they realize what a valuable resource others can be for them in the achievement of their goals.

C. The Community

One of the objectives of the development of an Intensive Treatment Unit within Erie County was to reduce the number of out-of-county placements by 70%. Originally, the developers of the I.T.U. estimated that they could serve 20-32 young adolescent females within the first year. They did come very close to this figure--the unit served 19 young adolescent females between June 1976 and June 1977. However, of those 19, only eleven were from Erie County. What is important to realize here is that throughout this first year only eleven Erie County girls requiring intensive treatment were referred to Gannondale. Consequently, at this point in the program it is not really relevant to assess if the program reduced the number of out-of-county placements by 70%. However, it must be noted that it is the policy of the selection committee to give priority to Erie County girls as openings occur. It must also be remembered that not all girls referred to Gannondale require intensive treatment. Therefore, although there were 30 out-of-county placements between June 1976 and June 1977 according to the Juvenile Probation Department, these girls apparently were not in need of the intensive treatment that the Gannondale I.T.U. offered.

In summary, because all the Erie County girls referred to the I.T.U. were accepted, it can be concluded that Gannondale fulfilled the function of serving Erie County so that delinquent girls would not have to be sent out of the area.

CONCLUSION

In our evaluation of the Intensive Treatment Unit at the Gannondale School for Girls we have examined many facets of the program and assessed the extent to which the goals and objectives were met. But it is important to point out here that no program can be termed a "success" or "failure" merely on the basis of the accomplishment of its goals. Any evaluator should be aware of the realities and not take all the stated goals for granted. To do this would be to fall into what is known as the "goal-trap." Although we did evaluate the program in terms of its measurable goals, we did not stop at this point. Our focus was on the entire process through which the unit was going. And undoubtedly, the program had its ups-and-downs resulting from the many intervening factors that were beyond the control of the implementors. Indeed, it is not possible to predict all the problems that might arise during the course of a project. What is of vital importance is that these problems be forthrightly faced and that honest attempts to find their solutions be made.

The I.T.U. project that was designed and implemented by the Sisters of Gannondale greatly departed from the cottage program they had been running for years. They were faced with girls that required a different approach. And regardless of how much preparation they made before bringing in the units' first residents, they were not able to anticipate all that was to happen. This, of course, is something that could happen to any program innovators--especially if the program is being implemented for the first time by them. The Sisters at Gannondale, fortunately were not lacking in

the resources and willingness to see this program get under way. They were persistent in their attempt to solve the problems as they encountered them and they refused to give up.

The reader in examining our data should interpret the findings in a broader context. As it was pointed out, this program was a "slow starter" but that, in given time, it may provide massive payoffs.

To realize and assess the payoffs two conditions should be met:

1) a continuous evaluation of the unit's progress and, 2) a follow-up study on the girls that have been residents of the I.T.U. Fulfilling both of these conditions would, of course, be essential for measuring the incremental changes of the girls' behavior and seeing to what extent these girls have or have not internalized the norms of the larger society.

What we are suggesting here is perhaps very time and energy consuming and in need of financial support. However, the results from sound evaluations and the implementation of their suggestions will go a long way in assuring the implementors, policy makers and community-at-large that such programs are necessary if social problems are to be minimized.

Indeed, to evaluate this program in the long term, many aspects should be taken into consideration in determining its success or failure: a) the history of its continuing implementation, with an emphasis on the adaptability and flexibility of those in charge, b) the maturation process of the staff, i.e. if they are able to grow and adjust to the challenges they face by applying the knowledge and experience they have already gained as well as by seeking out additional knowledge and techniques which will help them in their tasks, and c) the resocialization of the young adolescent females and their achievements both within the unit and outside it once they are released. Undoubtedly, it must also be recognized in this evaluation process of the

treatment program, because the program is so complex and various techniques are jointly applied, it would be impossible to assess the effects of each separate treatment.

There are a number of items which should also be seriously considered if a future evaluation is to take place. These items are more or less concerned with the mechanics of evaluation--that is, things that should be implemented so that the evaluation can be based on valid and reliable data.

These items are:

- 1) Using a standardized form like the one devised by us to record the information about each resident. (See Appendix A) Such a form, if it is complete, provides an evaluator with data that can be readily coded and analyzed. Of course, it is vital to find out bits of information that may not be available in a girl's case history or the other records that are at hand. This form should provide space for recording follow-up information as ours does. In future years then, once follow-ups are completed, all the information required for an evaluation of the "receivers" of the service would be provided on a single form. This eliminates the need for an evaluator to spend countless hours reading through long case histories and the numerous other documents pertaining to the residents.
- 2) Standardizing the staff's observations by developing recording procedures to be used by them in order to provide evaluators with objective data on the behavior and attitudes of the girls. For example, accurate counts should be kept on each resident's acting-out incidents, the number of punishments, and the number of privileges gained. Moreover, guidelines should be provided for the staff's subjective evaluations of the girls' behavior and attitudes.
- 3) Using an experimental design where a control group and the experimental group (i.e. the I.T.U. residents) are matched on several characteristics. The control group, of course, would consist of girls that have been placed in less restrictive settings. Such a design would allow a comparison of girls with similar problems who have been treated differently. By comparing these two groups, an evaluator can make inferences concerning the effects of I.T.U. experience based on data that has been gathered from more sophisticated methodological procedures.

Finally, in concluding this section, we would like to summarize our findings regarding the evaluation of the Intensive Treatment Unit instituted

by the Sisters at the Gannondale School for Girls. We have pointed out that the major difficulty which faced the implementors was the acquiring of professionals who were capable of adjusting to the demands that such positions require. The problem that now faces them is to provide the rewards for those professionals who have proved their ability so that they will remain. It was emphasized in our evaluation that the heart of any treatment program is the interaction process between the residents and staff. Regardless of how "perfect" a treatment program is on paper, if there are not persons to put it into practice, positive results will never occur. Professionals are, thus, necessary for the program to be a success. But, of course, we can not totally discount the design of the treatment program. This is the sufficient condition that must be met for success. Our overall evaluation of the program design is that:

- a) the model applied within the I.T.U. is a practical one,
- b) the model is comprehensive enough to "treat" all aspects of a girl's life and therefore, hopefully, result in incremental changes in her behavior,
- c) the model is flexible although it is based on a specific rationale,
- d) the model provides a basis for subsequent evaluation of the girls' adjustment to life in the larger society, and
- e) the model recognizes the humanness of those under treatment.

According to these items, then, the I.T.U. project meets the requirements of a sound program. And, because those in charge with the program have the motivation, persistence, and sense of obligation to "do something" about delinquent girls, the I.T.U. is judged favorably by us upon the completion of its first year in practice.

APPENDIX A
(Profile Sheet)

Profile Sheet
Cannondale School for Girls
New Horizons Program

IDENTIFICATION: _____ Date of Birth _____
Day Month Year

Race: (1) White _____ (2) Black _____ (3) Other (specify) _____

Religion: (1) Protestant _____ (2) Catholic _____ (3) Jewish _____
(4) Other (specify) _____ (5) No preference _____

FAMILY BACKGROUND:

Living with: (1) Both parents _____ (2) Father only _____ (3) Mother only _____
(4) Father, stepmother _____ (5) Mother, stepfather _____
(6) Brother or sister _____ (7) Other relatives _____
(8) Foster parents _____ (9) Lives alone _____

Father: (1) Living _____ (2) Deceased _____ (3) Unknown _____

Marital Status: (1) Married _____ (2) Single _____ (3) Divorced _____
(4) Widowed _____ (5) Unknown _____

Education: (1) Grade School _____ (2) High School _____ (3) College _____
(4) Postgraduate _____ (5) Unknown _____

Occupation: (1) Unemployed _____ (2) Blue Collar _____ (3) White Collar _____
(4) Professional _____ (5) Unknown _____

(1) Steadily employed _____ (2) Not steadily employed _____

Criminal Record: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

Mental Illness: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

Mother: (1) Living _____ (2) Deceased _____ (3) Unknown _____

Marital Status: (1) Married _____ (2) Single _____ (3) Divorced _____
(4) Widowed _____ (5) Unknown _____

Education: (1) Grade School _____ (2) High School _____ (3) College _____
(4) Postgraduate _____ (5) Unknown _____

Occupation: (1) Unemployed _____ (2) Blue Collar _____ (3) White Collar _____
(4) Professional _____ (5) Unknown _____

(1) Steadily employed _____ (2) Not Steadily employed _____

Criminal Record: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

Mental Illness: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

Siblings: Number_____

1st sibling: Date of Birth_____
Month Year

Living with: (1)Parents/Relatives____(2)Foster Home____
(3)Other institution____(4)In own home____
(5)Unknown____

Criminal Record: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

Mental Illness: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

2nd sibling: Date of Birth_____
Month Year

Living with: (1)Parents/Relatives____(2)Foster Home____
(3)Other institution____(4)In own home____
(5)Unknown____

Criminal Record: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

Mental Illness: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

3rd sibling: Date of Birth_____
Month Year

Living with: (1)Parents/Relatives____(2)Foster Home____
(3)Other institution____(4)In own home____
(5)Unknown____

Criminal Record: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

Mental Illness: (1)Yes____(2)No____(3)Unknown____

If yes, specify_____

4th sibling: Date of Birth _____
Month Year

Living with: (1)Parents/Relatives _____ (2)Foster Home _____
(3)Other institution _____ (4)In own home _____
(5)Unknown _____

Criminal Record: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

Mental Illness: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

5th sibling: Date of Birth _____
Month Year

Living with: (1)Parents/Relatives _____ (2)Foster Home _____
(3)Other institution _____ (4)In own home _____
(5)Unknown _____

Criminal Record: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

Mental Illness: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

6th sibling: Date of Birth _____
Month Year

Living with: (1)Parents/Relatives _____ (2)Foster Home _____
(3)Other institution _____ (4)In own home _____
(5)Unknown _____

Criminal Record: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

Mental Illness: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

7th sibling: Date of Birth _____
Month Year

Living with: (1)Parents/Relatives _____ (2)Foster Home _____
(3)Other institution _____ (4)In own home _____
(5)Unknown _____

Criminal Record: (1)Yes _____ (2)No _____ (3)Unknown _____

If yes, specify _____

Mental Illness: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

8th sibling: Date of Birth _____

Month Year

Living with: (1) Parents/Relatives _____ (2) Foster Home _____

(3) Other institution _____ (4) In own home _____

(5) Unknown _____

Criminal Record: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

Mental Illness: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

9th sibling: Date of Birth _____

Month Year

Living with: (1) Parents/Relatives _____ (2) Foster Home _____

(3) Other institution _____ (4) In own home _____

(5) Unknown _____

Criminal Record: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

Mental Illness: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

10th sibling: Date of Birth _____

Month Year

Living with: (1) Parents/Relatives _____ (2) Foster Home _____

(3) Other institution _____ (4) In own home _____

(5) Unknown _____

Criminal Record: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

Mental Illness: (1) Yes _____ (2) No _____ (3) Unknown _____

If yes, specify _____

CURRENT HEALTH NEEDS:

Physical Health: (1) Major health needs--under regular care of doctor _____

(2) Minor health needs--Under occasional care of doctor _____

Specify problems _____

(3) No need of doctor's care _____

V-D Tests: (1)Positive____(2)Negative____

If positive, how many times_____

Pregnancy Tests: (1)Positive____(2)Negative____

If positive, how many times_____

If positive, result of pregnancy (1)Terminated_____

(2)Delivered and given up for adoption_____

(3)Delivered and kept_____

Mental Health:

Prior to I.T.U. entry: (1)Under doctor's supervision_____

(2)Not under doctor's supervision_____

If yes, specify problem_____

(1)Under medication____Specify_____

(2)Not under medication_____

While in I.T.U.: (1)Under doctor's supervision_____

(2)Not under doctor's supervision_____

If yes, specify_____

(1)Under medication____Specify_____

(2)Not under medication_____

After discharge from I.T.U.:

(1)Under doctor's supervision_____

(2)Not under doctor's supervision_____

If yes, specify_____

(1)Under medication____Specify_____

(2)Not under medication_____

Reasons for Commitment to I.T.U.(Specify all that are applicable):

Runaway____Truancy____Suspension from school____Incorrigible____

Promiscuous Behavior____Petty theft, shoplifting____Vandalism____

Injury to others____Suicidal threats or attempts____

Serious criminal offense(burglary, assault and battery, murder, robbery, e

____ Other behavior problems(specify)_____

	No. of Times	Prior to I.T.U. Entry Length of stay	Reasons for Discharge	No. of Times	1st Followup Length of stay	Reasons for Discharge
Commitments Institutions:						

Bradford Childrens' Home
Blair County Childrens'
Home

Easton Childrens' Home

Girlhaven
Northern Flor
Childrens' Home

Lutheran Home

Laundonmont

Abrams
Our Lady of
Victory

Bothoada Home

Waynesburg V.D.C.

Gilmary

Sarah Reed

Pathway School

Florence Crittenton

Mary Crest

Talbot Hall

Ruth M. Smith Home

Tindall

	Prior to I.T.U. Entry			1st Followup		
Commitments	No. of Times	Length of stay	Reasons for Discharge	No. of Times	Length of stay	Reasons for Discharge

Ellis School for Girls

Hospitals:

Western Psychiatric

St. Francis Hospital

Butler County Memorial

Hospital

Elk County General

Hospital

Detention Homes:

Edmund Thomas Hall

Mercer County D.H.

Cambridge

Allencroft

Emergency Shelter:

Erie Co. Child Welfare Service

McIntyre

Foster

Homes

Group Homes:

Harmony House

Valley Youth House

Three Rivers Youth

Others:

Good Shepherd Diagnostic Center

Bain Foundation

Discovery

Number of Court Appearances:

Prior to I.T.U. entry _____ 1st Followup _____

Number of Times on Probation:

Prior to I.T.U. entry _____ 1st Followup _____

Date of I.T.U. entry:

_____ day _____ month _____ year

Date of I.T.U. discharge:

_____ day _____ month _____ Year

Number of times ran while in I.T.U.: _____

Reasons for discharge from I.T.U.: (1) Successfully completed I.T.U. program

_____ (2) Program not helpful, therefore re-placed _____ (3) Release

sought by personal attorney _____ (4) Other, specify _____

Destination after discharge from I.T.U.:

(1) Another institution _____ Specify _____

(2) Released in care of parent/guardian _____

(3) Released to foster home _____

(4) Other (specify) _____

Psychiatric Evaluations: (Specify all that are applicable)

Prior to I.T.U. entry: Neurotic _____ Psychotic _____ Passive/Aggressive

Features _____ Unsocialized Aggressive Reaction

of Childhood Adolescence _____ Adjustment

Reaction to Childhood/Adolescence _____ Runaway

Reaction to Childhood/Adolescence _____

Other (specify) _____

While Resident of I.T.U.: (1) Same evaluation _____ (2) Different evaluation

_____ If different, specify _____

(1) Improvement in mental health _____

(2) No improvement in mental health _____

After Discharge from I.T.U. (1st Follow up)

(1) Same evaluation _____ (2) Different evaluation

_____ If different, specify _____

(1) Improvement in mental health _____

(2) No improvement in mental health _____

Educational Achievement:

Peabody Individual Achievement Test

Initial Test Scores

Scores at Discharge
from I.T.U.

Total Test Battery Score G.E. _____

Mathematics G.E. _____

	Initial Test Scores	Scores at Discharge from I.T.U.
Reading Recognition G.E.	_____	_____
Reading Comprehension G.E.	_____	_____
Spelling G.E.	_____	_____
General Information G.E.	_____	_____

Overall evaluation of student's progress while at I.T.U.:

(1) Great progress _____ (2) Some progress _____ (3) Little progress _____
 (4) No progress _____ (5) Achievement regression _____

I.T.U. School Behavior/Attitude Evaluation:

	Needs Improvement	Average	Good
Completes work on time	_____	_____	_____
Listens to and follows directions	_____	_____	_____
Respect for others when speaking	_____	_____	_____
School Conduct	_____	_____	_____
Use of non-abusive language	_____	_____	_____
Attendance (lack of tardiness)	_____	_____	_____
Overall academic motivation	_____	_____	_____
Working up to academic ability	_____	_____	_____
Cooperation	_____	_____	_____
Other: Recreation	_____	_____	_____

Subject Grades:

	At I.T.U.	1st Follow-up
Reading	_____	_____
Language Arts	_____	_____
Mathematics	_____	_____
Science	_____	_____
History	_____	_____
Health	_____	_____
Arts and Crafts	_____	_____

Personality Inventory:

	First Entered I.T.U.			Upon Discharge from I.T.U.			1st Follow-up		
	+1	0	-1*	+1	0	-1	+1	0	-1
Conformity, Effective Group Adjustment(wants to help others, cooperative, doesn't want to cause trouble)	---	---	---	---	---	---	---	---	---
Adjustment to Other Residents (is well liked, gets along well with peers, likes others admires their good traits)	---	---	---	---	---	---	---	---	---
Adjustment to Staff (accepts authority, likes staff, cooperates, listens to them)	---	---	---	---	---	---	---	---	---
Regret for Past Behavior (desire to improve, concern for future, wants help)	---	---	---	---	---	---	---	---	---
Desire to Succeed Academically (wants to learn, has career plans and is realistic about them)	---	---	---	---	---	---	---	---	---
Desire to Avoid "Old Crowd" (realizes they are bad influence doesn't want to get into trouble again)	---	---	---	---	---	---	---	---	---
Desire to Improve Self Appearance (cares for health, acceptably groomed, goes on diet)	---	---	---	---	---	---	---	---	---
Feelings of Responsibility for Delinquent Behavior (doesn't blame others, is aware of own negative qualities)	---	---	---	---	---	---	---	---	---

*Each resident is to be evaluated on a scale between +1 and -1, with +1 indicating that the girl ranks high on this characteristic, and -1 indicating she has the opposite characteristics; 0 would then indicate that the girl fluctuates day to day on this behavior characteristic.

	First Entered I.T.U.			Upon Discharge from I.T.U.			1st Follow-up		
	+1	0	-1	+1	0	-1	+1	0	-1
Shows Confidence in Self (mature, independent, self-respect, leadership ability, good work habits)	---	---	---	---	---	---	---	---	---
Cheerful, Happy (not moody or depressed, jokes with others)	---	---	---	---	---	---	---	---	---
Manipulative (displays deceptive behavior to get own way)	---	---	---	---	---	---	---	---	---
Other Pertinent Characteristic (specify: _____)	---	---	---	---	---	---	---	---	---

Has there been an observable increase in anxiety and/or negative behavior and attitudes just prior to the girl's discharge from the I.T.U.

(1) Yes _____ (2) No _____ (3) Unknown _____

CONTINUED

1 OF 2

Daily Behavior/Attitude Scores

WTWS

	TR*	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR	TR
Abusive Language																				
Respect for Staff																				
Respect for Other Girls																				
Manners																				
Cooperation																				
Self Control																				
Disruptiveness																				
Responsibility																				
Peatness																				
General Attitude																				

*T=Total score for week

R=Range of Scores for week

General Attitude

*T=Total score for week
R=Range of Scores for week

Behavioral Manifestations While at I.T.U. (The frequency for each month the girl is a resident)

Behavior	Month							
	1st	2nd	3rd	4th	5th	6th	7th	8th
Physical abuse--self (attempt suicide, sexual abuse, etc.)								
Physical abuse--other resident(fighting, hitting, throwing things, kicking, slapping, punching)								
Physical abuse--staff								
Physical abuse--object (doors, walls, furniture)								
Verbal abuse--other resident								
Verbal abuse--staff member								
Complaining about place, others, rules, food, any particular situation								
Refuse to do what told (a chore, to go to class, to eat, to talk to staff, to come out of room, to sleep all night)								

Behavior	1st	2nd	3rd	4th	5th	6th	7th	8th
Cried because agitated, upset with self, other resident, or staff member								
Attempt to run away (successful or not)								
Possession of objection- able objects(knife, cut glass, or anything considered weapon)								
Destruction of other's property(personal or other's furnishings)								
Disruptive at meal or snack								
Interfere with staff while trying to control other girl								
Does something strictly forbidden(turn on T.V. radio, V1-M1, enter forbidden area, demand rather than request, throw away good food)								

Punishments while resident of I.T.U. (The number per month—for any type of behavior)

1st 2nd 3rd 4th 5th 6th 7th 8th

Number of times put in isolation while resident of I.T.U.

Privilege Level while resident of I.T.U. (bi-weekly)

2nd 4th 6th 8th 10th 12th 14th 16th 18th

20th 22nd 24th 26th 28th 30th 32nd 34th 36th

Any additional comment about girl either prior to her entry to I.T.U. while she was a resident, or after her discharge that has not been covered in the text of this profile sheet

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END