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POLICY GAMBIT: CONSERVATIVE THINK TANKS TAKE ON THE WELFARE STATE

DAVID STOESZ

School of Social Work
San Diego State University

and

policyAmerica
Box 39254, Friendship Station
Washington, D.C. 20016

Conservative policy institutes have reevaluated their position regarding welfare and begun to present proposals to change social welfare policy. Instrumental in this development are the American Enterprise Institute and the Heritage Foundation, conservative think tanks which have developed projects for the purpose of making social policy more consonant with conservative philosophy. If progressive organizations are to reassert their role in the policy process, they will have to use some of the aggressive techniques pioneered by the conservative think tanks.

One of the most important phenomena in the last 20 years has been the emergence of public policy institutions as major players in Washington.

Frank Shakespeare, Chairman
Heritage Foundation

INTRODUCTION

Since the beginning of the Reagan presidency, welfare professionals close to the policy process have been dismayed at the influence of conservative policy institutes on social welfare policy. Prior to 1980, conservatives seemed content to snipe at welfare programs, reserving their attention for areas more in line with traditional conservative concerns: the economy, defense, and foreign affairs. With the election of Ronald Reagan, however, a hoary and worn rhetoric about counterproductive welfare programs suddenly gave way to some relatively so-
phisticated thinking about social welfare. In place of cliches about welfare cheats, parochial bureaucrats, and bleeding-heart social workers, conservatives made serious proposals about workfare, community development, and child welfare. In a short period, liberal hegemony in social welfare was challenged by conservative scholars who held a different vision of American social welfare.

The influence of conservative thought in social welfare policy was the manifestation of an institutional change in American society that will, in all probability, influence domestic affairs through the remainder of the century. This change was not the result of a benign convergence of random events—rather, it was orchestrated. In the 1970s, a group of conservatives set their sights on the New Deal and created the institutional base for its overhaul, the conservative think tanks. William J. Baroody, Jr., then President of the American Enterprise Institute for Public Policy Research (AEI), stated the mission clearly,

The public philosophy that has guided American policy for decades is undergoing change. For more than four decades, the philosophy of Franklin Delano Roosevelt’s New Deal prevailed, in essence calling upon government to do whatever individual men and women could not do for themselves.

Today we see growing signs of a new public philosophy, one that still seeks to meet fundamental human needs, but to meet them through a better balance between the public and private sectors of society.

The American Enterprise Institute has been at the forefront of this change. Many of today’s policy initiatives are building on intellectual foundations partly laid down by the Institute (Baroody, n.d.: 2).

Within a decade, conservatives halted a half-century of growth in governmental welfare programs, and in so doing effectively removed from public debate the classic agenda for liberal welfare reform—full-employment, a guaranteed annual income, and national health care. The ascendance of conservative thought reflected the capacity of conservative policy institutes to conceive bold approaches to social problems, present
these to legislators in succinct analyses, and promote conservatism to the public by effective use of the media. Through the quiet and persistent application of these methods, conservative think tanks dramatically took the middle ground in the debate on social policy. "Conservative thinking has not only claimed the presidency," Gregg Easterbrook concluded in his Atlantic Monthly article on conservative policy institutes, "it has spread throughout our political and intellectual life and stands poised to become the dominant strain in American public policy" (1986: 66).

LIBERAL THINK TANKS

That initiatives to alter welfare are designed by "think tanks," as policy institutes are sometimes called, outside of public legislative process is not new—liberal institutes have been engineering social policy for half a century. Historically, policy institutes are a manifestation of the belief held by Progressives that social problems could be ameliorated through scientific analysis and the formulation of non-partisan policies. By 1920, corporate philanthropists were making substantial contributions to policy analysis organizations that weighed alternatives to the needs of the nation's labor force. Subsequently, much of the foundation for programs of the New Deal had been conceptualized earlier by the Brookings Institution, the National Bureau of Economic Research, and the Twentieth Century Fund (Domhoff, 1970: 195). Other organizations, such as the Russell Sage Foundation, the Carnegie Foundation, and the Urban Institute, were instrumental in defining the American welfare state. "Think tanks have had considerable impact, both on the private and on the public sector, in promoting the use of policy analysis, programming, evaluation and long-range planning," wrote Guy Benveniste, "Government agencies or private corporations with large planning staffs of their own turn to the think tanks for access to their sources of information" (1977: 115, 114).

By the mid-1970s, however, some liberal analysts were expressing misgivings about uncontrolled expansion of welfare programs; and, the correct role of government in social welfare
became a subject for discussion in liberal institutes. In 1977 Charles Schultze, having been Director of the Bureau of the Budget in the Johnson administration and Chairman of the President's Council of Economic Advisors under President Carter, wrote *The Public Use of Private Interest* as a senior fellow at Brookings. In it, he argued that government intervention, through higher expenditures and increased regulation, was inferior to market strategies in dealing with social problems (1977). In 1978, the Urban Institute published *Private Provision of Public Services*, a programmatic evaluation of non-governmental activity in several areas including social welfare (Fisk, et al., 1978).

In seeking to elaborate and innovate welfare policies and programs, the liberal think tanks followed a formula that had worked well in the past. High quality research conducted by distinguished scholars and presented in a non-partisan format was the best way to evaluate existing programs and propose new policies. In so doing, the liberal institutes served as technical consultants, addressing social problems with a studied reason that reflected their essentially reactive role. While liberal think tanks sought to elaborate and innovate welfare policies and programs, conservative think tanks were marshaling resources with other objectives in mind. Conservatives' stockpiling of money and staff paid off when the election of Ronald Reagan assured them an unobscured target—the welfare state. Ironically, much of the groundbreaking for the conservative assault on the welfare state had been done in liberal institutions.

**CONSERVATIVE POLICY INSTITUTES**

The rapid rise of conservative think tanks is usually attributed to Irving Kristol, a political scientist and editor who reasoned that the business community had little basis for complaint about the products of liberal policy institutes as long as it continued to fund their operations (1982). Instead, Kristol proposed supporting conservative institutes, an idea that promised superior return on investment—and one that was pursued by American corporations and their foundations with an en-
thusiasm that approached vengeance. In a short period, two conservative policy institutes came to typify the second generation of think tanks: the American Enterprise Institute and the Heritage Foundation.¹

The American Enterprise Institute

Long noted for its slavish adherence to pro-business positions on social issues, AEI had developed, by the early 1980s, a sophisticated sense of American "intellectual politics" (Steinfels, 1979: 11). With a budget and staff comparable to a prestigious college, AEI was able to recruit an impressive number of notable figures and scholars, and maintain projects on a number of important domestic policy areas: economics, education, energy, government regulation, finance, taxation, health, jurisprudence, and public opinion.² Under "religion, philosophy, and public policy," AEI promoted two important projects to be considered shortly: the mediating structures project and the project on democratic capitalism. In addition to these ongoing projects, AEI sponsored investigations in several special areas: the study of private initiative, neighborhood revitalization, and legislative analyses (AEI, n.d.).

The scope of AEI activities was matched only by the pool of influential and talented personnel comprising the staff. At the height of its influence, AEI maintained a stable of over thirty scholars and fellows in residence, on salaries ranging from $30,000 to $50,000 a year (Stone, 1981) who prepared analyses in the various policy study areas. The institute's senior fellows included the aforementioned Kristol, Herbert Stein, an economist and chairman of the President's Council of Economic Advisers in the Nixon administration, and Ben Wattenberg, a veteran public opinion analyst. The AEI distinguished fellow was Gerald R. Ford, thirty-eighth president of the United States.

As the most prominent conservative organization in the idea industry of the period, AEI's budget swelled—from $800,000 in 1970, to $5 million in 1978, to $11.7 million in 1982. Forty-three percent of the 1982 budget was derived from large corporate contributors, such as Bethlehem Steel, Exxon, J.C. Penney, and the Chase Manhattan Bank. An equal portion of
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<td>Chairman, President &amp; Chief Executive Officer</td>
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* Added to the Board in 1985
the budget came from foundations, notably the Lilly Endowment, the Smith Richardson Foundation, the Rockefeller Brothers Trust, and the Earhart Foundation (Weinraub, 1981). With a budget so heavily dependent on corporate funding, AEI required a lifeline to the business community, and the Board of Trustees served that function. Of the twenty-four members of the AEI Board of Trustees in 1984, twenty-one were chief executives of Fortune 500 firms.3

AEI has also been careful to select its staff from government service and to grant leaves to staff when their services are desired by an administration. When Ronald Reagan assumed office, eighteen AEI staff joined the new administration. A review of AEI scholars and fellows in residence revealed broad exposure to government agencies, including the Departments of Housing and Urban Development, Justice, and Treasury. Two were former members of the President’s Council of Economic Advisors. Among AEI staff cycled back into government service were Rudolph Penner, now Director of the Congressional Budget Office and James Miller III, the current Director of the Office of Management and Budget.4

This assured that no social policy proposal received serious consideration without first passing the review and comment of AEI. By the time a policy proposal had reached the legislative arena, the odds were high that the AEI imprint would be reinforced by testimony from one or more of the highly-credentialed scholars in residence, or the 77 adjunct scholars, or the 250 professors across the nation who were affiliated with AEI (Stone, 1981). Sometimes, however, influence was exerted in a subtle manner. In 1982, for example, AEI marked the completion of its project “to determine whether the private sector [could] play a larger role in dealing with a range of problems in our society and in delivering needed human services” by publishing Meeting Human Needs: Toward a New Public Philosophy. The first copy was delivered to President Reagan at the White House by AEI’s President Baroody—personally (AEI, 1982).

In domestic affairs, AEI has focused its considerable resources and talent on two projects in its mission of social reform. The first project in the endeavor, the “mediating struc-
tured project,” enlisted the services of Peter Berger, a sociologist, and John Neuhaus, a theologian. In the major publication of the project, To Empower People, Berger and Neuhaus stated that the fundamental social problem of our times was the growth of megastructures, such as big government, big business, big labor, and professional bureaucracies, and a corresponding diminishment of individuals. The route to empowerment of people, then, was to revitalize “mediating structures,” among them, the neighborhood, family, church, and voluntary association (1977). To Empower People was a readable and lucid booklet that served AEI well. The apparent impartiality of the mediating structures project, however, was little more than veneer—Peter Berger’s hostility toward liberals was to surface in later works. The project’s implicit critique of government programs was clearly evident in a modest study of the Meals on Wheels program by AEI’s Michael Balzano. In Federalizing Meals on Wheels, Balzano argued that the Older Americans Act diminished the voluntary impulses of church and community groups (mediating structures) by subsidizing nutritional programs for the elderly. “In most cases, common sense and the desire to help one’s neighbor are all that are necessary,” Balzano concluded. “One does not need a masters degree in social work or gerontology to dish out chow at a nutrition center” (1979: 37).

Following the mediating structures project, the project on democratic capitalism endeavored to elevate the role of the corporation in public life. This necessitated a bit of theoretical hanky-panky since the mediating structures project had portrayed big business as a megastructure and, therefore, inimical to the vitality of mediating structures. The problem was disposed of deftly by Michael Novak, a theologian and director of the project. In Toward a Theology of the Corporation, Novak used no more than a footnote to transfer big business from its designation as a megastructure to that of a mediating structure, effectively portraying big government as an institution of cultural and economic oppression against a corporate sector that has been the genius behind the American experience (1981:5).

Under the direction of Novak, the project on democratic
capitalism intended to reform the national philosophy by depicting the corporation as a promoter of cultural enlightenment rather than a perpetrator of vulgar capitalism. "The social instrument invented by democratic capitalism to achieve social goals is the private corporation," he proselytized.

The corporation . . . is not merely an economic institution. It is also a moral and a political institution. It depends on and generates new political forms . . . Beyond its economic effects, the corporation changes the ethos and the cultural forms of society (1981: 50).

At the same time, Novak took careful aim at the public sector, explaining, "I advise intelligent, ambitious, and morally serious young Christians and Jews to awaken to the growing dangers of statism. They will better serve their souls and serve the Kingdom of God all around by restoring the liberty and power of the private sector than by working for the state" (1981: 28).

Subsequently, AEI's "democratic capitalism" became a cultural analysis in which the corporation is part of a three-part system of checks and balances. Society, according to Novak, is a trinity comprised of the economy, the state, and a social culture, each represented by the corporation, government, and mediating structures (including the church), respectively. By elevating the concept of pluralism from the political context to the cultural, the viability of the corporate sector is positively associated with a free society. Thus sanctified, the corporation is less an economic abstraction and more a vehicle for social-cultural, indeed religious, transformation. "Capitalist productivity, efficiency, and economic rationality," observed a critic of Novak, "are conducive to virtue and self-government" (Steinfels, 1983, 13).

The Heritage Foundation

In 1986 AEI faltered. Organizational problems led to the resignation of Baroody; and, the Heritage Foundation assumed leadership in defining the conservative outlook on social policy. Established in 1973 by a $250,000 grant from the Coors
family (Reeves, 1984), the Heritage 1983 budget of $10.6 million already approximated those of the Brookings Institution and AEI (Heritage, 1983). Espousing a militant conservative ideology, Heritage effected social policy by proposing radical alternatives to established programs and by slanting its work to the religious right. By breaking new ground while building mass support for policy initiatives, Heritage complemented the less partisan analyses of AEI. Like AEI, Heritage sustained a livery of conservative scholars—over 100—who prepared position statements. Like AEI, Heritage placed staff—26 full-time and 13 part-time—in government posts during the Reagan administration (Reeves, 1984).

Heritage social policy initiatives emphasized privatization, reforming social welfare by transferring activities from government to business. Implicit in this is an unqualified antagonism toward government intrusion in social affairs. Government programs are faulted for a breakdown in the mutual obligations between groups, the lack of attention to efficiencies and incentives in the way programs are operated and benefits awarded, the induced dependency of beneficiaries on programs, and the growth of the welfare industry and its special interest groups, particularly professional associations (Butler, 1984).

This critique served as a basis for the aggressive stance taken by Heritage in urban development, income security, and social welfare policies. The Heritage prescription for urban revitalization, the urban enterprise zone (UEZ) concept, was imported from the Adam Smith Institute of England in the form of Stuart Butler (Lewthwaite, 1984). According to Butler, economically disadvantaged areas would attract industry by reducing taxes, employee expenses, and health and safety regulations (Sternlieb, 1981). The UEZ concept came to the attention of Congressman Jack Kemp who convinced the Reagan administration to make it the centerpiece of its urban policy. This market strategy for urban renewal was proposed as a replacement for Economic development Administration and Urban Development Action Grant programs in which government had provided technical assistance and funds to direct urban development (Butler, 1981). When UEZ legislation be-
came stalled in Congress, Heritage changed tactics targeting states and localities. By late 1984, Butler noted that 30 states and cities had created over 300 UEZs (Lewthwaite, 1984).

In income security, Heritage prepared an oblique assault on the Social Security program in conjunction with the conservative Cato Institute, promoting a parallel system of Individual Retirement Accounts (IRAs). Under "The Family Security Plan," proposed by Peter J. Ferrara, former senior staff member of the White House Office of Policy Development, the initial IRA provisions of the 1981 Economic Recovery and Tax Act would be expanded to allow individuals "to deduct their annual contributions to... IRAs from their Social Security payroll taxes" (1982: 51). While substituting IRA investments for Social Security contributions was not well-received by liberal politicians, Heritage banked on future support from egoistic workers of the baby boom generation. "If today's young workers could use their Social Security taxes to make... investments through an IRA," hypothesized Ferrara, "then, assuming a 6 percent real return, most would receive three to six times the retirement benefits promised them under Social Security" (1984: 7). According to this calculus, the interaction of demographic and economic variables would lead to increasing numbers of young workers salting away funds for themselves because of high investment returns as well as the fear that Social Security would provide only minimal benefits on retirement. If correct, the result would be a sure-fire formula for eroding the popular and financial support for Social Security.

Regarding welfare policy, Heritage was instrumental in scouting Charles Murray, whose Losing Ground provided much of the rationale for the conservative assault on federal welfare programs. In 1982, a pamphlet Murray had written for Heritage, entitled "Safety Nets and the Truly Needy," came to the attention of the Manhattan Institute, a conservative New York think tank (Lane, 1985). Traded by Heritage to Manhattan, Murray elaborated his allegation that government social programs of the Great Society had actually worsened the conditions of the poor. Murray's wrecking-ball thesis advocated no less than a "zero-transfer system" which consisted of "scrap-
ping the entire federal welfare and income support structure for working-aged persons" (1984: 226, 227). Remembering his earlier sponsor, Murray returned to Heritage on December 12, 1984 to promote his book to a standing-room-only audience for a symposium entitled, "What's Wrong with Welfare?"

Heritage, unlike the restrained AEI, has been willing to lend its name to militant conservatives of the religious right, providing intellectual support to "the traditionalist movement." The most comprehensive—and sympathetic—treatment of the traditionalist movement is *Back to Basics* by Burton Pines, vice-president of the Heritage Foundation. In this highly readable book, Pines applauded local conservative activists for their challenge to liberal values and chronicled the offensive launched against programs of the welfare state. "Pro-family" traditionalists had disrupted the White House Conference on Families, a grass-roots mobilization that effectively precluded any progressive legislation that might have evolved out of the Conference. Traditionalists also enjoined proponents of the Domestic Violence Bill in protracted debate, holding up the legislation until a Republican-controlled Senate let it expire. Finally, traditionalists supported the Family Protection Act, a conservative proposal limiting contraception, abortion, children's rights, and sex education, and reducing federal support for programs aiding homosexuals and the divorced (1982). Although the Family Protection Act was not passed, it succeeded at diverting the attention of the public toward traditional values, which were portrayed positively, and away from liberal values, which were considered ruinous.

Pines noted the pivotal role of conservative think tanks in the traditionalist movement and was quick to acknowledge his debt to AEI, an organization he described as focusing "primarily on long (sometimes very long) range and fundamental transformation of the climate of opinion." Bringing the conservative Hoover Institution of Stanford into the fold, Pines characterized their work as a crusade. "Together," he concluded, "Hoover, AEI, and Heritage can today deploy formidable armies on the battlefield of ideas—forces which traditionalist movements previously lacked" (1982: 254).
DENOUEMENT

By the end of the second term of the Reagan presidency, the welfare policy gambit of the conservative think tanks had met with mixed results. On the one hand, policy institutes—like AEI and Heritage—have effectively reversed the liberal momentum in social welfare that had characterized domestic policy since the New Deal. Nowhere is this more evident than in current proposals for welfare reform. While conservative plans, such as that of the Reagan administration, are typically punitive, plans from liberal politicians are reflecting the shift toward conservatism. Congressman Harold Ford's "Family Support Program" focuses on workfare and is budgeted at $2.5 billion per year, an amount that fails to come close to recouping the amounts cut from social welfare programs during the Reagan era. The "Family Security Act" of Senator Daniel Patrick Moynihan emphasizes child support enforcement and workfare, and is budgeted at $2.3 billion for the first five years of the program (Moynihan, 1987). The "Family Security Act" is symbolic of reversals suffered by liberals in their attempt to define social welfare policy—during the Nixon administration, Moynihan promoted a guaranteed annual income proposal, the "Family Assistance Plan." And, Moynihan does not stand alone. Within two months of presenting the Family Security Act, 54 senators had signed up as co-sponsors, many of them liberals ("Moynihan," 1987).

Although liberals are no longer dominant in establishing public philosophy in the United States, conservatives have failed to place a coherent set of alternative policies in the breach—particularly as regards social welfare policy. This is surprising considering the momentum achieved by conservatives early in the first term of the Reagan administration and the quality of thought given to programs proposed by conservatives. Perhaps the best concept around which to organize a conservative version of the welfare state was the enterprise zone idea, which was endorsed by groups as disparate as the U.S. Chamber of Commerce and the Urban League. But, the enterprise zone legislation faded due to lack of enthusiasm on
the part of the Reagan administration. Thus, it is with no small sense of frustration that—seven years into the Reagan "revolution"—Stuart Butler, proponent of the enterprise zone concept and Director of Domestic Policy for Heritage, complained that a conservative formulation of welfare had yet to be fashioned (1987).

**CONSERVATIVE LESSONS FOR A PROGRESSIVE FUTURE**

The success of conservatives in halting the liberal impetus in welfare policy, coupled with the failure to install a viable candidate to the welfare state, have created the opportunity for progressives to regain influence in social welfare policy.\(^8\) Already, new policy institutes have emerged around progressive groups, among them the Center on Budget and Policy Priorities, the Children’ Defense Fund, and the National Center for Social Policy and Practice. What remains to be seen is whether this "third generation" of policy institutes will be able to exploit the methods pioneered by the second generation of conservative institutes or return to the passive stance characteristic of the first generation of liberal think tanks.

Apart from the pragmatic consideration that conservative policy institutes have developed effective methods for packaging and marketing social policy, there is a theoretical basis for arguing that progressive organizations should adopt conservative tactics. Early in the industrial revolution, Marx posed a central question: "Who controls the means of production?" A mature industrial order and the expansion of civil bureaucracy provoked Weber to offer a sequel: "Who controls the means of administration?" The evolution of a post-industrial order where primary economic activity occurs in a service sector dependent on processed information raises another key question: "Who controls the means of analysis?" Clearly, the conservative think tanks have proven adept at fashioning an analysis that is both compatible with the interests of their sponsors and effective at swaying public opinion. That such organizations should become so influential in the social policy process is consistent with power structure theorists, such as C. Wright Mills
(1956) and G. William Domhoff (1970, 1979). Their work helps explain much of the triumph of the conservative think tanks, and it provides a clue for the new, liberal policy institutes. Progressive think tanks will be effective to the extent that they exploit the power structure and learn to control the means of analysis.

END NOTES

1. Other conservative institutes, such as the Hoover Institution and the Cato Institute, are not considered here because of space limitations and their somewhat less influential role vis-a-vis welfare policy compared to AEI and Heritage. For details on Kristol's role in the development of conservative think tanks, see Peter Steinfels, The Neoconservatives (New York: Simon and Schuster, 1979).

2. AEI was active in foreign policy as well. The Institute had ongoing projects in "international affairs" and a "center for hemispheric studies." The former U.S. Ambassador to the United Nations, Jeane J. Kirkpatrick, was an AEI fellow.

3. The composition of the Board of Trustees is noteworthy for its omissions. There were no clergy, retired military officers, or labor leaders on it. In 1982 all members of the Board were white and male. During the same period, of all AEI staff and resident scholars and fellows, only two were women and one was black.

4. Recently appointed Supreme Court Associate Justice, Antonin Scalia, is also an AEI alumnus.

5. In a book co-authored with his wife (and regular AEI contributor), Peter Berger's reaction to liberalism took on phobic proportions. See Brigette Berger and Peter Berger, The War Over the Family (Garden City, N.Y.: Anchor, 1983).

6. In his formulation, Novak failed to explain how, on the one hand, the corporation was one of the mediating structures, suffocated by big government, and, on the other, it was on a par with government as part of the system of checks and balances. Such classification by convenience raises questions about the purpose of the analysis.

7. The Center on Budget and Policy Priorities estimated that $60 billion was cut from federal welfare programs which benefited low- and middle-income Americans between 1982 and 1986.


REFERENCES


The purpose of this paper is to review two dominant social perspectives on the etiology of substance abuse among youths and young adults—the stage and risk factor outlooks—and to discuss them in light of recent demographic and ecological research. The differential demography of drug abuse strongly suggests that the environmental context influences the use and abuse of substances. In an era of great public concern about substance abuse, the use of individually-focused perspectives appears to have resulted in person-centered skills training programs and "say no" media campaigns. Consideration of community-level factors in the etiology of drug abuse permits the identification of high-risk schools and neighborhoods, enabling prevention specialists to target specific blocks, census tracts, and similar localities for more comprehensive intervention.

With the exception of cocaine abuse, there have been no large increases in substance abuse in the United States in the last five years. However, the use and abuse of psychoactive substances by youth and young adults has continued at high levels. Among 12th grade students, for example, the percent of young adults with illicit drug experience rose from 55% in 1975 to 66% in 1982, and since then, it has declined to about 60% (Johnston, Bachman, & O'Malley, 1986: 47). Alarmingly, by their mid-twenties, "some 75% to 80% of today's young adults have tried an illicit drug . . . [suggesting] a level of involvement . . . which is greater than can be found in any other industrialized nation in the world" (Johnston et al., 1986,: 20).
Among adolescents and college age youth, chronic alcohol abuse and binge drinking have become major health hazards. More than 92% of high school seniors have used alcohol and 37% report heavy drinking, defined as consuming five or more drinks in a row within the past two weeks (Johnston et al., 1986: 18). Nearly 20% of 14- to 17-year-olds experience serious alcohol-related problems at school, with family and friends, or with the law (National Institute on Alcohol Abuse and Alcoholism, 1983). And, alcohol-related auto accidents are the leading cause of death among teenagers. Despite significant advances both technologically and in the delivery of emergency medical services, the annual death rate for young adults has been higher in the 1980s than it was in the 1950s (National Institute on Alcohol Abuse and Alcoholism, 1983).

In consideration of the significant size of this problem, this paper briefly describes two competing perspectives on adolescent substance abuse and focuses on the demographic correlates of adolescent substance abuse. These correlates are important for they further specify the dimensions of the problem and underpin an emerging concept in drug abuse prevention, “targeted primary prevention.” Compared to the psychosocial correlates of drug use, the demographic characteristics of youths who use drugs are often reviewed as less informative (see, e.g., Fraser, 1984; Marsh & Shevell, 1983). However, recent data illuminating the conditions in which substance abuse is likely to occur may be quite helpful in designing prevention programs that target high risk individuals and communities.

THE STAGES OF DRUG INVOLVEMENT PERSPECTIVE

Two social perspectives on the use and abuse of substances by adolescents dominate the field. Both are rooted in etiological research, but adherents to the first view focus upon distinct stages of drug involvement, and adherents to the second focus on identifying risk factors for different kinds of substance abuse. The perspectives are not polar opposites, but they are distinguished by disagreement over the number and nature of pathways that lead youths to drug involvement.
Researchers who have focused on developing an etiological theory of substance abuse based upon stages of drug involvement argue that experimentation usually precedes use and use usually precedes abuse. Moreover, they argue that certain kinds of substances are used before others, i.e., that there is a basic ordering of experimentation with licit and illicit psychoactive substances (see, e.g., Kandel, 1973, 1975, 1976, 1978, 1980, 1982). In a recent study of males and females aged 10–25, Kandel and Yamaguchi (1985) further developed a four stage model in which alcohol use preceded marijuana use, and marijuana acted as a "gateway" to the use of other illicit drugs. On testing, the model "fit" 82% of the males and 79% of the females in the sample. Importantly, while a developmental sequence is proposed, Kandel and Yamaguchi report that most youths who progress to one stage do not progress to the next (Kandel & Yamaguchi, 1985, p. 213). Described below, these stages provide a potentially useful framework for prevention intervention.

Stage One: Experimentation with Licit Drugs

Two patterns of the onset of the use of psychoactive substances characterize most stage research: (1) no drug use which progresses to occasional alcohol use; and (2) no drug use which progresses to regular tobacco use (see, e.g., Brennan, Elliott, & Knowles, 1981). Use of tobacco or occasional experimental use of alcohol appears to constitute a first crude stage of drug involvement that describes many adolescents' first drug experiences.

Stage Two: Regular Use of Alcohol

The second stage of most drug involvement models is defined by the regular use of alcohol and, for some youths, concomitant regular use of tobacco (Kandel, 1982). Few youths appear to become regular alcohol users without stage-one involvement, but, pivotally, most of the youths who experiment with licit drugs do not progress to the regular use of alcohol or illicit substances.

Stage Three: Use of Marijuana

Use of marijuana in conjunction with nicotine and alcohol characterizes a third stage of drug involvement. It is not clear whether youths who smoke are at greater risk of progression to
this stage. Based on a longitudinal survey of 1,725 youths aged 11 to 17, Brennan et al. (1981) reported that the transitional probabilities for progression from stage two to stage three were significantly higher for smokers (.23) when compared to those of non-smokers (.04). However, in a separate study in San Francisco, Baumrind (1984) reported approximately equal transition probabilities for smokers and nonsmokers.

Stage Four: Use of Multiple Illicit Drugs

Stage four is defined by the use of multiple illicit drugs. The use of marijuana, alcohol, and tobacco act as gateway substances for progression to this stage (Petersen, 1984: 4). Most youths, however, do not become multi-drug users. In the National Youth Study, Brennan et al. estimated that the probability for moving from marijuana use to polydrug use was only .23. In a study of New York state high school students, Kandel (1980: 122) reported a stage three to stage four transition probability of .26. Thus, drug involvement at each stage is posited as a necessary but insufficient condition for sequential progression to the next stage.

At each stage, social and cognitive factors other than drug use per se are thought to account for sequential progression to the next level of drug involvement. The risks for progression are posited to be different at each stage. Hence, one cannot assume that stage one causes stage two drug involvement or that stage three involvement causes stage four involvement.

Other psychosocial conditions, according to stage theorists, must be present to propel youths deeper into a drug subculture. For example, youths whose parents use alcohol are thought to be at greater risk for experimentation with alcohol (see, e.g., Lawrence & Vellman, 1974; McGlothlin, 1975). Parents are influential behavior models for children and when they use substances, their children appear likely to use them as well. Parental influences have been found to be strongest regarding initiation to alcohol use and progression from marijuana use to the use of illicit substances (Kandel, 1985; Simcha-Fagan, Gersten, & Langner, 1986).

In addition to parental influences, peer and school-based influences have been shown to alter a youth's likelihood of
movement toward a greater level of drug involvement. Peer attitudes and use patterns exert the strongest influences on the frequency of use, particularly use of alcohol and marijuana. In contrast, parental influences appear to be stage-setting in the sense that they influence basic values and aspirations which affect initiation and experimentation (Kandel, 1985: 155–56). Peer factors, on the other hand, appear to be relatively more important in affecting the amount and frequency of use after initiation. Combined peer and parental factors are posited to affect differential drug involvement (Kandel, 1982).

THE RISK FACTOR PERSPECTIVE

Stage theory sheds light on one tortuously complicated path that leads some youths to substance abuse, but many experts oppose the view that there is one dominant pathway to drug involvement. Instead, they argue that there are probably many different routes to drug involvement. Based on this perspective, a risk factor approach similar to that used in epidemiology has been adopted by some researchers.

Without positing a particular causal order or sequence of events, the risk factor perspective provides a clearly useful conceptualization of the multiple causes of different types of substance use and abuse. In 1982, Bry, McKeon, and Pandina, for example, developed a six “risk” factor model for drug involvement that included: (1) low grade point average; (2) lack of religiosity; (3) early use of alcohol; (4) low self-esteem; (5) psychological distress (psychopathology); and (6) poor parent-child relationships. But this model was sharply criticized as failing to differentiate specific risks for specific drugs and failing to capture the “full range of possible causal factors” (Newcomb, Maddahian, & Bentler, 1986: 525).

Building on the work of Bry et al., Newcomb et al. added four additional factors to the model: (1) lack of social conformity (i.e., delinquency and other deviancy); (2) sensation seeking; (3) perceived peer drug use; and (4) perceived adult drug use. Based on data from a longitudinal survey of 994 Los Angeles high school students, each risk factor was correlated with a frequency-of-use measure for five different kinds of substances
(cigarettes, alcohol, cannabis, hard drugs, and nonprescription medications), and the five resultant correlations were averaged to estimate the relative contribution of each to drug involvement. The risk factors were ordered on the basis of these averaged correlations from least to most important as follows:

1. Poor self-esteem \( (r = 0.07) \)
2. Psychological distress \( (r = 0.09) \)
3. Poor academic achievement \( (r = 0.11) \)
4. Low religiosity \( (r = 0.13) \)
5. Poor parent-child relationship \( (r = 0.16) \)
6. Sensation seeking \( (r = 0.16) \)
7. Early alcohol use \( (r = 0.22) \)
8. Adult drug use \( (r = 0.30) \)
9. Lack of conformity \( (r = 0.31) \)
10. Peer drug use \( (r = 0.41) \)

Like stage theory, the risk factor perspective is in its infancy and is partially supported at best. When Newcomb et al. attempted to use their risk factors to predict specific categories of substance abuse, they were able to account for only 1% of the variation in subsequent cigarette use, 4% of subsequent alcohol use, 1% of subsequent cannabis use, 2% of subsequent use of nonprescription medications, and 7% of subsequent hard drug use. Thus, the risk factor perspective may be useful in conceptualizing vulnerability to substance abuse, but, at present, it has little predictive accuracy.

PREDICTION AND PREVENTION

Prediction is, in fact, a major empirical problem in the field of drug abuse prevention. Social perspectives on drug involvement have focused on the characteristics of social interactions in the family, peer group, school, workplace, and community (see, e.g., Hawkins, Catalano, & Lishner, 1985; Smith, 1984). These perspectives are important, as they place emphasis on drug-abuse-producing conditions that may be altered by public policies and prevention interventions. Typically, they underscore attachments to others and include such cognitive constructs as social bonds (Hirschi, 1969), stakes in conformity (Toby, 1957), social definitions (Akers et al., 1979), perceptions
of others' values (Newcomb et al., 1986), and personal beliefs or values (Kandel, 1982). These perspectives have sustained encouraging but partial empirical support. To date, it is simply not yet possible to identify with accuracy 1st, 2nd, and 3rd graders who, without intervention, will go on to be substance abusers.

In an era of great public concern about substance abuse and a growing number of public programs that purport to be working with high risk youths, the inability to predict substance abuse at the individual level raises an ethical practice issue. To what extent are youths who would not subsequently become involved in drugs being identified as high risk youth? What is the effect of placing youths in a prevention program? By labeling them as potentially deviant, do we inadvertently increase the risk of substance abuse for them? If so, then we must conclude that, at present, programs which attempt to identify high risk youth and deliver individualized services are ethically questionable.

Another approach to the problem of prediction and prevention is needed. This approach should be empirically based, it should supplement existing broadly-focused primary prevention programs, and it should result in services that do not falsely label youths as potential drug users and abusers. Such a prevention program should not be provided to students who are singled out of a classroom or school as high risk youth. Rather, it should be provided to high risk schools and communities. To undertake school- and community-focused programs, the predictors of substance abuse in higher order ecological units—such as schools and communities—must be identified. Although individual level prediction is fraught with error and ethical dilemmas, prediction at this level is less problematic because once a school or community is designated as high risk, all youths or students receive the same prevention service. Consequently, the labeling effects within a youth's social environment are diminished, as no single student is identified for special treatment.

In identifying at-risk communities and schools, the demographic correlates of substance abuse are informative. These
are reviewed in the next few pages and form the basis for a discussion of targeted primary prevention in the final section.

THE DEMOGRAPHY OF DRUG USE

Age of First Use

Drug involvement is consistently correlated with age, and early use is associated with a greater frequency of involvement as an adolescent and young adult (Kandel, Simcha-Fagan, & Davies, 1986; Raveis & Kandel, 1987). Based on reports from Johnston, O'Malley, and Bachman's survey of the 1985 senior class, many children become involved with substances by the 6th and 7th grades. Close to 10% of the surveyed seniors reported using alcohol by the 6th grade and an additional 23% reported alcohol use by the 7th–8th grades (Johnston et al., 1986: 80). By the 7th–8th grades, a total of 15.5% had experimented with marijuana. Importantly, the proportion of youth who have tried some drug by the 6th grade has been steadily increasing (Johnston et al., 1986: 81). Since earlier involvement in drug use is associated with subsequent use, high school substance abuse may not significantly decrease without early intervention, and primary schools should be targeted for primary prevention services.

Ethnicity and Race

Over the past two decades, large racial differences relative to drug abuse have declined (see, e.g., Blount & Dembo, 1986). In general, racial and ethnic differences are confounded with differences due to class, education, and income. Thus, they are difficult to estimate with precision. Although white youths tend to report higher levels of marijuana, cocaine, and psychotherapeutic drug use (both prescribed and unprescribed), when compared to nonwhite youths, the differences are often only two or three percentage points (see, e.g. Miller, Cisin, Gardner-Keaton, Harrell, Wirtz, Abelson, & Fishburne, 1983). And when differences due to class, and income are controlled, race effects often wash out (see, e.g., Kandel, 1976).
However, there are a growing number of reports of significant differences across sociocultural groups. In essence, inner-city youth appear to differ from rural and suburban youth in both the kinds and the amount of substances used. And within urban areas, there appear to be differences across ethnic groups. Though Jimenez (1980) does not report statistical tests, significant differences by ethnicity appear across a number of characteristics describing white and Puerto Rican former drug users in treatment. These differences included drug and alcohol use patterns, family background, peer support, and the value placed on academic achievement. Guinn's studies (1975, 1978) of 2,324 Mexican-American junior and senior high school students indicate that family influence may be more predictive of drug use among Hispanic youth than among non-Hispanic youth. And in a study of multi-ethnic, urban youth, Polish, Italian, German, Hispanic, and Black youths in four major U.S. cities were reported to experiment with drugs later than Native American Indians and racially mixed youths (Jackson, Carlisi, Greenway, & Zalenick, 1981: 1383). In particular urban American Indian youths were observed to use a variety of drugs (methadone, inhalants, valium, and tobacco) before age thirteen. Thus schools and neighborhoods with large numbers of urban American Indians, as may be found in many western U.S. cities, may be targeted for primary prevention.

Gender

Gender differences in drug involvement are complicated. Compared to females, males are still more likely to use drugs, especially illicit drugs, but the differences have decreased over the past 20 years. Current use of tobacco (half-a-pack-a-day) is about equal for males (12.3%) and females (12.0%), while males' use of alcohol is about 7.7% higher than that of females (Johnston et al., 1986: 68-69). However, males are far more likely to drink heavily. Approximately 43% of male high school seniors reported drinking five or more beers in a row in the two weeks prior to being surveyed. In comparison, only 22% of the female seniors surveyed reported such heavy drinking (John-
ston et al., 1986: 69). In a similar vein, use of PCP, nitrites, inhalants, hallucinogens, and heroin is about two times greater among males (Johnston et al., 1986: 31).

Females' drug use exceeds that of males only in the case of stimulants and this appears to be related to the use of weight loss substances (Johnston et al., 1986: 33). If, as Kandel (1976) suggested, there is a marijuana gateway, then it is not an equal opportunity threshold, for 6.9% of male high school seniors and 2.8% of female seniors used marijuana daily in 1985 (Johnston et al., 1986: 31).

These patterns remain stable for young adults aged 18 to 25 years old. In general, males tend to use drugs more frequently and they tend to use larger quantities of drugs. For example, 7.4% of young male adults reported daily use of marijuana in 1985, while only 3.4% of young women reported use so frequent (Johnston et al., 1986: 151). Johnston et al. (1986: 151) observed similar differences with regard to daily alcohol use (males, 10.4%; females, 3.6%) and heavy drinking of five or more drinks at one time (males, 52%; females, 27%).

There is a paucity of information about the causes of female substance abuse. It does appear, however, that the female children of drug abusers have a much higher risk of substance abuse (Kumpfer & DeMarsh, 1986). The female addict appears to come from a family in which there was parental substance abuse, poverty, adolescent pregnancy, and delinquency (Polit, Nuttal, & Hunter, 1976). She is likely to have had frequent feelings of dysphoria as an adolescent and young adult (Kandel, Simcha-Fagan, & Davies, 1986; Kandel & Davies, 1986). And although drug-addicted mothers are reported to have normal attitudes toward parenting, they perform less skillfully on tests of parenting behavior and their children score lower than nonaddicted mother's children on measures of intelligence, development, and social adaptivity (Bauman & Dougherty, 1983: 291). In sum, the children of drug abusers to be the innocent victims of their parents' drug involvement and, if at the individual level high risk youths are to be identified, the children of drug addicts may be one of the few groups for whom predic-
tion errors would be small (see, e.g. Kumpfer & DeMarsh, 1985, 1986).

Socioeconomic Status

There is little evidence that socioeconomic status (SES) influences drug use in the general population. In the self-report literature, family SES, mother's education, and father's education are often weakly associated with drug use and other forms of deviancy (see, e.g. Jessor, Chase, & Donovan, 1980; Brownfield, 1986). However, these relationships are quite attenuated and are dependent upon the measure of social class used. When communities are divided on the basis of unemployment and welfare status rates, relatively strong correlations between SES and drug abuse/crime are usually found. However, when Marxist conceptions (blue-collar versus white-collar) or measures that combine income and education are used, the correlations weaken (see, e.g. Brownfield, 1986; Hawks, 1974: 55). Even official reports of patients entering drug therapy programs have not indicated that SES is a significant correlate (see, e.g., Curtis & Simpson, 1977). Thus, if income is a risk factor for substance abuse, it is so only at the extreme end of deprivation and poverty.

Education

Youths who are more successful pursuing educational goals are less likely to become involved with drugs (for a review, see Fraser, 1984). Since 1976, the patterns distinguishing college-bound and noncollege-bound youths have remained relatively stable. Youths planning to complete four years of college are consistently 7–10 percentage points below youths planning no college (or less than four years of college) on most measures of drug use. For example, in 1985, 50% of noncollege-bound and 43% of college-bound seniors reported use of marijuana only. Thirty-two percent of noncollege-bound youths reported use of some illicit drug other than marijuana, while 24% of college-bound youths reported other illicit drug use (Johnston et al., 1986: 70).
Comparisons of college students and all age-equivalent young adults per se yield less distinct differences. College students appear to binge drink more often (college, 45%; age band, 41%), however, the two groups do not differ across annual prevalences of alcohol use, marijuana use, and the use of most illicit substances. College students are slightly below the average rate for their age group in their annual usage of LSD, stimulants, barbiturates, tranquilizers, and opiates other than heroin. And, they smoke (half-a-pack-a-day) considerably less than others their age (college, 9.4%; age band, 18.5%) (Johnston et al., 1986: 179–180).

Employment

There is growing evidence that controlled drug abuse is possible and that some illicit drug users can finance their habits on salaries earned in conventional occupations (Apsler, 1979). This is likely possible only among middle and upper income levels where salaries are sufficiently high to purchase expensive drugs. Mandell and Amsel (1976: 382) who systematically sampled patients (N = 1,500) from the Narcotic Addict Rehabilitation Branch of the National Institute of Mental Heath from 1967 to 1971 found that “economic self-sufficiency . . . is independent of drug use, indicating that drug users can be gainfully employed.” In short, a high proportion of habitual drug users appear to be able to work while addicted to illicit drugs, including heroin (Bale, 1979: 996; Bale et al., 1980: 183; Bachman, O’Malley, & Johnston, 1984).

Whether drug users and abusers can function in the world of work probably depends upon their level of drug involvement. Recent findings from a longitudinal study of a cohort of men and women age 24–25 indicate that drug users are at greater risk of job termination and unemployment when compared to non-drug users. However, these differences appear to be based on individual choice and in large measure represent life style decisions (Kandel & Yamaguchi, 1987). Drug involvement may be a marker for a group of youths and adults who in their work careers will experience high job mobility. At pre-
sent, it appears that some regular work routines are not af-
fected by experimentation or moderate substance use.

Income-generating Street Crime

The street lifestyle provides alternate income sources for
many young drug users who are not prepared (because of aca-
demic failure) or able (because of drug-related impairments) to
maintain conventional jobs. The abuser who is not successful
in conventional employment must develop skills, attachments,
and values that maximize his/her chances for a "score." As
drug users become more involved in street life, their commit-
ments to conventional activities appear to erode in the face of
the need to build relationships that provide access to drug sup-
plies. Such contacts are not made haphazardly, but develop as
commitment to a deviant lifestyle increases (Marsh & Shevell,

There is little doubt that many polydrug users finance ex-
pensive habits by forgery, pimping, predatory crimes and prosti-
tution (see, e.g., Bale et al., 1980; Kolb, 1962; Winick, 1967;
Blum, 1969; Graham, 1987). Drug abuse is becoming one of the
main indicators of career crime. Data collected in 1986 at the
Manhattan Central Booking facility in New York showed "that
between 59% and 92% of those charged with robbery tested
positive for cocaine, as did more than 70% of those charged
with burglary" (Graham, 1987: 2). It is simply not possible to
consider substance abuse and addiction without concomitantly
considering crime.

Historically, many investigators have argued that drug
abuse causes criminal involvement (see, e.g., Dai, 1937; Schur,
1962; Lindesmith, 1965). But Blum (1967) and others have con-
tended that the relationship between drug use and criminal
behavior is more complex, possibly bidirectional. In their view,
criminal earnings may actually stimulate the purchase of drugs
(Coate & Goldman, 1980).

Recent data indicate that many youthful drug users are
involved in minor delinquent activities well before they become
multi-drug abusers (see, e.g., Elliott, Huizinga, & Ageton,
For youths who become deeply involved in delinquency, drug use appears to be part and parcel of an overall "deviancy" syndrome (for more on this view, see Jessor, Chase, & Donovan, 1980; Jessor, 1984; Donovan & Jessor, 1985; Jessor, Donovan, & Costa, 1986). This suggests that the drug use of youths who frequently commit illegal acts may have different etiological roots from that of youths who do not commit illegal acts or who engage only in minor delinquencies. Chronic juvenile offenders appear to constitute a special at-risk population (see, e.g., Hawkins, Lishner, Jensen, & Catalano, 1986).

Drug-prone Neighborhoods and Schools

Crime, drug use, adolescent pregnancy, welfare dependency, unemployment, and other social problems do not occur in equal proportions across neighborhoods and schools in the United States. Some communities have higher drug abuse and crime rates than other communities. In examining this phenomenon in 201 census tracts in Baltimore, Nurco, Shaffer, and Cisin (1984) found moderate to high inter-correlations among 12 indicators of social problems, including drug abuse. Upon factor analyzing the indicators, they reported that one underlying dimension accounted for 72.6% of the total variation in "social pathology." This finding tends to support the view that illicit substance abuse may be part of a generalized deviancy syndrome that occurs in greater measure in schools and neighborhoods where conventional opportunities for success are limited and an illegitimate opportunity structure has developed (see, e.g. Clayton & Voss, 1981).

Building on this research and research from the field of criminology (see, e.g., Shaw, Zorbaugh, McKay, & Cottrell, 1929; Shaw & McKay, 1942, 1969; Wolfgang & Ferracuti, 1967; Elliott & Ageton, 1980; Elliott & Huizinga, 1983; Simcha-Fagan & Schwartz, 1986), it is increasingly possible to identify "at-risk" schools and neighborhoods. In a study of 681 junior high school students from inner-city neighborhoods that varied in degree of "toughness," Dembo, Schmeidler, Burgos, and Taylor (1985) recently reported that environmental influences are
critical factors in explaining drug involvement. In particular, neighborhood-setting specific relationships were observed, suggesting that the correlates of drug involvement vary across schools where gang membership and personal toughness are differentially important (see also, Dembo, Allen, Farrow, Schmeidler, & Burgos, 1985). Based on data to date, higher-order ecological units—schools, neighborhoods, census tracts, etc.—that are more likely to experience serious problems with drug involvement appear to be identifiable on the basis of high scores on six common social indicators (Nurco et al., 1984: 446):

1. Illegitimate birth rate
2. Venereal disease rate
3. Percent unmarried
4. Non-drug-related arrest rate
5. Welfare dependency rate
6. Percent of dwellings with average number of persons per room greater than one

In addition, neighborhoods which rate high on these characteristics are more likely to have a higher degree of organized criminal activity, to have a well-articulated youth street culture, and to have relatively low rates of citizen participation in community affairs.

Contextual or ecological effects such as these have been shown to exert separate and significant effects on illegal behavior. Relatively, however, ecological effects may not be as important as individual-level characteristics. There is some evidence that the leverage of the environment is greatly reduced when individual factors are controlled (Simcha-Fagan & Schwartz, 1986: 694–695). On balance, individual socialization—for example, friends' use of marijuana—appears to exert more influence on behavior than aggregate community or school characteristics. Notwithstanding, combined with the individualized view of human behavior, the community-level (generalized social pathology) view of drug abuse and illegal behavior appears to provide a more comprehensive explanation of substance abuse and offers clear guidelines for the specification of schools and neighborhoods that might be targeted for primary prevention interventions.
IMPLICATIONS FOR TARGETED PRIMARY PREVENTION

The demographic and ecological correlates of substance abuse suggest that the stage and risk factor perspectives should be broadened to include the view that the environmental setting—beyond peer and parental influences—operates to condition drug misuse. In particular, the work of Dembo et al. implies that individual psychopathy, family alienation, and personal failure may be less predictive of substance abuse in high toughness neighborhoods and more predictive of substance abuse in low toughness neighborhoods. The use of drugs in high toughness settings appears to be normative, reflecting the values of the local subculture rather than personality deficits.

Targeted Prevention in Conventional Schools and Neighborhoods

Separate targeted primary prevention strategies that depart significantly from existing generic primary prevention approaches must be developed to supplement current prevention efforts. For neighborhoods and schools where significant social problems do not exist, where there is active community participation, and where there is a limited street culture (i.e., low toughness), broadly-focused primary prevention services should be augmented by targeted primary prevention designed for children of substance abusers.

Such services are likely to target those children who are at greatest risk (Kumpfer & DeMarsh, 1986). A three-year experimental study funded by the National Institute of Drug Abuse has shown recently that family-focused intervention provided in conjunction with adult treatment can be quite effective in reducing the risk that children of substance abusers will follow in their parents footsteps (Kumpfer & DeMarsh, 1986; Kumpfer, 1987). The labeling effects of this intervention appear to be reduced by delivering service through local drug treatment programs rather than schools. The approach has been
combined successfully with both adult outpatient and residential services as a family support component of treatment.

At the same time and on a broader level, schools at relatively greater risk must be targeted. Prevention services in schools with comparatively higher incidences of teenage pregnancy, drug use, and other forms of misbehavior (e.g. school vandalism) should be targeted both to change the environmental and individual conditions that produce drug involvement. At the individual level, a variety of skills training programs that have been shown to reduce experimentation with licit drugs are available (see, e.g., Bell & Battjes, 1985). But little attention has been afforded the contextual influences. Targeted prevention programs that alter the school environment to strengthen youths' attachments to people in school, to broaden involvement in conventional activities, and to promote academic achievement are likely to reduce drug involvement (further discussion of these strategies is beyond the scope of this paper, however, for more on these emerging interventions, see, Gottfredson, 1986). Such programs require re-conceptualizing the school as a setting that influences a wide variety of prosocial behaviors. Gottfredson (1986: 720) found that when schools were viewed in such a way and when environmental changes were effected, delinquency, drug involvement, suspensions, and other forms of school punishment were reduced.

Targeted Prevention in Street Subculture Schools and Neighborhoods

In neighborhoods characterized by serious housing, public safety, health, and employment problems, the correlates of drug involvement appear to be different and prevention intervention must be focused on the norms that reinforce drug use and other forms of deviancy. Drug abuse is but one of many problems that contribute to non-conforming behavior in such communities, and it is unlikely that singular school-based prevention strategies will affect these neighborhoods.

A community-based and community-run intervention that addresses housing, health, education, and employment needs
must be designed to reconstruct the battered informal social control mechanisms that once in such communities operated to provide opportunities for success in the conventional society (see Fraser, 1987). School-based programs such as Project PATH that provide new opportunities for success and make use of respected role models to promote anti-drug values have been shown to be promising in combating street values (Gottfredson, 1986). Coordinated interventions should build upon the social and cultural background of the street subculture, and they must empower residents who are committed to conventional lines of action. Such approaches have been shown to affect community crime and drug abuse rates, as well as other indicators of social pathology (see, e.g., Greenberg, Rohe, & Williams, 1985).

SUMMARY AND CONCLUSION

The purpose of this paper was to argue that two dominant social perspectives on the etiology of substance abuse among youths and young adults—the stage and risk factor theories—should be enlarged to include ecological considerations. The differential demography of drug abuse strongly suggests that the community context influences the use and abuse of substances. Although there is a rich literature in criminology on the influence of social disorganization, social strain, cultural deviance, and differential association, the literature on substance abuse is curiously dominated by individual-level psychosocial theories.

In an era of great public concern about substance abuse and many attempts to prevent or delay the use of substances by adolescents, the use of person-centered perspectives appears to have resulted in narrowly focused skills training programs and “say no” media campaigns. Consideration of community-level factors permits the identification of high-risk schools and neighborhoods, enabling prevention specialists to target specific schools, census tracts, and neighborhoods for more concentrated intervention.
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The U.S. Children's Bureau, the federal agency responsible for social policy for children in the early part of this century, delayed studying the problems associated with the institutionalization of juvenile delinquents for nearly twenty-five years. In the 1930's, the Bureau undertook several projects and studies related to training schools for delinquents which were designed to create reform in an area long recognized as harmful to children. This article traces the history of the Bureau's work in the institutional field from 1912–54, analyzes the reasons for the agency's initial reluctance and later activity in this area, discusses the results of these early reform efforts and suggests reasons for the Bureau's failure to achieve significant reform in the juvenile correctional field.

INTRODUCTION

The juvenile correctional institution, virtually since its invention in the early nineteenth century, has proved to be a disappointment to those who have sought effective means of controlling and reforming juvenile misconduct and a resilient obstacle to those who have wanted to reform or do away with it. From the placing-out movement of the mid-nineteenth century to the proliferation of probation systems and the advent of the juvenile court at the end of that century, to the deinsti-

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tionalization movement of our own times, alternatives to the harsh and seemingly ineffective practices of the institution have been sought, and yet the institution has continued, sometimes mildly altered but generally intact. (For good discussions of the history of juvenile institutions, see Brenzel, 1981; Holl, 1971; Mennel, 1973; Pickett, 1969; Platt, 1969; Rothman, 1971 and 1980 and Schlossman, 1977. For critiques of modern juvenile institutional reform efforts see, for instance, Bullington et al., 1983 and Krisberg et al., 1986).

Beginning with the establishment of the Children's Bureau in 1912, there has been an increasing federal role in the delinquency field (Krisberg et al., 1986: 5). However, very little has been written about federal delinquency policy prior to the 1970's. The purpose of this article is to discuss the role of the U.S. Children's Bureau in the juvenile institutional field in the first half of this century. The focus is on an analysis of the Bureau's late attention to reform efforts in the juvenile correctional field, an assessment of the reasons for the delay as well as the reasons for finally entering this field, a summary of the Bureau's policy and programmatic recommendations in the field and an evaluation of the lack of success which the Bureau experienced in its endeavors.

The Bureau, the only federal child welfare agency until the passage of the Social Security Act in 1935, remained for many years an enormously influential beacon of humane and progressive child welfare policy standards to governmental and private agencies. Although its authority was virtually unchallenged in the time period I discuss, the Bureau showed great initial reluctance to challenge correctional institutions directly. By the 1930's, the Bureau was engaged in a number of institutions-related projects, and it published a major study of training schools in the 1930's which was designed to influence and change the more repressive aspects of institutional life. Despite some support from more liberal leaders in the institutional field, the Bureau's influence in this field appears to have been minimal. The history of the Bureau's activities in this area reveals the difficulties of federal policy-making in an area seen as politically treacherous; moreover, it contributes to our un-
derstanding of the seemingly intractable practice of institutionalizing the young.

THE U.S. CHILDREN'S BUREAU: EARLY HISTORY

The U.S. Children's Bureau was formed as the first federal child welfare agency in 1912, following the recommendation for such an agency at the 1909 White House Conference on the Care of Dependent Children. Best known for its work in the fields of maternal and child health and child labor reform—areas in which it had intermittent administrative duties—the Bureau also carried on significant research and reform activities in what it called the Social Services where it focussed on the causes and service needs of dependent, neglected, defective and delinquent children. Until 1935 when the Bureau assumed administrative funding and oversight responsibility for the child welfare portion of the Social Security Act, the work of the Bureau in the social services was carried out through research, publication, conference participations, advisory work to state governments and advocacy organizations and informal ties to private reform organizations. In the area of delinquency policy as well as other areas of child welfare, the Bureau was regarded as the premier authority by other researchers and practitioners during the early part of this century (Rosenthal, 1986; Costin, 1983).

In its development of delinquency as well as other child welfare policy, the Bureau, which was staffed by a small group of well-educated and reform-minded women, relied upon a combination of internal expertise and formal and informal consultation from outside experts. The Bureau's first chief was Julia Lathrop who had been an important early resident of Hull House in Chicago and who had been intimately involved in the establishment of the first juvenile court in Cook County (Adams, 1935). During her tenure, 1913–1921, the Bureau concentrated largely on the juvenile court in its discussions about delinquency. During this same time, the Bureau developed internal leadership in the delinquency field by putting Katharine Lenroot, the daughter of a U.S. Senator from Wisconsin and twenty-four years old when she came to work for the Bureau in
Lenroot became the third Chief of the Bureau in 1934. Between Lathrop and Lenroot, Grace Abbott, the powerful and often critical intellectual and able administrator who also came to the Bureau via Hull House, served as Chief. These three women, and Emma Lundberg who headed the Social Services Division of the Bureau in its early years (see below), were responsible for developing the Bureau's policy in the delinquency area. Lathrop and Abbott had strong Chicago ties which sustained them throughout their professional careers; Lenroot and Lundberg, who maintained a lifelong friendship, had both attended the University of Wisconsin. All were tireless workers who presented an official voice for progressive reform in all areas of child welfare where betterment of social conditions and administrative arrangements for children in need would be provided through a gradual growth of governmental intervention (Rosenthal, 1983).

In addition to their own experiences and observations, the women of the Children's Bureau relied upon a small group of outside experts in their development of delinquency policy: William Healy, the psychiatrist associated early with the Psychopathic Clinic of the Cook County court and later the Judge Baker Clinic in Boston and his psychologist wife, Augusta Bronner who together conducted several early studies of delinquents and did much to promote the notion of psychological disturbance in delinquent youth (Lubove, 1965: 64–66); Miriam Van Waters, a psychologist, who served during the early years of the Bureau's existence as a referee in the Los Angeles juvenile court, had developed a progressive group residence for girls and became an influential writer and critic in the delinquency field; Roger Baldwin and later Charles Chute of the National Probation Association; and several progressive juvenile court judges. This small network of experts served as reflective sounding boards for the Bureau, wrote monographs published by the Bureau, and served on committees and presented at conferences along with Bureau personnel.

The Bureau, especially during the Abbott years, also relied heavily on Abbott's connections with the School of Social Ser-
vice Administration at the University of Chicago where her sister, Edith, was Dean. Chicago students occasionally conducted and wrote studies for the Bureau and often came to work for the Bureau after finishing their social work training (Costin, 83: 162).

The mood of child welfare reformers during the progressive era was clearly anti-institutional. The 1909 White House Conference itself had declared, in a now-famous statement, that the institution was not a preferred place in which to raise children:

"Home life is the highest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons. (Bremer et al., 1971, vol. 2:365)"

While this statement was aimed largely at the practice of placing dependent children in orphanages—or worse, almshouses—, the sentiment held true for other areas of child welfare as well. In the delinquency field, the development and spread of the juvenile court (the first had been formed in Chicago and Denver in 1899) was seen by many reformers as a powerful anti-institutional reform itself. Probation, the treatment arm of the court and the feature most touted by reformers, would prevent unnecessary institutional commitments while it would provide needed guidance and supervision to deviant youths and their families (Mennel, 1973: 124–131; Schultz, 1978).

Given this anti-institutional bias, one might have expected the Bureau to confront directly the problem of inadequate and even brutal treatment of children in correctional institutions early on. This did not happen; instead, the Bureau concentrated on investigating the conditions surrounding the development of delinquency and in promoting new treatment alternatives for delinquent youth.

Of primary concern in its early work in the delinquency field was an examination of practices of the new juvenile courts (Belden, 1920). Disappointed by the findings of that study, the Bureau then published several monographs promoting the
methods and utility of probation and psychological examination (Claghorn, 1918; Chute, 1921; Healy, 1922). The Bureau also sponsored a project to develop appropriate standards for the court. These standards, developed by a committee composed of acknowledged experts in the field, emphasized the importance of probation and stated, in an introductory remark, that institutionalization was to be used as a last resort only (U.S. Children's Bureau, 1923a). Later, increasingly discouraged by the court's performance, the Bureau looked to and promoted the use of alternative treatment programs (Thom, 1924; U.S. Children's Bureau, 1926 and 1932b). In all, the Bureau published at least thirty studies concerning delinquency and its treatment between 1918 and 1935.

EARLY INSTITUTIONAL WORK: AVOIDANCE OF INTERVENTION

Despite the anti-institutional attitude shared by many child welfare reformers at the time of the Bureau's formation and early work, the Bureau did very little to confront directly many of the institutional practices known to be both common and harmful. The Bureau's style of urging reform was to emphasize the positive example rather than to criticize; thus the Bureau praised probation but failed to discuss juvenile correctional institutions directly until 1935—twenty-three years into its work.

Bureau leaders avoided direct confrontations with institutional officials or state bureaucrats who would feel particularly threatened by such criticism. In an early and revealing correspondence, for instance, Julia Lathrop—the first Bureau Chief who had been known as a stern critic of institutional care when she served on the Illinois State Board of Charities—refused to involve herself in a complaint about an Arkansas training school which was accused of exploiting children's labor and endangering their health. She stated that the Bureau had no authority over state institutions and would, in fact, be resented if it tried to interfere. Instead, she urged the complainant to organize the women's clubs, chambers of commerce and other organizations to demand local change (U.S. Children's Bureau, 1921).
While the reasons for this avoidance are not completely clear, the fact that the Bureau was concentrating most of its reformist energies in the maternal and child health and child labor fields, both of which continually engendered much controversy, was undoubtedly a factor. The Maternal and Infancy Protection Act (Sheppard-Towner) was passed in November, 1921. This legislation had been sought by the Bureau and its allies, and it thrust upon the Bureau considerable new responsibilities which included development of cooperative administrative relations with state governments (Costin, 1983: 134). The battle to end child labor was even more controversial (Costin, 1983). Undoubtedly Lathrop, and later Abbott, did not want to jeopardize these programs by attacking the states' operations in another arena.

The Bureau did, however, begin to build an understanding of conditions in institutions. First-hand impressions of local institutions were gained by Emma Lundberg and Katharine Lenroot when they made field visits in the early 1920's to juvenile courts in preparation of their study, *Juvenile Courts at Work* (Lenroot and Lundberg, 1925). For instance, they wrote notes describing the City School for Boys, a segregated institution for eighty black and sixty white boys located outside of New Orleans: white boys had school up to the eighth grade, "coloreds" only to the fifth; the white side of the institution had beds (although they were dirty) while the "colored" side had hammocks strapped onto iron frames with no bed linen; the "colored" dining room was particularly repelling:

> bare table, benches with no backs; bread placed on table without plates. Bread was being placed on table for supper, black with flies. Kitchen full of flies. (U.S. Children's Bureau, 1920)

Aside from recording these observations, however, these Bureau personnel appear to have done little to intervene in this situation.

Through the twenties, the Bureau received sporadic complaints about bad conditions in training schools and mistreatment of inmates. A 1929 letter from a former inmate of the Lancaster School in Ohio, for instance, complained of whip-
pings and fatal beatings. A news article, also from 1929, discussing an investigation of the giving of drugs called "twilight sleep" to girls in an Albuquerque girls' welfare home was sent to Grace Abbott, then Chief of the Bureau, for her attention. The response to these issues remained private, at most prompting Bureau personnel to refer the complaints to local officials (U.S. Children's Bureau, 1929b). Apparently the position taken by Lathrop earlier, designed to maintain the good will of state officials, was shared by Abbott.

The reluctance of the Bureau to confront the known problems of treatment of juveniles in institutions directly is demonstrated by an internal disagreement between Lundberg and Abbott. Lundberg had written a report, published in 1924, about an institution for dependent children in Wisconsin, and she felt that the Bureau's editors had done a "white-washing" of it in order to avoid controversy:

\[\ldots\] (a) field study would have little value unless the description could be "critical"—conditions are pretty bad in most of these institutions, and unless a report could be made with the purpose of showing the bad features that have developed, there seemed to me to be little value in such a study. (U.S. Children's Bureau, 1924)

The dispute was not resolved in Lundberg's favor; the published report contained no description at all of the conditions in the institution (U.S. Children's Bureau, 1925), and Lundberg soon left the Bureau.

The Bureau had several other occasions during the 1920's to consider institutional care. In 1927, it published a Handbook for the Use of Boards of Directors, Superintendents and Staffs of Institutions for Dependent Children (U.S. Children's Bureau, 1927), prepared in consultation with an advisory board of persons well-known in the institutional field, both public and private. Although the Bureau did not want to encourage the continued use of institutions for dependent children and said so in this publication, it recognized that such institutions continued to exist in many places. Since they were no longer needed for their original purposes, institutions could undertake "the care
of new types of cases, frequently accepting children, who though not seriously delinquent, require because of home conditions a period of care and retraining under wholesome surroundings.” (Ibid.: 5) The private, residential treatment center was being created out of the old orphanage, and its proper role was to resocialize the pre-delinquent, behavior-disordered child by substituting for the bad influences experienced by him earlier.

If this publication did not discourage the use of the institution, neither did other Bureau activities in the remainder the decade. In general, however, the Bureau’s approach was to concentrate on new and innovative methods of treating delinquency while remaining silent on the subject of the old and outmoded. As the focus shifted to early intervention and prevention, as it did by the mid-1920’s with the growth of the child guidance movement and other clinical programs, older programs were acknowledged as necessary holdovers until adequate numbers of early intervention programs could be established. “Foundations of juvenile delinquency are usually laid in very early childhood,” Katharine Lenroot told the National Commission on Law Observance and Enforcement (the “Wickersham Commission”) in 1929, and thus “early diagnosis and treatment of problems of personality and behavior” were the only approaches which could hope to eradicate the problem. Institutions did not enter the picture until the delinquent was already an adolescent (U.S. Children’s Bureau, 1929c: 169–72). Thus, although reform of the institution was acknowledged as a need, it was not the focal point of the Bureau’s interest.

This attitude was evident again in the 1930 White House Conference on Child Health and Protection’s book-length report on delinquency. Lenroot served as Secretary of the Delinquency Committee of the Conference on Child Health and Protection, and she exerted a prevailing influence in the recommendations which were issued. In its section on correctional institutions, the report attempted to balance mild criticism with description and attention to beneficial programs. The report’s summary statement about institutions was not only optimistic about the benefits of institutions but also rec-
ommended a future role for them to play in the treatment of delinquency:

The institution provides an environment of outstanding value to certain types of children who have always been with us and who always will be. In the future institutions will be adapted to children who belong there, not used as a place for the reception of children merely because they apparently do not belong in society. (The White House Conference on Child Health and Protection, 1930: 232–3)

INSTITUTIONAL STUDIES: THE REALITY

Despite their general reluctance to discuss publicly the realities on institutional practices and to face a confrontation with state officials which might come as a result of such an exposure, the Bureau nevertheless did become involved in several studies of training institutions for juveniles during the 1930's. Its work culminated in a two-part publication *Institutional Treatment of Delinquent Boys* (Bowler and Bloodgood, 1935, 1936), which examined the operations of five institutions and provided a follow-up study of the outcomes of several hundred boys who had been institutionalized.

CRITIQUES BY EXPERTS

One reason for the Bureau's belated attention to institutional issues was an increased interest in the subject among professionals in the field. In 1925, Miriam Van Waters, by then well-known, published an influential study, *Youth In Conflict*, which discussed both the causes and treatment of delinquency. She had made the following, searing remarks about discipline in facilities for delinquents:

Handcuffs, tying up, straight-jackets, immersing in cold water, and various other forms of torture described under the name water-cure, whipping, dosing with drugs to produce nausea, solitary confinement in dark cells, semi-starvation for weeks on a diet of bread and water, or bread and milk, are punishments still inflicted in some state schools. . . . (Van Waters, 1925: 213)
These kinds of "injury" were condemned not merely because they inflicted pain, but also because they "wrecked the spirit of children." Van Waters had added:

If someone remarks that parents use the rod, and other corrective displays of force, let it be clearly understood that chastisement by a wise, loved parent is psychologically different from use of corporal punishment by a state official. The social effect of repressive, violent methods of discipline in state correctional schools is wholly bad, and should be universally condemned by social workers and the community as costly, inefficient, stupid and dangerous. (Ibid: 215)

In 1931, Van Waters, who was then a consultant to the Harvard Law School Crime Survey, published The Child Offender in the Federal System of Justice under the joint auspices of the White House Conference and the National Commission on Law Observance and Enforcement (National Commission on Law Observance and Enforcement, 1931). In this study, she examined what happened to juveniles charged and/or convicted of federal offenses—a problem which was also of concern to the Bureau (see below). She again minced no words when discussing the deficient and even cruel practices which characterized many of the institutions, several of them juvenile training schools operated by the federal government and the states (under contract with the federal authorities), to which juvenile offenders were sent:

The best of the institutions houses the children in large groups, uses basements for living and play rooms, employs disciplinary measures, such as silence at meals, marching, formal routine, and flogging; inmates are frequently at the mercy of boy captains; the worst is not to be distinguished from the prison. . . . Individualization of treatment has not been accomplished. In some instances the child offender is properly clothed, fed, put to school and work, but the needs of the spirit for creative outlets, personal guidance, and satisfying human relationships are unfulfilled. (Ibid.: 106)

Other influential critiques of institutionalization had been written around in the same time. In 1926, William Healy and Au-
gusta Bronner published *Delinquents and Criminals: Their Making and Unmaking*. They noted that in a follow-up of criminal cases in Chicago, 85% had had institutional commitments as juveniles. Because these juveniles had returned to their same living environments and continued to associate with other delinquents, it made little difference to their future whether or not they were institutionalized or to which institution they went (Healy and Bronner, 1926: 78). In 1930, Sheldon and Eleanor Glueck came to similar conclusions in a study of young male offenders in Massachusetts: about 80% of parolees had committed offenses within five years of their release from the reformatory (Glueck and Glueck, 1930). Both of these studies had concerned themselves with boys of an older age than those usually sent to juvenile training schools, and when the Bureau undertook its study in 1930, there was none that specifically looked at the performance of those facilities or at follow-up of parolees from them (Bowler and Bloodgood, 1935: 5).

**BUREAU’S WORK IN THE FEDERAL FIELD**

Perhaps an even more compelling incentive for the Bureau to publish in this area was its own experience studying the plight of juveniles caught in the federal system. As early as 1922, the Bureau had reported and lobbied for the provisions of juvenile court procedures to be available to those youths. Though a Federal Probation Act had been passed in 1925, the Bureau and other advocates were not satisfied with the treatment juveniles continued to get and felt that these juveniles should be, as a matter of law, referred to their state juvenile courts. Enabling legislation for such referrals was passed in 1932, and in 1938, the “Federal Delinquency Law” provided that those not so referred would be charged under federal law not with a specific crime but with the general charge of juvenile delinquency and would be handled in detention and correctional facilities designed specifically for juveniles.

Before these statutory reforms were enacted, the Bureau had been approached by the Justice Department in 1931 to work cooperatively to develop information about local resources, including detention and correctional facilities, for
youths charged with federal offenses so that local federal authorities would have better access to suitable programs for juveniles within their areas. This invitation resulted in a three-year project which involved the visiting of nearly sixty institutions, mostly in the South and Southwest (where most of the federal cases arose).

Most of the institutional visits occurred between the fall of 1931 and the winter of 1934. Although specific reports are not locatable in extant records, the impression is clear that conditions in the institutions visited were often so poor that the child in the federal system had to travel many miles in order to be housed in an institution approved by the Bureau. The situation was particularly difficult for black juveniles, since southern institutions for blacks had appallingly bad conditions while many better institutions, even those in the North, refused to admit blacks. The situation for black girls was desperate; the Bureau knew of only one acceptable institution in the South while many states made no provision for this population at all. These girls were sometimes referred to institutions which had not been evaluated (U.S. Children's Bureau, 1937a).

The problem was discussed by Sanford Bates of the Bureau of Prisons who had initiated the visitation project. In an early issue of the Bureau's monthly publication, The Child, he noted that some children involved in the federal system continued, in 1937, to require admission in institutions far from home because "local facilities are meager and . . . the State school to which the child would be sent is not properly equipped to handle the difficult matter of reforming the juvenile delinquent." Too many institutions were either over-crowded or "not proper" places to which to send children (Bates, 1937).

THE BUREAU UNDERTAKES INSTITUTIONAL STUDY

Until 1935 when its major study, Institutional Treatment of Delinquent Boys (Bowler and Bloodgood, 1935) was published, the Bureau had no material to send to seekers of information about good institutional models. When these requests were made, the Bureau encouraged the writer to correspond directly with institutions thought to be good. As requests for models of
good treatment increased and as stories of cruelty in institutions mounted, the Bureau apparently felt the need to do its own research. Early in 1929, Bureau Chief Grace Abbott began to plan a study of about six of the “best" institutions to be complemented with a study of the adjustment of boys who had been released from these facilities for at least five years (U.S. Children’s Bureau, 1929a).

The plan to conduct an institutional study was prompted, then, by the availability of a new constituency of professionals who were working in the institutional field. Years before, the Bureau had developed a policy to carry out studies only when there seemed to be an interested audience to implement the recommendations which flowed therefrom (U.S. Children’s Bureau, 1923b); the growing number of requests for information in this area apparently fit this requirement.

Abbott’s approach was to reform institutional practices through instruction rather than attack. This approach corresponded with the process of conducting studies to meet the needs of interested constituents. In a communication about the institutional study, she offered the opinion that the Van Waters’ study had “produced no result except resentment. It ought to be possible eventually to be pretty frank in criticism but the position for that will have to be built up gradually” (U.S. Children’s Bureau, 1932a).

By the time the Bureau’s study was published, however, the desire to instruct through positive example had been somewhat diminished by reality: the six “best" institutions were reduced to five “representative" ones, chosen because of their geographical dispersion; their urban, rural and suburban settings; their use of older and newer forms of treatment; and their having placed on parole a sufficient number of boys to provide a useful study cohort for the examination of post-institutional adjustment. No longer exemplary, these five institutions—the Whittier State School (California), the Boys’ Vocational School (Lansing, Michigan), the State Home for Boys (New Jersey), the State Agricultural and Industrial School (Industry, New York) and the Boys’ Industrial School (Lancaster, Ohio)—were described as exhibiting both “the values and the
difficulties" inherent in all training schools (Bowler and Bloodgood, 1935: Letter of Transmittal).

The report was written by Alida C. Bowler, then Director of the Bureau's Delinquency Division, and Ruth S. Bloodgood, a long-time Bureau employee. Interviews for the follow-up study of community adjustment (Bowler and Bloodgood, 1936), were done by "men agents" hired for this purpose. Harrison A. Dobbs, a professor of social economy at the University of Chicago's School of Social Service Administration, who had formerly been Director of the Cook County Detention Home, served as a consultant to the study.

Part 1 — Treatment Programs of Five State Institutions of the publication, over three hundred pages long, provided a careful and detailed description of every aspect of each institution's program. The descriptions were for the most part sympathetic and discussed deficiencies as problems of knowledge or finance rather than ones of malfeasance or mistreatment. Descriptions were not, however, neutral; criticism, polite but clear, was often apparent, especially in regard to the Lancaster, Ohio institution. This facility was of particular interest since it had been the first in this country to be established on the "cottage" system of housing and organized daily activities in keeping with the notion of "family-group life." The report noted that these "cottages" were housing anywhere from fifty to ninety boys, in contrast to the New York State Agricultural and Industrial School which more appropriately housed a maximum of twenty-five boys. The report painted the New York facility as being ideally community-like:

The colonies really seemed somewhat like individual farm homes clustered about a community center which contained the school, work shops and chapels. . . . Each colony had a supervisor and a matron who were husband and wife. . . . The colony supervisor and matron assumed a relationship that was very like that of a foster father and mother. As the colony groups were small . . . the colony father and mother could really know each boy intimately and deal with him on an individual basis. (Bowler and Bloodgood, 1935: 148)
Lancaster, on the other hand, was found to have numerous problems in addition to over-crowding. Administrators with little education, overworked line staff, no formalized administrative structure and little coordination of activities characterized the facility. More seriously, and perhaps consequently, the report noted:

At this school there were many more evidences of regimentation and repression than at the four other institutions included in the study. One of the most striking evidences was the constant passing of long, silent, shuffling lines of boys marching two by two about the grounds. There was also something about the expression of the faces of the boys—sullenness and sometimes fear or hate—that contributed to the impression. Little or no spontaneous conversation and laughter were observed at any time about the grounds. There was a rough-and-ready character to the interchange between officers and boys and a brusqueness in the directions given the suggested military usage rather than ordinary teacher-pupil relations. (Ibid.: 190)

This description was the harshest specific criticism to be found in the study and, by opposites, it indicates what the investigators would have preferred to have found: a congenial, spontaneous and wholesome group of youths being supportively, though firmly, guided by caring and sympathetic adults.

In a seventy-five page chapter, "Recapitulation and Comments," the authors allowed themselves to remark comparatively on the five institutions studied in detail, drawing also on observations from the thirty-seven institutions visited in the federal delinquency project, and to suggest a series of preferred practices for institutions to follow (Ibid: 212–288). These recommendations constituted an undeclared set of standards for institutional conduct. They emphasized the importance of keeping the size of institutions "relatively small," that is, not over five hundred residents; the preference for cottage residential systems; the benefits of civil service for the hiring of staff; and a prohibition against corporal punishment. The report stressed the necessity to develop flexible and varied educational programs which would compensate for prior educational deficits and would expose residents to realistic vocational
opportunities, rather than being organized around the maintenance functions of the institution. But while the report emphasized the vocational goals of teaching modern, skilled techniques, it did not question the role that the institution played in maintaining social and economic class arrangements. These were poor boys bound to join the ranks of poor adults. The most that could be hoped for was that the boys would be exposed to some kind of job which would interest, if not inspire, them enough to become dutiful members of the society at large. Of course, the study was being published in the midst of the Depression, and the best to be hoped for was that these youth would be able to find any sort of steady employment.

The most important set of recommendations—ones that were consistent with a design to increase the presence of social workers in the staffing and administrative control of the institutions—were focused around the need to individualize the treatment of inmates. “Mass treatment,” whether by custodians or by lone psychologists performing routine testing, was decried. Instead, the report recommended that institutions hire more trained psychiatrists, psychologists and social workers so that each youth could receive treatment designed to fit his needs. This recommendation held especially true for the area of aftercare, an area which was uniformly understaffed and ignored but vitally important for the future adjustment of the residents. A boy came to institutions because of failure in his home or community:

It is most unreasonable and absurd to expect this young and inexperienced boy, even after good response to training in the protected life in the institution, to return to an uncorrected home or community . . . and to succeed in resisting the destructive influences there. (Ibid: 284)

An effective parole service, staffed by social workers, would not merely track youths after their discharge from the institution, but more importantly, would evaluate the home setting, remedy it where necessary and fashion alternative living arrangements for boys whose homes were unsalvageable.

The concern with the need for social work professionals in
institutional settings, particularly in regard to the discharge process, emerged again in the second part of the report, *Institutional Treatment of Delinquent Boys—A Study of 751 Boys* (Bowler and Bloodgood, 1936). This study specifically evaluated the behavior of youths who had been institutionalized at the five facilities and then discharged from parole at least five years before the study began. Like the previous studies of post-institutional adjustment referred to above, the Bureau's findings were that institutionalization did not lead to positive adult careers. Overall, only 32% of the subjects had made a successful adjustment (that is, they were "fairly certain to be useful citizens"); 33% had "doubtful" adjustments; and 35% had unsuccessful adjustments (they were "failures beyond any doubt," committing additional offenses or earning a livelihood through illicit means) (Ibid: 98).

After examining a host of possibilities of factors associated with the three outcomes, the writers found that two seemed most important: employment adjustment and the home and community conditions from which the boy had come and to which he returned. These findings provided the basis for a re-emphasis of the need for an "overhaul" of institutional programs in two areas: academic and vocational training on the one hand and placement and supervision after release on the other (Ibid: 120–1).

**INSTITUTIONAL REFORM: PRACTICAL APPLICATIONS**

The emphasis which the Bureau study placed on an expanded social work role in the administrative and treatment aspects of institutional care reflected a shift which was occurring in the ranks of the organized institutional administrators. A new self-consciousness among training school directors appears to have taken place, as reflected by an increased number of articles in professional journals (Winsor, 1935; McHugh, 1935; Derrick, 1936; Dobbs, 1936, for instance). At the same time, a rift took place among the directors of training schools who had met, under the title of the National Association of Training Schools, at the annual meetings of the American Pris-
on Association until 1936 when a sizeable faction of the group voted to meet as part of the National Conference of Social Work instead.

Within a short period of time, the new, social welfare-oriented group sought help from the Bureau in formulating standards for training schools, and they sought Lenroot’s leadership to serve as the head of this project. Lenroot agreed to the title of Chairman of the new Advisory Committee on Training Schools for Delinquent Children, and she provided a staff person, Helen Haseltine, who served as coordinator and researcher for the Committee. The Committee itself had a dual function: advising the Bureau on needed research and recommendations and sharing the Bureau’s findings with training school personnel (U.S. Children’s Bureau, 1938).

No formal report was ever issued by this Committee, although a Subcommittee on Philosophy and Goals did publish a long, two-part statement in the Bureau’s widely circulated periodical, The Child (U.S. Children’s Bureau, 1938a). This statement underlined the importance of keeping out of institutions all but those who, after individual evaluation, were deemed appropriate; emphasized clinical components of training schools (now consistently referred to as facilities for “socially maladjusted children”); and called for the administrative supervision of training schools to be done by the child welfare rather than the correctional branch of government. This point was considered very important; indeed, it was probably considered the crux of a progressive approach to institutional care, because it created:

a spirit free from repression and . . . opportunities for social growth, promised higher standards of care, and assured more appropriate and flexible after-care supervision including long-term care when necessary. (Ibid.: 201)

These recommendations, made in the name of trusted institutional personnel, provided the Bureau with the opportunity to disseminate broadly their views of new and humane approaches toward institutional care which it hoped would become generally accepted. While the formal study of the training
schools was distributed to institutional personnel, libraries and those requesting the report, *The Child* had a wide circulation among child welfare practitioners and bureaucrats, and thus the reformist, child welfare-oriented approach of the Bureau undoubtedly reached many people working in the field.

What happened to the Advisory Committee after the publication of its preliminary statement is not clear. Studies of cottage life, of institutions in Alabama and of institutional treatment of delinquent girls were proposed and discussed internally and at Advisory Committee meetings (U.S. Children’s Bureau, 1937b and 1940a), but these studies never received separate publication, nor were they published in *The Child*. Apparently the Bureau also tried to make peace between the rival training school factions, after the National Association of Training Schools commissioned a study of training schools which emphasized the importance of social work services in the institution (Cox and Bixby, 1938).

A change in Bureau personnel working on delinquency issues, preoccupation with the greater responsibilities of administering the rural Child Welfare Services program (Title V of the Social Security Act), internal and external disagreements as well as general national interest in problems related to the War all succeeded in curtailing the Bureau’s activities in the institutional field specifically and in delinquency matters more generally. In 1940, the Bureau did publish a training school directory which was limited to a very brief description of the location and population of each institution (U.S. Children’s Bureau, 1940).

In 1947, Emma Lundberg, who had returned to work for the Bureau in the mid-1930’s, repeated again the criteria for institutions recommended by the Advisory Committee on Training Schools for Delinquent Children in a chapter of a then-important book on child welfare. She noted:

> The standards which have been cited are those toward which the best training schools in the country have been moving. In practice, only a small percentage of the institutions for juvenile delinquents throughout the country measure up to these requirements as yet. The objectives quoted describe goals, not present achievements. (Lundberg, 1947: 347–8)
Clearly, the studies and the statements published in the 1930's had done little to alter actual institutional practices.

It was not until 1954, after renewed national interest in the problem of delinquency, that the Bureau published *Tentative Standards for Training Schools* (U.S. Children's Bureau, 1954). The Forward to this document stated that the Standards were formulated as a result of requests from the National Conference of Juvenile Agencies and the National Association of Training Schools, the two rival groups which had finally merged in the spring of 1954. The introduction went on to note that no standards in this field could be considered "final," and that these had received commentary from institutional representatives who had met to comment upon them prior to publication (U.S. Children's Bureau, 1954: 1). Thus, before proceeding with pronouncing standards, the Bureau felt it needed the approval of personnel in the institutional field, and the pronouncements themselves were hesitantly made. The standards themselves did not differ greatly from the recommendations made by the Bureau in its 1935 institutional study, despite the claim of "fluidity" in the field.

CONCLUSIONS

Reform of juvenile institutions was a problem which the U.S. Children's Bureau approached slowly and hesitantly. Dedicated to a didactic method of encouraging reform through research and standard-setting, it took the Bureau twenty-three years to publish a major study of training schools for delinquents and nearly another twenty to publish standards for them. The Bureau's reluctance in this area may be explained by a combination of factors: a desire to avoid confrontations with state officials responsible for running institutions, sporadic interest within the professional communities which formed the Bureau's constituency and from which it could expect a response, and a prior hope that its efforts to support non-institutional treatment alternatives would obviate the need to attack the issue head-on.

Part of the Bureau's difficulties in effectuating change was clearly related to the limitations of its methods. Having no
money to dispense during the majority of the time period discussed here, the Bureau could neither coerce change by withholding grants to state authorities responsible for administering juvenile programs nor induce change by offering grants to experiment with more humane institutional practices. When the Bureau did develop monetary control over the dispensing of child welfare monies made available under Title V of the Social Security Act, it sponsored several projects aimed at bettering institutional programs. By 1940, twenty-five distinct projects concerned with training schools and other delinquency matters were being funded in fifteen states (U.S. Children’s Bureau, 1940c). Many of these projects were aimed at studying and reforming the intake and discharge practices of training schools so as to prevent inappropriate commitments and to facilitate returns to home or substitute care. It is not known how successful these projects were, but in any event they were tiny programs, usually employing one or two workers, whose impact could not be expected to be great.

If the Bureau was late to wrestle with the problem of institutional practices and their effects on juveniles, its lengthy studies and work with more liberal institutional directors in the 1930’s demonstrated an ultimate willingness to confront the reality of the institutions’ staying power. Both the studies and the standards announced the Children’s Bureau commitment to humane and instructive treatment of youths whose placement in institutions it now saw as inevitable. In its endorsement of hegemony for social work in the training school field, the Bureau not only sought to move the institutions to treat their wards more gently, but it also sought to reinforce its more firm conviction that it was the home that needed rehabilitation more than the juvenile. In this way, the Bureau perhaps sought to feminize institutional practices, long under the leadership of conservative men. By the end of the period discussed here, the Bureau had begun to refer to delinquents as “socially maladjusted children” and training schools as potential “treatment facilities” for them. While the Bureau’s recommendations for a social work administrative pre-eminence were generally ig-
nored and its new terminology was not quickly adopted, they
presaged the important role which child welfare would ulti-
mately play in the placement and treatment of delinquent chil-
dren (Lerman, 1984).

Institutional care of children—a key issue at the first White
House Conference with which the Bureau was strongly identi-
fied—remained a problematic area for the Bureau to remedy.
Resistive to outside intrusion and firmly entrenched despite
alternative forms of intervention for juveniles, the training
schools thwarted the Bureau’s rather belated and tentative at-
ttempts to alter their practices.

In our own time, the federal effort to challenge the en-
trenched system of juvenile institutions has also met with dis-
appointment. Aided by generous funding authorized by the
Juvenile Justice and Delinquency Prevention Act of 1974, the
federal government was for ten years associated with efforts to
remove status offenders from correctional institutions and, in
general, to minimize the harshness of the juvenile justice sys-
tem. While their specific findings may differ somewhat, the
overall consensus of the evaluators of the modern institutional
reform movement is that it has not worked: total commitments
to public correctional institutions have declined, but lengths of
stay in these institutions have increased and substitute residen-
tial systems, under the auspices of public child welfare, mental
health and drug and alcohol treatment agencies (many of
which support private treatment facilities) have mushroomed,
more than making up for the decline in admissions to the cor-
rectional facilities. Further, while there has been success in
removing status offenders, and especially females, from correc-
tional facilities, there has been no such change for delinquents
who continue to be confined in large numbers to these institu-
tions (Bullington, et al., 1983; Handler and Zatz, 1982; Lerman,
1980, 1982 and 1984; Krisberg and Schwartz, 1983; and
Krisberg, et. al, 1986).

The experience of the Children’s Bureau in the institutional
field in the 1930’s demonstrates an early effort by a federal
agency to reform practices seen as deleterious to juvenile delin-
quents. If these efforts were unsuccessful, at least they acknowledged the reality of the institutions' important role in the delinquency intervention system.

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An examination of the history of mental illness and its treatment over the centuries reveals that the mentally ill have few advocates except each other and that their treatment has consisted of confinement and neglect. Reformers have pioneered for change, experienced brief success, but ultimately conditions for the mentally ill regress. Society continues to abhor mental illness as though its collective consciousness still believes in possession by evil spirits. Discussion of the early history moves from banishment to ships of fools, to European asylums, and to institutions run by the states in America. More recent history focuses on the National Committee for Mental Hygiene and its campaign for child guidance clinics, the Community Mental Health Centers legislation and community support projects. Meanwhile new research provides evidence of the genetic and biological roots of mental illness and advocacy organizations composed of patients and their families pressure for continued reform, public education and research.

Care and treatment of the mentally ill are no longer parochial issues of concern only to mental health professionals, state government employees, and patients. The general public and advocacy groups, comprised primarily of families of the mentally ill, have become more involved in the plight of the mentally ill. As the situation of the millions of homeless persons has received extensive attention, the plight of the homeless mentally ill has come under particular scrutiny. What will the future hold for those who are dislocated and ill, such as the
new breed of young chronic patients, and the mentally ill elderly? It is extremely difficult to predict the future. However, an historical review of the six major movements in the treatment of the mentally ill can better prepare us to move into the next decade, when much-needed services must be provided.

This article begins by tracing the progress of treatment for the mentally ill from the early days of bloodletting and witch-hunts to long-term institutional confinement and punishment. We then turn our attention to an examination of moral treatment and humane care under the leadership of Pinel, Tuke, and Rush in the late 1700s. This is followed by a discussion of the noteworthy reform efforts of Dorothea Dix, who was influential in founding or enlarging 32 state hospitals for the insane. She is also credited with moving the mentally ill out of overcrowded jails and poorhouses and into state asylums for the mentally ill.

The mental hygiene movement, initiated by Clifford Beers in the early 1900s, led to the formation of the National Committee for Mental Hygiene as well as the gradual establishment of chapters and societies in many states. This citizen mental health movement also resulted in the development of child guidance clinics.

The next wave of reform was the community mental health movement, which began in the 1940s and received its greatest impetus from the federal legislation and funding of the 1960s. President Kennedy’s bold new approach would begin the period of passive deinstitutionalization by laying out an organized structure of mental health centers in catchment areas around the country.

Finally, this article discusses the landmark legal decisions on behalf of the mentally ill and the active deinstitutionalization of the 1970s. The reforms of the late 1970s and the current decade of the 1980s include innovations in discharge planning, day treatment and community support programs, job coaching and work adjustment programs, and the family advocacy groups, as well as enormous advances in understanding the human brain and its relationship to mental illness.
As we examine the emergence and impact of each major reform movement, it becomes apparent that each movement was in vogue and flourished for a time before being replaced by the emergence of a different and more humane philosophy. Initial success would turn to overcrowding, retrenchment, scarce resources, and neglect. It is our hope that policy makers can learn from the mistakes of the past by supporting programs with a primary focus on early assessment and treatment of the mentally ill in community settings.

POINT OF DEPARTURE

From the Middle Ages through the seventeenth century, mental illness was viewed as an aberration brought on by evil spirits or witchcraft. It was not uncommon for some mentally ill persons to be executed or persecuted as witches, while others were viewed as "town fools" or "village idiots." These unfortunate individuals were the recipients of acts of charity by some persons while other townspeople treated the mentally ill as objects for their amusement, ridicule, or sadistic acts. Those suffering from mental illness were sometimes kept at home in chains while others were thrown out of their community and forced to survive on their own in the streets or the forests.

During the Middle Ages, treatment of the mentally ill included trephining the skull of the mental patient in order to allow the escape of the evil spirit believed to have caused the madness, as well as exorcism of the evil spirits through religious prayers and rituals. Apart from efforts to remove the demons from the patient by exorcism or divine healing, the patients were often beaten, chained, starved or bled to keep them under control.

According to Michel Foucault (1965), treatment of the insane grew increasingly more inhumane as Western society moved from the Middle Ages into the Age of Reason. Once objects of charity, the mentally ill were sent into the waterways on Ships of Fools and, later, confined to the asylum. The "Age of Confinement" corresponded roughly to the period of scientific enlightenment, the spirit of which permeated the new land
that was America. Moral reformers on both the European and American continents would attempt to humanize the asylum, but would not abolish it.

MORAL TREATMENT

The first major effort to provide humane care to the mentally ill occurred in the late eighteenth and early nineteenth centuries. This major reform movement has become recognized and referred to as "moral treatment." Moral treatment was initiated by three humanitarian reformers: Dr. Philippe Pinel in France; William Tuke in England; and Benjamin Rush in the United States.

In 1792, Dr. Philippe Pinel was put in charge of the Bicetre Hospital in Paris. Pinel had the chains removed from hundreds of insane patients and moved them out of the dungeons where they had been kept. He successfully changed Paris' worst asylum from a punitive and repressive institution to a progressive psychiatrically-oriented hospital (Rothman, 1971; Dain, 1964). Pinel's view (which was perceived as radical in the 1790s) was that the mentally ill were not incurable criminals but were ill persons who could be cured by being sent to a mental hospital where they would receive "considerate treatment, occupational therapy, entertainment, mild exercise, good food and comfortable lodgings" (Dain, 1964: 5).

Pinel's book, *Treatise on Insanity*, was published in 1801 and received wide acclaim. His theory of moral treatment became the basis for French laws pertaining to mental health. Pinel was appointed to a top medical school faculty position and for twenty years taught medical students the principles and practices of moral treatment of the mentally ill (Bromberg, 1975).

William Tuke, a Quaker and a layman was influential in changing attitudes toward the mentally disturbed in England in much the same way that Pinel was improving the conditions in France. Tuke rejected the punitiveness and brutality of the English wardens and became an advocate for treating mental patients with humanity and dignity. His two major accomplishments included: writing a widely read book entitled, *Treatise of the Moral Treatment of the Insane*, and founding a small
therapeutic retreat for the insane at York in Northern England in 1796.

Tuke lived at the Retreat and treated the patients as members of his family. The residents were encouraged to participate in moderate physical exercise. Social reformers and physicians from throughout Europe and America came to view Tuke’s methods. Three generations of Tukes continued the work of William Tuke in treating the mentally ill with kindness, respect and humanity.

In the early 1800s, Dr. Benjamin Rush introduced the theory of moral treatment at Pennsylvania Hospital in Philadelphia, the first hospital in the United States dedicated to providing humane moral treatment for the mentally ill. This hospital was built by the Pennsylvania Quakers and patterned after England’s York Retreat. The Friends Asylum in Pennsylvania was founded in 1817 and Hartford Retreat in Connecticut began soon after in 1824. By 1847, 30 asylums for moral treatment had been established along the East coast from New Hampshire to South Carolina.

The first American state mental hospital, established exclusively for the seriously mentally ill, was opened in 1773 at Williamsburg, Virginia. This institution marked the beginning of state responsibility and state care for the insane. Virginia’s state Lunatic Hospital “was built entirely at state expense and the indigent patients therein were wholly supported by state funds” (Deutsch, 1949: 230).

Fifty years elapsed before other states began to follow Virginia’s lead. In 1822, Kentucky opened a state mental asylum for paupers and indigent insane persons in Lexington, Kentucky. In 1833, Worcester State Hospital in Massachusetts was opened, followed by the Utica Asylum in New York State. Between 1836 and 1842, nine new public hospitals were opened (Deutsch, 1949).

Dorothea Dix, who had worked as a Sunday School teacher and was in poor physical health, began her advocacy efforts for the poor and insane in the early 1840s. Dix was able to obtain the support of elite and influential persons in New England as she became an outspoken advocate for the building of state
mental hospitals. She encouraged political leaders nationwide to introduce bills in their state legislatures for the building of mental hospitals. Dorothea Dix and her allies worked tirelessly from 1847 to 1854 in an attempt to convince Congress to pass the "12, 250,000 acre" bill (Grob, 1966; Deutsch, 1937). Enactment of this federal bill would have resulted in granting the proceeds of a federal land sale for the building of public mental hospitals. Congress did pass the bill for which she had lobbied but it failed to be enacted because of President Pierce's veto. Pierce's rationale for the veto had been that the care of the mentally ill was the province of the states not the federal government.

As a direct result of Dix's indefatigable efforts, 32 public mental hospitals were founded. Unfortunately, these institutions soon became holding pens for impoverished immigrants, people who had difficulty adjusting to rapid social changes and industrialization, and an increasing number of disabled elderly.

Moral asylums were designed to be relatively small so that staff-patient relationships could be developed and a therapeutic milieu sustained. By the 1850s, public mental asylums were transformed from small facilities into large, custodial mental hospitals. With the rapid influx of impoverished immigrant groups and the increased numbers of paupers, state governments chose to expand asylum capacities and build larger institutions for the mentally ill. The hospitals grew in size and became overcrowded—filled beyond their capacity (Deutsch, 1937). Reforms of the past had faded. The stage was set for the next social movement, which was not to begin until the early twentieth century.

MENTAL HYGIENE MOVEMENT

The next important reform movement that challenged institutional treatment was the mental hygiene movement. This reform received its greatest impetus and leadership from the fervent work of Clifford Beers, advocate for the humane treatment of the mentally ill. Beers published his autobiography, A Mind That Found Itself, in 1908. This groundbreaking and influ-
ential book became a classic in the field. Both the general public and the academic community paid special attention to Beers’ personal account of the harsh treatment he had received during his years of institutionalization (primarily at the Connecticut State Hospital for the Insane at Middletown).

The book’s strength was derived from Beers’ candor in discussing his illness while also reporting that the asylum had done nothing to cure him. While Beers was institutionalized he observed that the patients who were passive and self-sufficient (requiring little attention from staff) were also generally those who least needed treatment. In contrast, the patients who were infirm or needed assistance were often abused due to the very helplessness which necessitated aid from the staff. The treatment for some of the violent or troublesome patients was a padded cell that left them half-frozen for days at a time. Other irksome patients were assigned to the violent wards where the loud noises and horrendous smells constituted an “exquisite torture” (Rothman, 1980).

Beers’ goal was not to close the asylums but rather to improve the dreadful conditions and eliminate the physical abuse that was so prevalent. Accordingly, he advocated for higher salaries and improved living conditions for attendants hoping that persons with a more humane and sensitive outlook would become interested in working in an asylum.

Beers’ book was of high literary quality and was endorsed with a laudatory foreword by William James. The book continues to be regarded as a classic in the field, having been reprinted 41 times since it was first published in 1908. A year after the book’s publication Beers organized the National Committee for Mental Hygiene, which was the forerunner of the National Mental Health Association.

The National Committee had a directing board which included several esteemed psychiatrists, medical and public health officials, and politicians as well as lay people (Lemkau, 1982). Such well-known persons as Jane Addams, William James and Adolf Meyer became actively involved in the Committee’s work. Meyer is credited with convincing Beers to extend the focus of their movement to include prevention of men-
tal illness. Meyer also worked on the development of such projects as outpatient clinics, aftercare programs, and educational outreach to warn the public about bad mental habits (Dain, 1976; Rothman, 1980).

Beers was directly involved in helping states establish their own mental health association. The primary goal of the early state associations was to organize concerned citizens into coalitions so that they could advocate for correcting the abuses in the state asylums. The first such association (the Connecticut Society for Mental Hygiene) was founded by Beers in 1908 followed by the formation of societies in Illinois (1909), New York (1910), Maryland, Massachusetts and Pennsylvania (all in 1913), and Indiana (1916). (Indiana Mental Health Memorial Foundation, 1966).

In 1922, the National Committee for Mental Hygiene launched a five-year demonstration project developing child guidance clinics in eight cities with financing from the Commonwealth fund in New York City. St. Louis was selected as the site for the first child guidance clinic (Stevenson, 1934). By the 1930s and 1940s large numbers of psychiatric social workers had been hired to work in teams with psychiatrists to treat emotionally disturbed children and pre-delinquents.

Although the clinics were usually directed by a psychiatrist, social workers formed the core of clinic operations as they worked with children, families and school and court personnel. Levine and Levine (1970) found that social workers eventually came to dominate these diagnostic, treatment and delinquency prevention clinics, if not in status then certainly in numbers and in their significant influence on practice with children exhibiting behavioral disorders. By the late 1950s, the number of child guidance clinics had grown to over 600, most of them located in large cities (Robison, 1960; Teele & Levine, 1968). Many of the child guidance clinics would later form the foundation for a community mental health program.

COMMUNITY MENTAL HEALTH MOVEMENT

The concurrent decline of the mental hygiene movement and the rise of the community mental health movement oc-
curred soon after the end of World War II. Several community-based models emerged and major legislation was passed. By 1947 extramural mental health services such as home care and outpatient clinics had been established by 15 state agencies that ran state hospitals and seven state departments of health (Lowry, 1953).

The models for brief treatment and crisis intervention, consultation and education in community settings were developed by Erich Lindemann during his early work at the Harvard School of Public Health and the Wellesley Human Relations Service in Massachusetts. Lindemann’s methods were based on helping people to cope with the crisis of bereavement in the aftermath of the tragic Coconut Grove Fire in Boston in which dozens of people were killed (Lindemann, 1944; Mora, 1967). His models and techniques were used by the first community mental health centers (Caplan, 1964; Goldman & Morrissey, 1985).

The National Institute of Mental Health (NIMH)—“the national focal point of concern, leadership, and effort for the mentally ill”—was created through the National Mental Health Act of 1946 (Foley & Sharfstein, 1983: 19). The 1946 Act marked the first significant federal legislation in the mental health field. This landmark legislation authorized $7.5 million for the following purposes:

1. Fostering and aiding research related to the cause, diagnosis, and treatment of neuropsychiatric disorders; 2. Providing for the training of personnel for the award of fellowships to individuals, and for grants to public and nonprofit institutions, and 3. Aiding states in the prevention, diagnosis, and treatment of neuropsychiatric disorders through grants and technical assistance (U.S. Congress, 1946: 1; Foley & Sharfstein, 1983: 19).

The next significant federal legislation in the mental health arena was the Mental Health Study Act of 1955. The 84th Congress passed the Mental Health Study Act that authorized the formation of the Joint Commission on Mental Illness and Health (U.S. Congress, 1955). Congress then appropriated $1.25 million for the Joint Commission to conduct a nationwide
study of the approaches to treating mental illness and to make recommendations for improving the care and treatment of the mentally ill. The Commission completed its work in 1960 having produced ten monographs. The final report, entitled "Action for Mental Health" (1961) called for a major change in the system of care for the mentally ill. The most important recommendation of the Joint Commission's final report was in the area of secondary prevention: "If the development of more serious mental breakdowns is to be prevented . . . one fully staffed, full-time mental health clinic [should be] available [in their community] to each 50,000 of population." (In 1960, that would have amounted to some 3,000 clinics). Such clinics, the Commission stated . . . "are a main line of defense in reducing the need of many persons with major mental illness for prolonged or repeated hospitalizations" (Joint Commission on Mental Illness and Health, 1961:XIV). Upon reaching the desk of President John F. Kennedy, the final report of the Joint Commission found a highly receptive audience. With the purpose of converting the monographs into a politically persuasive set of recommendations calling for a national mental health program. President Kennedy appointed an Interagency committee on Mental Health (Sec'y. of Labor, the Sec'y of Health Education, and Welfare, the Administrator of Veterans Affairs, Representatives of the Bureau of the Budget, the Council of Economic Advisors and staff members of NIMH).

President Kennedy took the recommendations of his Interagency Committee on Mental Health (which were submitted to him in December, 1962) and embodied them in his historical call to Congress of February 5, 1963. This special message became known as President Kennedy's "bold new approach." The President's address on mental health and mental retardation was historically significant because it was the first time in American history that a president set the stage through a special speech for new legislation on mental health and illness. President Kennedy's "bold new approach" proposed a national mental health program based on comprehensive community care. Hearings began soon after the president's special message to Congress. Within a few months Congress passed
the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (U.S. Congress, 1963). This important legislation led to the development of over 760 community mental health centers in the next 18 years (Winslow, 1982: 273).

The community mental health centers legislation was to make significant progress in the delivery of public mental health services throughout the country. Most notable was their success in increasing the quantity of community-based outpatient care and partial hospitalization services. Between 1955 and 1977, the total number of episodes of patient care in the United States increased from 1.7 to 6.9 million. By 1977, CMHCs were responsible for 32 percent of patient care in contrast to none in 1955 (Dowell & Ciarlo, 1983: 97).

Despite the profound change in policy forged by the designers of the new legislation, analysts and critics have labeled it as more ideological and political than rational in its approach to the problems (Connery, 1968; Chu & Trotter, 1974). They argued that the five essential services (outpatient, inpatient, emergency, and partial hospital services and consultation and education) were not clearly linked to desired outcomes (Chu & Trotter, 1974). Planners had not anticipated the tremendous needs of institutionalized patients who may be discharged to communities and had given only limited direction as to what the goals of the policy were and how to reach them. Generally, CMHCs developed with a relatively healthy clientele in mind; chronically and severely ill patients remained in hospitals or went into the community where they “slipped through the service-delivery cracks.”

DEINSTITUTIONALIZATION

Mental health policy and ideology in the 1960s reflected a conservative and optimistic approach to reform. By the 1970s, 1960s style social activism confronted the mental health bureaucracy. Civil rights lawyers and consumer advocates took a more active stance vis a vis state mental hospitals and their administrators. Pressure to grant civil rights to patients and to forsake institutional patterns of earlier years accelerated. The
bureaucracy responded by adopting policies and programs that actively addressed deinstitutionalization of chronically and severely mentally ill patients.

Backed by historical and philosophical analyses that attacked the practice of incarceration (Foucault, 1965; Rothman, 1971), civil rights advocates for the institutionalized mentally ill pushed forward to victory in case after case in courts across the land. The Wyatt versus Stickney decision in 1972 established the right to treatment in the least restrictive setting and set minimum standards for adequate habilitation (Stone, 1975; Mechanic, 1980; Prigmore and Davis, 1973). Following the Wyatt/Stickney decision came several others. Among them was the Supreme Court decision in favor of Kenneth Donaldson, who later became a public speaker for the rights of the incarcerated mentally ill (Donaldson, 1976). Donaldson's story revealed how he had been held against his will for fifteen years in a Florida institution until he was finally rescued by the attorneys and advocacy groups who helped him take his case through the courts.

Advocacy groups, such as the National Mental Health Association, assisted Donaldson with his case and with the public speaking campaign afterwards. More militant groups, like the National Alliance of Mental Patients, also emerged (Chamberlin, 1978). The names of the early mutual-aid advocacy groups—Network Against Psychiatric Assault, Fire and Rain, Coalition to Stop Institutional Violence—reflect their anger toward the psychiatric and bureaucratic establishments. The militant self-help organizations have not enjoyed wide success in efforts to sustain and assist the many chronic mental patients who were to leave hospitals in late 1970s and 1980s, but the idea that patients can help other patients survived. This concept was bolstered by the research of George Fairweather and his associates (Fairweather, Sanders, Cressler & Maynard, 1969). The Fairweather Lodge model of community care provided an opportunity for evaluation of experimental and control groups of patients following discharge. The experimental lodge program, heavily dependent on peer helping, showed positive results. New developments in mutual aid and evalua-
tion of its effectiveness were to follow throughout the next two decades.

By 1975, policy makers had been convinced that the original community mental health centers legislation would not bring about the demise of institutions nor would it guide implementation of needed services to those whose civil rights required that they be discharged to less restrictive settings. Amendments to the CMHC legislation required seven new services. Those services included: specialized services for children and the elderly, court screening prior to hospitalization, follow-up service, transitional living facilities, alcohol abuse and drug abuse treatment (Kuramoto, 1977; Foley and Sharfstein, 1983). By this time, community mental health centers had also begun to implement treatment programs for alcoholics that had been mandated by the 1970 Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act.

By 1975, the number of state hospital residents would decline from 550,000 in 1955 to less than 200,000 (Presidents Commission on Mental Health, 1978). The greater numbers of mentally ill in the community were beginning to have an impact. Community mental health workers struggled to develop new ways to serve them, often with little direction and little budgetary support. The Community Support Program (CSP), initiated in 1977 by the NIMH, would assist in developing community supports to the chronically and severely mentally ill.

The CSP attempted to develop "a network of caring and responsible people committed to assisting a vulnerable population to meet their needs and develop their potentials without being unnecessarily isolated or excluded from the community" (NIMH, 1979: 1). Components of the CSP model were essentially those now considered the essence of a psychosocial rehabilitation model on the order of Fountain House in New York and Thresholds in Chicago (Beard, Propst & Malamud, 1982; Dincin, 1975). Although funding for CSPs has declined with the cutbacks of the 1980s, the psychosocial model endures and evaluation of its effectiveness has supported the model's efficacy (Bond, Dincin, Setze, & Witheridge, 1984; Stein & Test, 1978; Test, 1981).
By the end of the 1970s decade, the Mental Health Systems Act would emerge as an historic document representing the apex of the past 25 years of policy directed toward community care for the mentally ill. In addition, the 1980 act reflected the growing trend toward fiscal accountability and regulation in government. By 1981, however, the Reagan administration had repealed the act and the stage was set for the themes of the 1980s: cutback and local control.

DECADE OF SCARCITY

The 1980s have pressed mental health policy makers and practitioners to deal with scarcity and to institute accountability measures. The Omnibus Reconciliation Act of 1981 abandoned federal policy direction enforced by centralized funding and in its place came block grants to states, which allowed them to develop programs independently. Further, the new legislation cut the allocations of federal dollars and cuts have continued (Foley & Sharfstein, 1983, p. 136; Morrissey & Goldman, 1984).

One of the paradoxes of cutback is the decrease in the number of qualified professionals at a time when creativity and skill are most needed (Levine, 1979). In mental health, the use of paraprofessionals to serve the poor in public programs has raised concern for quality and prompted some to advocate for fewer but better professionals complemented by mutual self-help programs (Korten, 1981; Hansell, 1982). Moreover, cutback in funding coupled with the necessity for expensive support services to a chronically ill population presented policy makers with conflicting demands. Community mental health centers are now more likely to provide services that generate revenue. Billable services, however, are often not appropriate for low income, chronically ill mental patients. Furthermore, the reimbursement criteria have resulted in a gradual decline in the use of outpatient services because insurance companies are usually more likely to reimburse for inpatient rather than outpatient care. (Dowell & Ciarlo, 1983)

Mental health administrators in the 1980s agree that chronic mental illness is a top concern (Ahr & Holcomb, 1985). The belated public policy focus in this area has been supported by
at least three factors: (1) The publicity surrounding visible homelessness among the deinstitutionalized mentally ill, (2) Research findings that give direction for treatment, and (3) Pressure from consumer advocacy groups, such as the National Mental Health Association and the National Alliance for the Mentally Ill (NAMI).

By the mid-1980s, those receiving institutional care had decreased to approximately 125,000 (Mechanic, 1986), however, many formerly institutionalized in state hospitals had simply been transferred to nursing homes. According to the most recent nursing home survey in 1977, 100,000 formerly institutionalized mental patients now reside in nursing homes (Department of Health and Human Services, 1980). Moreover, it is suspected that many of the mentally ill have been incarcerated in jails and prisons. According to the 1980 U.S. Census there were 466,000 persons in correctional institutions. Studies of jail and prison inmates in California, Colorado, and Oklahoma indicated that 6.7, 5.0 and 5.2 percent respectively were psychotic (Lamb & Grant, 1982). When the average of these percentages is used (5.6 percent), an estimated 26,000 seriously mentally ill persons are confined in jails and prisons.

Although David Rothman predicted that institutional care and community care could not co-exist (Rothman, 1980) and despite continuing battle for the same funds, recent appraisal indicates that due to differing responses to treatment, both community and institutional care are needed (Gudeman & Shore, 1984). Psychosocial rehabilitation strategies continue to dominate community planning for high priority patients. These strategies include vocational assistance, housing in the form of group homes and other communal living arrangements, day services and self-help clubs (Beard, Propst & Malamud, 1982; Reinke & Greenley, 1986). Despite the well-supported evidence for their effectiveness, community support programs are not sufficiently funded to prevent homelessness among the mentally ill in American cities.

Although public programs have not been able to totally reverse centuries of incarceration for the mentally ill, research in biochemistry and family relationships has promised a some-
what brighter future for some patients and their families (Andreasen, 1985; Whybrow, Akiskal & McKinney, 1984; Gold, 1987; Falloon, Boyd & McGill, 1984; Taylor, 1987). Research on schizophrenia has shown brain abnormalities that are clearly biological (Taylor, 1987). Although these findings have not pointed toward cure, they have clarified the problem and given direction for more appropriate treatment and for family care. Findings on the biochemistry of mood disorders are more hopeful (Gold, 1987).

As research findings have given strength to a disease concept of mental illness, biopsychiatrists have joined with self-help advocacy groups like NAMI and the National Depressive and Manic Depressive Association (NDMDA) to form a new coalition in the field of mental health. Mutual-aid groups in mental health have expanded and multiplied (Powell, 1987; Zinman, 1986; Kurtz & Chambon, In Press). Some of these groups are therapeutic in nature and respond to gaps in public services. One group that particularly serves the severely mentally ill is GROW, recently the object of an intensive NIMH-sponsored evaluation (Rappaport, et al., 1985). Other associations, NAMI and the NDMDA, promise to become a powerful collective force in public education and advocacy for research and social policy reform (Hatfield, 1984; Kurtz, 1987).

While services to the chronically mentally ill have expanded and adapted in the 1980s, other groups of people in need of caring remain underserved (Jerrell & Larsen, 1986). The social movements and research findings that have attracted attention in the first half of the 1980s will go on to forge new directives and new policies. Those whose needs have been ignored will find a voice in the years just ahead.

THE FUTURE

Who are those groups who will attract attention in the years to come? One group will clearly be the elderly (Fleming, Rickards, Santos, & West, 1986). Another group, whose voice is being heard now, is composed of the families of the mentally ill. Research findings on depression point toward unanswered questions about why women seem to suffer from its grip more
often than do men (McBride, 1987). The needs of women require and will receive more attention. Moreover, the NIMH has just started to launch a major training campaign on the treatment of depression (Runck, 1986). Policy makers and administrators in the public arena will have to struggle with the increasing bifurcation of care: private care for the affluent and underfunded public care for the poor. Finally, perhaps the biggest question for the future concerns the continuing ability of community care programs to bring an end to centuries of incarceration for the mentally ill. Will social activists and researchers inspire policies which treat humanely those who exhibit deviant and even criminal behavior or will we see a return to confinement for large numbers of sick people?

REFERENCES


This paper explores Wiseman's theory of policy intervention using a case study of institutional abuse for illustration. Social policy intervention is an ongoing process. In this case, a single policy agenda, deinstitutionalization, was modified by a variety of stakeholders and compounded by a series of other child specific policy agenda including child abuse reporting procedures.

The success or failure of social policy is usually judged on the social impact which that intervention achieves. Policy evaluation also often assesses how close the final outcome of the intervention is to the official intention of the policy. While some degree of focus on the final outcome of intervention seems valid, indeed critical, Wiseman (1979) has cautioned that to focus exclusively on the end state misunderstands the degree to which social policy intervention is an ongoing process of change.

The opportunity to develop a theory of policy intervention expands when such intervention is viewed as a process. Researchers can track how abstract goals are translated into specific policies, practices, and procedures. The role of various stakeholders in the social policy—including policy target groups and those responsible for day-to-day implementation of that policy—and their wide variety of strategic reactions ranging from adjustment and acceptance to circumvention, subver-
sion, and open rebellion can be evaluated. And finally, the role of social engineers who may monitor the response to their policies either regularly or in reaction to occasional, severe crises can be assessed.

This paper relies on a case study to test the thesis that is implied in Wiseman's formulation of a tentative theory of social policy; that is, it is the quality of the change process no less than the quality of the official purpose of the intervention that determines the efficacy of the social intervention. Thus, a policy which may be judged a failure along some specified criteria by virtue of the achieved impact may owe its shortcomings as much, if not more, to the process of intervention as to the efficacy of the policy itself.

THE CASE STUDY

The decision to close Charity House (a pseudonym), a group care facility for children, may be viewed as a failure of social policy intervention: in this case, the social policy of deinstitutionalization. When Charity House's host state adopted a policy of moving children from state sponsored institutions in the early 1970s, the sponsors of that change had some clear official goals in mind:

1. The developmental needs of children were not being met adequately in existing institutions.
2. Moving this target population into a deinstitutionalized setting would help control the spiralling costs of institutionalized care (Scull, 1977).
3. The smaller deinstitutionalized setting would allow the opportunity for the creation of a home-like environment, and for the utilization of small group therapy.
4. Many of the inherent negative outcomes of institutionalization—from labeling and stigmatizing to violence and abuse—might be avoided.

Charity House, a Nineteenth Century church-sponsored orphanage, became a conduit for the implementation of the policy of deinstitutionalization. A number of important changes were undertaken by Charity House as a way of adjusting to this new policy thrust. Most particularly, the program moved
toward a less restrictive model of care with major modifications in the number of children treated and the types of living arrangements that were made (Kadushin, 1980).

A widely publicized incident of child abuse in the early 1980's invited intense investigation of day-to-day program operations both by the state agency purchasing services and the parent church. The state sent in an evaluation team made up of two state-employed social workers and an applied sociologist (the author) hired from the outside to act as the senior member. The team report assessed day-to-day program issues and concluded that significant goals of deinstitutionalization had gone unfulfilled at Charity House. In response, state social workers gradually reduced the number of children referred to Charity House, and the church announced its decision to close the facility entirely.

The data gathering process followed by the state team adhered to what Patton (1978) calls ”utilization-focused evaluation” and Payne (1981) has termed a ”critical appraisal” model. This process focuses on helping the institution improve day-to-day program practices. During the evaluation, interviews were held with the program administrator. The evaluation team also toured the facility, interviewed staff members, attended staff meetings, and reviewed records and other pertinent material including daily logs recording both youth and cottage activities. A state report summarized the findings of the team. Once the evaluation process was completed, interviews were conducted with the other team members (both social workers) and state agency administrators to provide additional insight into the process. Finally, local news coverage of the child abuse incident was tracked in order to assess how the event was presented to the general public and the impact of negative publicity on the day-to-day operations of the program.

The Charity House story might be viewed as an example of the ”failure” of social policy intervention. However, careful examination of the process of change rather than of the final outcome alone illuminates substantially the dynamics that led to the closing of Charity House. Since social policies are not created in a vacuum, they must, in Wiseman’s words, “sup-
port, deal with, or deflect" (1979: 7) myriad other social and environmental forces, not the least of which are other social policies which must co-exist within the same environment. To develop the main thesis of this paper concerning the interrelationship between the process of change and the resulting end state of that change, I examine the process of policy intervention and implementation at Charity House. More generally, I argue that the methodology of conducting case studies of policy intervention at the day-to-day implementation level provides an irreplaceable tool for achieving a systematic understanding of the interrelationship between process and outcomes.

CHARITY HOUSE: POLICY IN PRACTICE

Charity House was founded in the mid-1800s as a home for orphans. As such, Charity House’s foundation rests on the child saving movement of the mid-nineteenth century and its unique brand of denominationalism, hard work, and lack of individualized treatment (Platt, 1969; Costin, 1984).

In the early 1950s, Charity House relocated in the suburbs. The physical plant, by 1950s standards, was spacious and modern: primarily one story with a main central area which housed offices, a chapel, meeting rooms, and a main kitchen. A long corridor led from the front of the facility to the rear portion, which had a series of ten residential wings that could house up to 120 children. There was a separate school located on the grounds for both residents and day students.

Therapeutic expectations for out-of-home care began to shift dramatically in the 1960s. Project Head Start, Title XX of the Social Security Act, amendments in AFDC legislation, the passage of the Juvenile Justice and Delinquency Prevention Act of 1974, and the implementation of the Child Abuse and Prevention Act all emerged out of concern for children’s developmental needs (Jansson, 1984). These policy decisions were at least in part based on ecological assumptions that attempt to recognize the environmental influences that affect children (VanderVen, 1981).

As part of this dramatic shift in the area of policies toward
children, political liberals and welfare professionals with optimistic assumptions about the efficacy of the therapeutic milieu initiated a movement that eventually culminated in the deinstitutionalization of children who previously had been assigned to state facilities, and the placement of many of those children in relatively smaller, community based, and privately run centers (Kadushin, 1980). This move toward deinstitutionalization spurred policy shifts intended to support the underlying assumption of deinstitutionalization; namely, that children should be treated in ways significantly different from traditional treatment methods, some of which dated back to the inception of children's reformatories in the late 1800s (Platt, 1969; Gould, 1976).

The policy of deinstitutionalization appealed to a broad and diverse constituency. To fiscal conservatives, for instance, deinstitutionalization held out the promise of controlling the spiralling costs of institutionalized care (Scull, 1977). To advocates of therapy within small group settings, deinstitutionalization opened the door for the dramatic growth of their preferred therapeutic milieu. And for those with more open-ended humanitarian concerns, deinstitutionalization guaranteed the closing of facilities built in the 1800s with their general warehousing of children, and offered the chance for children to be treated in home-like settings.

Another important aspect of the environmental context that produced deinstitutionalization was the growing theoretical and ideological skepticism toward traditional modes of therapeutic care. Goffman’s seminal works of Asylums (1961) and Stigma (1963) together with the emergence of the popularity of labeling theory as discussed by Becker (1963), Scheff (1966), Lemert (1951) and others helped to portray institutional life and its victims as well as the responsibility of a type of societal response which resulted in the label of deviance. The negative labeling inherent in the process of institutionalizing patients became of significant concern.

While sociologists analyzed the impact of the treating institutions, psychiatrists like Szasz (1961) offered a radical critique of the treatment itself; accusing psychiatric professionals
of inventing diseases that more rightly could be called "problems in living." Treatment of such problems, these critics reasoned, might best take place within an educational setting rather than institutions for the mentally ill.

Deinstitutionalization marked a significant change from traditional models of social control (see Scull, 1977). Especially for children, who sometimes were institutionalized because they were victims of negative family dynamics or guilty of minor infractions of the juvenile justice code, deinstitutionalization marked a dramatic departure in the model of care. This model was given major support by Goldstein, et al.'s (1973) advocacy of "the least detrimental alternative" as opposed to the "best interests of the child" model of intervention. Their work forced practitioners to understand the limits of intervention. Together with the rise of the fragmented but vocal movement for children's rights in the 1960s, the support for deinstitutionalization grew (Margolin, 1978).

Finally, the argument for deinstitutionalization struck an ideological note. Rains (1984) argues, for instance, that twentieth century reforms for juvenile delinquents have been spurred by the belief that children should be placed in family as opposed to institutional settings. This argument held all the more so for non-delinquent children. And while the rehabilitation literature does not overwhelmingly point to the superiority of alternative settings, from an ideological perspective the process of normalization and the use of less-restrictive settings are viewed as clearly advantageous (Kadushin, 1980).

THE TURBULENT ENVIRONMENT

In the community-based care model, private vendors emerged to fill the growing placement needs of the state after deinstitutionalization. State agencies engaged in a purchase-of-service relationship with these private vendors. The assumption behind this approach was that the state would be in a position to choose selectively the best program based on the individual treatment needs of the child and foster a healthy competition among vendors for the provision of quality care (Costin and Rapp, 1984).
Permanency Planning and Accountability

The political environment that had supported and created the deinstitutionalization movement did not remain static. The idealistic optimism of advocates for deinstitutionalization changed to a mood of critical reflection during the 1980s. While stories of children languishing in institutions had helped to spur the movement for deinstitutionalization, stories of children languishing in group care homes helped to spur the movement of permanency planning. Permanency planning stipulated that any out-of-home placement should be a temporary measure and that a child’s roots were with his/her biological or potentially adoptive parents. The policy was compatible with the “least detrimental alternative” model (Goldstein et. al., 1973)

This commitment to permanency planning, together with emerging concerns with the issue of accountability in purchased services came to a head in the early 1980s with state-based movements to reduce taxes, thus curtailing money for human services (and other public services). The “taxpayers’ revolt” of the early 1980s, with its emphasis on fiscal accountability and efficiency, forced state agencies into a position of finally asking private vendors what the state was getting for its money in terms of quality of care. Up until then, very little monitoring and evaluation of services had occurred.

Even though Charity House’s host state was committed to deinstitutionalization and other related policies, institutions for children still existed. The state had closed its own training schools for delinquents. And a number of large private institutions (like Charity House) had modernized or modified their physical plants in an attempt to make them more home-like and altered their therapeutic goals in part by taking fewer children. Nonetheless, these latter facilities still existed and a phrase in the therapeutic community was developed to describe such a modified program—a deinstitutionalized institution (Kadushin, 1980).

Child Abuse Policy

Violence and abuse have long been an integral, even inevitable part of institutional life (Goffman, 1961; Platt, 1969; Roth-
man, 1971; Sykes, 1971; and Wooden, 1976). Awareness of the issue, particularly as it related to children, rose dramatically in the 1970s with the spreading use of pediatric radiology and the concomitant discovery of the "battered child syndrome" (Kempe et al., 1962), leading to the adoption of nationwide child abuse reporting procedures (Phohl, 1977). Theorists focused concern further by defining abuse as either physical or emotional acts of commission (Bourne, 1979), or by understanding abuse as the result of the interaction between individual pathology and socio-cultural, ecological phenomena (Zigler, 1979).

In general, the policy response involved a series of state mandated reporting and investigation procedures, commitment to secondary prevention, or after-the-incident prevention (Zigler, 1979). However, an awareness that it is necessary to change an abusive ecology to intervene effectively in instances of abuse (Newberger, 1979), moved some state agencies beyond after-the-fact intervention. When the abuse took place within an alternative setting such as a group home or a deinstitutionalized institution, the host state choose to move toward an evaluation of the ecology of that setting, a step toward primary prevention (Zigler, 1979).

THE CHARITY HOUSE RESPONSE

In the 1970s, with the adoption of both the philosophy of deinstitutionalization and the purchase-of-service system, Charity House became a private vendor for the state. The wings of the plant were called "cottages". Fewer religious staff worked in the facility and more lay staff took over pivotal roles. Charity House began to change into a deinstitutionalized institution. The program moved toward a less restrictive model of care with major modifications in the number of children treated and the type of living arrangements that were made.

Perhaps the most critical change, because of its history of being an orphanage, was the need to re-orient its therapeutic thrust. The policy of permanency planning clashed dramatically with Charity House's traditional "orphanage mentality." Essentially, Charity House now had to adopt a model of care
which emphasized short-term, quality intervention as opposed to their past orientation of raising children until young adulthood and thus working out problems over a long period of time. The model of providing as little state intervention as possible for children clashed with Charity House's past model for long-term intervention.

Two key factors—the necessity of supporting a large institutional setting, and a state policy direction that called for minimal intervention—combined to create another critical problem for Charity House: empty beds. The combination of the deinstitutionalization model together with permanency planning (and tighter state budgets) led to the overall placement of fewer children in care and for shorter periods of time. In response, Charity House administrators closed cottage after cottage. In order to keep the program viable, the administration began to branch out and provide a number of new services including a pre-school program and a weekend treatment program. The administration even rented out a wing to members of a religious order who worked at another children's program but slept at Charity House. This constant juggling of services, together with the ever-increasing operating costs of the program created tension and strain among the staff. At the same time that internal issues were becoming problematic, the profile of children placed in care by the state was changing. According to staff estimates, approximately half of the children at Charity had a history of being sexually abused prior to admission to the program. And the majority of the 65 residents at Charity in the early 1980s had been removed from their homes because of abusive or neglectful parental care which resulted in a child who was usually diagnosed by staff as "seriously disturbed".

AN ABUSE INCIDENT INVITES EVALUATION

The state did little regular monitoring of Charity House's strategic response to the new policy of deinstitutionalization. What prompted monitoring was a dramatic public crisis: in this case, an accusation of child abuse within Charity House.

The administrative staff at Charity House had undertaken
the process of training staff and raising the awareness of children about sexual abuse. As a result of this intervention, one young boy reported to his mother that he had been "touched in that way" by a member of the Charity House staff. The mother immediately contacted Charity House administrators who then, according to state-mandated procedures contacted the appropriate state representatives. Both the state and Charity House staff initiated procedures either to substantiate or not substantiate these accusations. (The accused staff person had, incidentally, resigned in the middle of the staff portion of the training and was no longer working at Charity House.)

As the state investigation proceeded, it became clear that not only were the accusations founded but that there were a number of other young boys who had been molested. The mother of the first boy became agitated by the length of the investigation procedure. She also felt that the molester would get away without being punished. As a result, during National Child Abuse Week she contacted reporters at a local newspaper. Because of heightened public awareness of the issue of child abuse, local television stations and newspapers covered the allegations.

An inevitable snowballing of allegations began. A series of child abuse allegations were leveled against Charity House by other parents. All of the complaints were investigated by the state. Staff and the administration at Charity House were at first shocked and then angry and depressed by the course of events. Several line staff resigned. None of the additional allegations were substantiated. The church hierarchy initiated its own independent investigation of the entire program along with an assessment of care being provided in other church-affiliated facilities in the state.

It became clear that Charity House staff were overwhelmed by the series of misfortunes that the program was experiencing and appalled by the fact that a staff member had actually sexually harmed some of the children. Charity House staff also were not very well prepared for the accountability demanded by the state.

In several previous instances of institutional abuse, the
state agency administration had sent in an evaluation team to look at program components after abuse was substantiated. The state's Deputy Commissioner decided to use such a team in this case also. Many of the problems that the state team focused on during their evaluation were closely linked to the various policy themes that had emerged in child care during the 1970s and early 1980s. In the concluding analysis particular attention will be paid here to the way in which certain policy initiatives interacted and the impact of that interaction on the effectiveness of the Charity House program.

CONCLUSION: THE "DEINSTITUTIONALIZED" INSTITUTION

With the conversion to a policy of deinstitutionalization, the state faced few options about which private vendors would be called upon to provide services. While a number of privately owned group homes did emerge during the following decade, a number of more traditional institutions continued to provide needed services. As has already been noted, Charity House did make some adjustments to the new therapeutic milieu: calling their wings "cottages" and replacing a number of religious staff. In some ways, however, this shift was superficial. A number of important policies and practices conflicted with the therapeutic assumptions that underlie deinstitutionalization.

The use of physical restraint on children, for instance, has long been an historical problem in institutional settings (Wooden, 1976; Hanson, 1982). In part, the policy of deinstitutionalization was a reaction against the philosophy of custodial control that had been prevalent in child care for over a century. The state attempted to find a balance between two competing policies: first, under certain circumstances children would still need to be restrained, but second, consistent with the thrust of deinstitutionalization, restraint should be minimized as an intervention. The state established a number of regulations regarding the type of restraint that could be used on children and the length of time that a child could be restrained or placed in isolation (the ultimate form of restraint) while in residential care. Because the issue of abuse was a major concern at Charity
House at the time of the evaluation, the state team discussed the issue with Charity House staff.

It quickly became clear to the outside evaluation team that the staff at Charity House fell far short of adopting a strategic response of adjustment and acceptance of a minimal use of restraint. No firm policy or procedure regulated the use of restraints at Charity House. Instead, the use of restraints appeared to be a random and relatively capricious act tied not to any type of program or policy, but rather to the judgment of individual staff members.

Clearly there was an "institutional mentality" in operation at Charity House. The response to children presumed to be "out of control" provides an illustration of how institutional assumptions prevailed in this deinstitutionalized setting. Particularly when "out-of-control" children were in different cottages, staff were faced with two problems: isolation from other support systems and the fear of contamination (i.e., that other children would become out-of-control). Neither of these concerns allowed the staff the luxury of assessing the individualized treatment needs of the children involved, including restraint, even though concern with individualized treatment was a major impetus for changing from an institutional model of care. The staff appeared trapped in the institutional model of response.

Undoubtedly the physical environment of Charity House made it difficult to implement a philosophy of deinstitutionalization. Because of the sheer size of the plant, control and security became persistent issues. For instance, staff often locked bedroom doors during the day. At other times, access between cottages was denied or the large gymnasium was shut off. Because no policies on these matters existed, the use of control appeared to be capriciously determined by the judgments of individual staff members and not tied to any specific treatment or therapeutic model. The use of physical restraints and other steps taken by the staff in the interest of control seemed to undermine the sense of independence and development that deinstitutionalization was meant to foster.

In addition to the constraints of the physical plant, the
nature of the staff members themselves reflected far more the old realities of institutionalized settings than the new demands of a deinstitutionalized therapeutic milieu. While there were a number of qualified and trained staff members at Charity House, serious problems nonetheless existed. For instance, the overnight staff had little or no formal training in the area of child care. Further, they were regularly excluded from mandatory in-house training sessions held for daytime staff. The reasoning behind the hiring choices of overnight staff reflected an assumption that this staff would serve mainly in a custodial mode, a mode regularly found in institutional settings on the overnight shift. The reason given for their lack of in-house training was scheduling difficulties. But because of these difficulties, this staff became the weak link in creating a therapeutic environment. This lack of trained night staff unquestionably weakened Charity House’s possible ability to detect early signs that sexual abuse might be occurring in the institution.

The clinic staff was another group that did not receive training in the area of sexual abuse and often missed other training opportunities. For them also, the problem of missing this specific training was significant. Prior to the substantiation of sexual abuse, one of the abused children talked with a clinic nurse over a period of time about having an “itch in my privates”. He was checked for various problems, but nothing became apparent. Abuse was never suspected, although, the child was probably giving as clear a cue as he could under the circumstances.

The isolation of any staff group from training creates a hierarchy of knowledge and skills within a setting, long a criticism of traditional institutional models. This hierarchy causes alienation, stress, and staff burn-out (Mattingly, 1981). In an active treatment setting, all staff should be regularly trained—no shift or type of work should be excluded. The confidant that a child seeks out in a therapeutic milieu not only should have specialized knowledge in order to respond immediately to the child’s needs, but also should know how to use other staff to create a strong supportive environment for the child. This is the ideal of a deinstitutionalized model. But in reality, direct
service workers who ultimately have the "greatest responsibility for therapy and greatest functional power for therapy have the least education and status" (Kadushin, 1980: 614). The training mode at Charity House was instead more consistent with a model of care that supposedly had been abandoned with the coming of deinstitutionalization.

Charity House seemed comfortable with a model more closely aligned to the assumption of custodial care, punishment and containment treatment. Charity House leadership seemed unwilling or unable to overcome the institutional inertia that formed the bias toward a punishment/containment model. At the same time, reliance on untrained custodial night staff and undertrained clinical day staff followed a care model which may have been more appropriate, or at least common, in an institutional setting but this personnel policy served to undermine further the successful implementation of deinstitutionalization.

The mixing of child populations at Charity House, sometimes regardless of age and sex, made it difficult to coordinate treatment. This mixture was in part a result of the small numbers of children referred to Charity and their broad range of needs; the small numbers and broad range of needs related both to the thrust for deinstitutionalization and to permanency planning. So the diversity of the youth population affected the provision of quality care in contradictory ways. The size of the facility called for regimentation and the therapeutic need of the child called for individualization (Kadushin, 1980).

At the same time, Charity House administrators could not afford to operate the program with a large number of beds empty: the physical plant was too expensive to operate. A respite care program was developed which allowed for children who lived with their families to spend periodic weekends at Charity House—this program helped defray operating expenses.

At a policy level, deinstitutionalization and respite care appear highly compatible. At the delivery level the two social policies came into conflict, creating serious costs for the full time residents.

The mixing of residents undercut the goals of the therapeu-
tic milieu. Each cottage unit was regularly disrupted by problem children who were outsiders to the on-going group process. This regular disruption also interfered with the momentum to place children back into their homes or alternative adoptive settings. Weekends became a period of time characterized by a time-out quality, a luxury more typical of a traditional orphanage model than the ideal deinstitutionalized system the state had adopted for child care. The mixing of respite care in this deinstitutionalized setting, then, involved a response both to a new social policy direction and to the demands of the physical plant to fill empty beds. Little attention was paid to the manner in which those contradictory policies would interact at the delivery level and to the adverse impact of that interaction on the quality of services.

DISCUSSION

Wiseman (1979: 3) has suggested that in order to enhance our understanding of the process of change that results from the intervention of social policy, we need to understand "the divergence of official policy goals and day-to-day operations". At Charity House, the official goals of deinstitutionalization and the day-to-day operationalizing of that policy and related agendas such as permanency planning and child abuse reporting procedures were widely divergent. Charity House engaged in a variety of reactions to the various policy interventions. While they fell short of open rebellion, a number of reactions—calling building wings cottages, for instance—amounted to little more than coping behavior, while other responses can be viewed as behavior that either circumvented or inadvertently subverted the official policy goals of the state's social service division. For its part, the state failed to monitor on a regular basis the response strategies of Charity House to its policy. And lacking a systematic understanding of how policy was being operationalized at Charity House, the state could not fully appreciate the degree to which Charity House was supporting, dealing with, or deflecting the social policies meant to guide the treatment of children. Only the response to a dramatic crisis allowed the opportunity for such an evaluation.

The case study of Charity House offers an opportunity to
understand more fully how distance can be created between the official goals of social policy and the daily operationalizing of that policy. The occurrence of an abuse incident itself should not be viewed as a sign of a flawed implementation process; the type of abuse incident described herein can and often does occur within a variety of therapeutic settings. It is more critical to understand that a number of aspects inherent in Charity House's daily operationalizing of policy—the search for control, the sense of employee isolation, the experience and knowledge level of key staff, and the mixed client population—represented a response that fell short of complete acceptance and adjustment.

To conclude from this examination of the end state of deinstitutionalization at Charity House that the policy itself failed, however, overlooks the dynamics of change at Charity House. What failed to check some of the chronic problems at Charity House including abuse was not the failure of any one such policy initiative, but rather Charity House's failure to adjust adequately to the new social policy thrust: allowing instead for the old custodial/containment model of treatment to linger. The state shares responsibility for its failure to monitor Charity House's daily response and to assure proper adjustment and compliance. The state itself inadvertently abetted in circumventing response to appropriate policy initiatives by its decision to implement a significant portion of the deinstitutionalization thrust, especially as it related to children, within existing institutional environments. While efforts were made to adapt the institutional milieu to a deinstitutionalized therapeutic environment, those efforts tended to be superficial rather than programmatic and systematic. Deinstitutionalization and its related children's policies did not fail on their own terms; they were undermined by the persistence of the previous model of child care.

The confusion surrounding the reevaluation of deinstitutionalization as a social policy points to another key conclusion. Because policies often are created in response to environmental changes or in reaction to specific implementation problems and often by separate government agencies, they rarely are ap-
proached in a holistic, systematic manner (Finsterbusch, 1980). But the manner in which the myriad social policies interact both between themselves and with the external environment is essential to the understanding and evaluation of those policies. A partial or fragmented understanding of social policy implementation can lead to a seriously flawed understanding of the dynamics of implementation. In turn, that misunderstanding can, and often does, have serious implications in the future direction of social policy. It is critical, then, both in terms of analysis and the quality of services provided by the policy-making agencies, to avoid such an analytical fallacy.

The case study of policy at the delivery level becomes an irreplaceable tool in achieving a systematic understanding of the process of policy implementation and institutionalization. Such an approach allows social scientists to analyze the interaction of myriad forces that make up an applied policy and, as in the case of Charity House, track unanticipated consequences (Merton, 1936). When combined with a utilization-focused evaluation of a particular action setting, social scientists are offered the opportunity to move beyond the research stage to becoming what Wiseman (1979) has referred to as active agents of social change.

REFERENCES


Gould, Stephanie. 1976. “Jerome Miller and the Department of Youth Ser-


Three hundred and thirty-six female human service workers were studied to determine whether or not racial/ethnic status was related to job satisfaction among managerial, supervisory and professional employees. Both overall and intrinsic satisfaction were assessed. Two groups were similar in the patterns predictive of their satisfaction but the third group appeared to be influenced by concerns peculiar to those achieving recent professional status.

INTRODUCTION

Although plagued with many inconsistencies (cf. Sauser and York, 1978:537) and despite contrary findings (cf. Varca et al., 1983; Weaver, 1978b), a very tentative degree of consensus has begun to emerge in some of the recent research literature indicating that there may be substantive gender-linked differences in the factors predictive of job satisfaction. For example, Miller (1980) found systematic differences when she examined a nationally representative subset of male respondents enrolled in a longitudinal study begun in 1966 and 43% of their wives who were employed ten or more hours per week. Although men and women rated pay as equally important, job income was a much more important predictor of women’s sat-

* The research reported in this article was funded by the School of Social Welfare, University of Wisconsin-Milwaukee.
satisfaction while job protections were more salient for men. Women were more concerned about pressures, defined in terms of working hours, job-related stresses, cleanliness, and the degree to which their jobs were tiring. Men were more concerned about their ability to make decisions, possibilities for promotional opportunities, and exercising leadership. There were strong relationships between job conditions and job satisfaction for both sexes. Consequently though reported job satisfaction levels could be similar or vary depending upon the conditions examined, the factors underlying satisfaction appeared to be consistently different between the sexes.

Little attention of the sort evidenced in Miller’s study has been addressed to human service workers. Instead, gender-focused studies utilizing human service workers generally have sought simply to determine whether or not job satisfaction levels vary by sex, or to assess the relationship of selected attributes (such as professional role conception, perceived career saliency, sex-role concept, etc.) to reported job satisfaction (cf. Carter-Rice, 1980; Kwalwasser, 1977). One exception is a national study conducted by Jayaratne and Chess (1983) which revealed that female human service administrators are more likely to report higher workloads than their male counterparts and to consider financial rewards as a major factor in turnover decisions. By contrast, the presence or absence of promotional opportunities were the major determinants of turnover decisions for male administrators. Job challenge was very important for both sexes.

Similar findings were reported subsequently by McNeely (1984). In this study the satisfaction of female human service workers was found to be affected by job pressures, fringe benefits and financial rewards whereas the satisfaction of males was affected by promotional concerns, perceptions of administrative superiors, and the ability to exercise judgment on the job.

Nevertheless, the human services literature, like the broader literature, is not consistent. For example, when Jayaratne and Chess (1982–83) examined a larger group of human service workers, including non-administrators, job challenge continued to be the best predictor for males and females but the
patterns observed for promotional opportunities and financial rewards were reversed. In this study, the satisfaction of male workers was predicted by financial rewards whereas female satisfaction was predicted by promotional opportunities. Too, marital status emerged as a significant predictor for women not for males, with married women being more satisfied than single females. Additionally, McNeely (1985) in a longitudinal follow-up found that male and female human service workers become much more androgenous in the factors predictive of satisfaction during budgetary cutback periods. The latter finding points to the need to consider the time period during which surveys are conducted as broad conditions may affect both the satisfaction levels and the satisfaction predictors observed for the sexes. Additionally, as evidenced by the Jayaratne and Chess surveys, the occupational rank of respondents must be taken into account. Findings generated by their studies differ depending upon the rank of those being examined.

One possibly salient factor that has been virtually ignored in the human services literature is race. This is surprising given the fact that numerous studies have shown race to be an important influence on the degree and nature of job satisfaction (Gold et al., 1982; Bartel, 1981; Moch, 1980). For example, some studies have shown Blacks* to be less job satisfied than Caucasians (cf., Forgionne and Peeters, 1983; Andrisani and Shapiro, 1978) and other studies have shown satisfaction among Blacks to be tied more strongly to certain factors or predicted by factors different than those predictive for Caucasians (Brenner and Fernsten, 1984; Weaver, 1978a; Jones, et al., 1977).

A literature search revealed only two race-related job satisfaction studies specifically involving human service workers. Wright, Wesley-King and Berg (1985) examined 41 Black female managers and found few substantive differences in the factors important to Black female managers and factors reported in the

* Usage of upper and lower case letters in this article conforms to the standard practice of capitalizing proper nouns. For example, the upper case "B" in Black is used to denote reference to a racial group. The lower case "w" in white denotes reference to color. "Caucasian" is the proper noun used to denote white non-Hispanic racial heritage.
literature for comparable non-Black managerial groups. The major differences observed were that a limited number of organizational features were predictive of Blacks' satisfaction and, unlike the findings observed primarily for Caucasian females by Jayaratne and Chess (1982-83), Black females who had never married were more satisfied with their jobs than other Black females. Wright et al. concluded that Black female human service managers represent a distinct subpopulation of the larger population of human service managers (1985:77).

Gold, Webb and Smith in their examination of 561 mental health employees found only one of several factors examined to be directly comparable across racial lines (1982:260). For example, variables associated with turnover intent among Black employees were contraindicative of turnover intent among Caucasian employees, Blacks were more affected than Caucasians by the public's perception of their place of employment, and the degree of one's experience in the mental health field appeared more important in explaining job satisfaction for Blacks. A number of researchers have proposed that Blacks and Caucasians bring different frames of reference to the job (cf. Brenner and Fernsten, 1984; Jones et al., 1977; O'Reilly and Roberts, 1973) in order to account for the apparent influence of race as observed by Gold, et al., and others (Zingraff and Schulman, 1984; Hawkes et al., 1984; Ivancevich and McMahon, 1977).

Wright’s research team was hampered somewhat by the small N (41) generated by their study despite rigorous efforts to locate Black respondents. Too, the study did not involve a comparison group of non-Blacks. Gold’s research team also was hampered by the fact that respondents were not dissagregated by occupational status. Both professionals and non-professionals were included in the race cohorts.

The present study sought to examine racial differences among a group of similarly employed subjects. Restricting the sample to human service workers is responsive to the observations of some critics (cf. Jones et al., 1977) that race-focused studies must examine Blacks and Caucasians who work under similar conditions within similar settings. Further censoring was achieved by limiting the study only to those in managerial,
supervisory or professional jobs, and by excluding male workers. Thus, the occupational spectrum of those participating in the study was confined to upper-echelon workers, and the possibility that any differences observed between the groups were due either to the confounding influence of gender or the interactive effects of race and gender were eliminated. The subjects were surveyed during 1983 and 1984, a period wherein cutbacks inspired by the Reagan administration affected everyone involved in human services work although some subjects were from regions of the country affected more severely than others. The scope of these censoring methods is responsive to those who contend that race and gender differences in job satisfaction disappear if adequate controls are instituted (Weaver, 1977b; 1977).

One motivation to pursue the study was a desire simply to learn more about a topic that has been neglected in the human services literature. This was achieved by designing the project to examine a conclusion that may be inferred from the work of Wright, Wesley-King and Berg, that Black females constitute a distinct subpopulation of human service workers. Too, the vast majority of job satisfaction studies have excluded all but Caucasian males and although there is a growing body of literature on professional newcomers, such as Blacks and women, it has failed to answer definitively a number of basic questions relevant to these groups. Hence, studies involving these workers create fertile opportunities to augment what is known. With this spirit in mind the present study included female Hispanic workers, a group for whom a search of the empirical human service literature failed to reveal a single citation. Indeed, the same review of Social Work Research and Abstracts disclosed that fewer than ten empirical job satisfaction studies have been published in social work journals since 1980. It is prudent to regard such a limited number of empirical examinations concerning the human services stratum of workers as forerunner studies. One function of such studies is to generate hypotheses that lend themselves to subsequent investigation. Thus, another objective of the present study was to develop speculative propositions about possible relationships involving race, gender
and job satisfaction. This was achieved by interpreting some of the findings in the light of selected contemporary influences. Additionally, the inclusion of Hispanics permitted an examination of whether or not differences in job satisfaction levels appeared among members of two minority groups, one of whom tends to be victimized by harsher forms of discrimination. A second question was whether or not the variables predictive of job satisfaction would be reflective of hostile treatment afforded to one or both minority groups. Although the instrument used in the study was not designed specifically to capture the extent to which prejudice and discrimination existed within an employment setting, several of the items appearing on the questionnaire in conjunction with the methodology employed in the study provided a basis upon which to infer the presence of differential treatment based on race.

METHOD

This study is part of an ongoing multi-site study designed to assess factors associated with the job satisfaction of human service workers. Employees of county welfare departments located in disparate areas of the nation have been surveyed during a period of several years. Data were obtained in 1983 from Genesee County (Flint, Michigan), and in 1984 from Dade County (Miami, Florida) and Sacramento County (Sacramento, California). Presently, data are being collected from El Paso County (Colorado Springs, Colorado) and Fulton County (Atlanta, Georgia). Published reports of previous findings generated by the broader study may be found elsewhere (McNeely, 1983; 1984; 1985; McNeely et al., 1986.)

A mail questionnaire consisting of 115 Likert-type items was utilized to obtain information. Three indices, one assessing attitudes toward working conditions, and the other two assessing job satisfaction, were imbedded into the instrument: the Science Research Associates Attitude Survey (SRA); the Index of Job Satisfaction (IJS); and the Morse Index (MI) of Intrinsic Job Satisfaction, (Miller, 1977). Items requesting self-reported descriptive information on several dimensions also were included in the instrument. These questions focused upon race, gender, age, occupation, income, marital status, years of
schooling, length of employment and whether or not current employees had been recipients of AFDC or food stamps during their adult years. Other questions on the survey instrument were unrelated to the present study.

The analyses were limited to data generated by Black, Hispanic and Caucasian female respondents employed in managerial, supervisory or professional jobs. Managers were individuals who set broad policies and exercised overall responsibility for the execution of policies, or directed individual departments. Supervisors included those who monitored, evaluated, and provided overall guidance of the day-to-day activities of subordinates. Professionals were in jobs involving selection criteria requiring specialized and theoretical knowledge usually acquired through advanced formal training.

The criteria utilized to determine professional status were more rigorous than those employed to designate managerial or supervisory status. Individuals in the latter classifications need not have completed advanced formal training, nor even a high school diploma. For example, supervisors of clerical or home care workers often-times have not completed baccalaureate level training, let alone advanced graduate-level training. Respondents in department managerial or supervisory roles were included in the sample regardless of educational background.

The SRA was used to determine precise correlates of satisfaction. This large schedule (78 items) pinpoints very specific aspects of subjects' working conditions. For example, SRA items capture areas of possible employee concern such as internal grievance procedures, availability of supportive services necessary to get the job done, fringe benefits, supervision, executive management of the agency, etc. However, as it is an attitudinal survey, some SRA items focus upon generalized feelings. These items, which are more indicative of generalized levels of satisfaction, such as "I'm proud to work for the department," were eliminated from the analysis. Readers wishing to identify the omitted items may do so by examining the SRA as published in Miller's (1977) reference text. Items deleted from the analysis correspond to the reference text's numbered questions 22, 24, 27, 45, 50, 75, 77 and 78.

Several SRA items emphasize the nature of interpersonal
conditions present in a work setting. For example, these ques-
tions point to the friendliness and helpfulness of fellow em-
ployees, whether or not employees experience a sense of "be-
longingness," and whether or not employees feel they have 
been treated fairly by "higher-ups." Other questions focus 
upon the fairness of internal promotional procedures, griev-
ance procedures, pay levels, etc. Together, these items provide 
a basis upon which to determine whether or not any patterns 
are evident among Blacks and Hispanics, compared to Cauca-
sians, that job satisfaction is influenced unduly by concerns in 
these areas.

The IJS focuses upon subjective assessments regarding 
whether or not a job is unpleasant, boring, like a hobby, more 
enjoyable than one's leisure time, etc. It consists of 18 Likert-
type items. IJS scores were used to determine overall work 
satisfaction levels. Use of the Morse Index (MI) allowed an 
assessment of what Herzberg (1959) has referred to as intrinsic 
job satisfaction. In his two-factor theory, he has postulated that 
job satisfaction is a function of two conceptually discrete fac-
tors. Extrinsic factors refer primarily to factors such as pay, 
fringe benefits, job security, etc. Intrinsic factors refer to those 
aspects of the job that satisfy what has been described as the 
fundamental need of workers for creative and challenging 
work (cf., O'Toole et al., 1973). The MI, which consists of four 
Likert-type items, was used to determine whether or not signif-
icant differences existed in the intrinsic satisfaction levels of 
subjects.

The test-retest method has been used to determine the reli-
ability of the SRA. The reported product-moment reliability 
coefficient is $r + \pi + = .89$ (Miller, 1977). Removal of the nine SRA 
items as reported above may have affected the test-retest reli-
ability coefficient. No test-retest was performed with the human 
service workers comprising this study's sample frame to deter-
mine whether or not removal of the items significantly affected 
the coefficient. The corrected odd-even product-moment reli-
ability coefficient for the IJS is $r = .87$ (Miller, 1977). No test-
retest or split-half reliability coefficients have been reported for 
the MI, but the scale has been found highly related to scales
measuring other aspects (such as pride in group performance) of one's overall job satisfaction (Miller, 1977).

F-tests and multiple stepwise regression analyses constituted the principal techniques employed to analyze the data. SRA variables comprised the independent variables in the regression model. Predictors not significant at $P = .05$ were not entered into the equation. In addition, because of the small number of hispanic females, the regression was set up so that the number of variables entered did not exceed one-tenth of the cases in order that the assumptions of regression analysis ($N >$ number of variables) not be violated. Thus, because there were only 20 female Hispanic professionals, only two predictors are reported for this group. Although the assumptions of regression analysis were not violated, the inclusion of Hispanics in the regression portion of the analysis is due principally to the need for heuristic inquiry; virtually nothing is known about female professional Hispanic human service workers.

FINDINGS

A total of 2,925 questionnaires were sent to employees of the three departments. One hundred and forty-five questionnaires were returned because respondents had moved without leaving a forwarding address. Follow-up efforts were unsuccessful with 28 respondents whose questionnaires were judged as insufficiently completed to warrant inclusion among the usable questionnaires. Thirty-seven attritions (retirements, turnover, lay-offs, terminations) occurred between the time mailing lists were compiled and the questionnaires were sent out to respondents. There were 1,367 completed usable questionnaires, amounting to a response rate of 50.3%. There were 104 questionnaires completed by Asians, Native Americans, and individuals designating their racial status as Pacific Islander, West Indian, etc. These were deleted from the analysis.

As indicated in Table 1, the respondents include 82 Black female “professionals” (includes managers, supervisors, professionals), 20 Hispanic female “professionals,” and 234 Caucasian female “professionals.” There were statistically significant differences in the length respondents had been employed
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at their respective departments. The mean employment length for Blacks was 8.6 years versus 12.9 years for Caucasians. Hispanics had been employed an average of 6.0 years. These differences achieved an F-value of 21.5 \( (p < .001) \). The average earnings of Blacks ($18,293), Hispanics ($20,249) and Caucasians ($23,939) were significantly different \( (F = 29.0; p < .001) \).

Blacks were overrepresented among individuals who had not completed college. Whereas 34.2% of all Blacks had not completed college, only 20% of Hispanics and 20.1% of Caucasians had failed to do so \( (F = 10.3; p < .001) \). Caucasians were somewhat older than either Blacks or Hispanics. The respective means were 43.8, 40.7 and 39.2 years \( (F = 5.3; p < .006) \). More Blacks (30.5%) than either Hispanics (25%) or Caucasians (16.2%) had been recipients either of food stamps or AFDC during their adult years. Altogether, slightly more than one-fifth (20.2%) of these occupationally successful women had obtained gainful employment despite having had at least one period of financial need during adulthood.

Fewer Blacks (46.3%) than either Hispanics (55%) or Caucasians (53.6%) were married and, as evidenced by those who were divorced or separated, there was more marital instability among Blacks (32.9%) versus Hispanics (20%) or Caucasians (26.6%). The divorce rates among the three groups of professional women were quite similar. Married (separated individuals were treated as unmarried) Caucasians were more job satisfied than unmarried Caucasians on both overall \( (t = 2.0; p = .046) \) and intrinsic satisfaction \( (t = 2.4; p = .016) \). No differences were observed for Blacks or Hispanics (Mann-Whitney U Test used for Hispanic subset).

There were no significant differences among the race groups on either overall \( (F = .902; p = .407) \) or intrinsic \( (F = .084; p = .919) \) satisfaction, as indicated in Table 2. This is a bit surprising given the fact that there are significant differences among the groups on employment length, income and education. Presumably, differences among these variables would be associated with differences in job satisfaction. Thus, the fact that Blacks earn substantially less does not appear to be suppressing their satisfaction.
The pattern of variables predictive of satisfaction is quite similar for Blacks and Caucasians while Hispanic satisfaction is influenced by a different set of predictors. As reported for female human service workers enrolled in the national study performed by Jayaratne and Chess (1982–83; 1983), Black and Caucasian females in the present study, too, are affected most by challenge. Put differently, isolating those who are satisfied from those who are dissatisfied is best achieved by assessing the degree to which these respondents agree with the statement "My job is often dull and monotonous." Those who agree are the most dissatisfied. Blacks and Caucasians also are affected by whether or not their jobs permit them to use their abilities, a factor reported elsewhere as particularly salient in predicting satisfaction among females engaged in a wide range of occupations (Andrisani and Shapiro, 1978) as well as for those involved in professional-level human services work (McNeely, 1984).

Predictors associated with task stress emerged for Blacks and Caucasians, but not for Hispanics. Dissatisfied Blacks felt that job expectations were excessive whereas Caucasians simply indicated that their jobs involved too much pressure.
Again, the findings for both groups are consistent with prior studies involving female workers (Miller, 1980), including those in the human services wherein women were affected by jobs they perceived to have high workloads (Jayaratne and Chess, 1982–83; 1983), with those holding these views being less job-satisfied (McNeely, 1984).

Both Blacks and Caucasians were affected by job facets related to the qualities of superiors. Dissatisfied Blacks perceived their immediate supervisors as unknowledgeable whereas Caucasians reporting dissatisfaction were adversely affected by perceptions of managerial unfairness and dishonesty and by supervisors who failed to take timely action, i.e., "My supervisor keeps putting things off, she/he just lets things ride."

The perception of satisfied Black females that there are an abundance of good jobs in their places of employment is akin to Wright's finding that the most satisfied Black females in his sample believed they had career advancement opportunities where they worked (Wright et al., 1985). As indicated by the correlation coefficient and standardized beta weight reported in Table 3, the relative importance of this predictor increased substantially after the effects of suppressor variables were removed.

The satisfaction of Hispanic female professionals, in contrast to their non-Hispanic cohorts, was not strongly tied to perceptions regarding the challenge versus dullness of their jobs. In the case of Hispanic female professionals, whether or not they agreed that "My supervisor gets employees to work together as a team" best isolated those who were satisfied versus those who were not. Those who agreed were most satisfied. Too, among these respondents, the most satisfied felt that "If I have a complaint to make, I feel free to talk to someone up-the-line." The independent relationship of these variables to job satisfaction among Blacks and Caucasians was not strong enough to permit their emergence as predictors of satisfaction for either group. In fact, among Blacks and Caucasians, even the simple correlation coefficients for both of these items were quite low.

Altogether, the predictors explained 53% of the variance in job satisfaction among Blacks, 82% of the variance among His-
### TABLE 3
MULTIPLE STEPWISE REGRESSION OF SRA VARIABLES ON OVERALL (IJS) JOB SATISFACTION

<table>
<thead>
<tr>
<th>Variable</th>
<th>Simple r</th>
<th>Beta Weight</th>
<th>$R^2$ Total Weight Changes</th>
<th>$R^2$ Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Blacks (N = 80)</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Job Dullness</td>
<td>-.554</td>
<td>-.435</td>
<td>.307</td>
<td></td>
</tr>
<tr>
<td>Excessive Work</td>
<td>-.290</td>
<td>-.263</td>
<td>.095</td>
<td></td>
</tr>
<tr>
<td>Use of Abilities</td>
<td>.498</td>
<td>.256</td>
<td>.058</td>
<td></td>
</tr>
<tr>
<td>Immediate Supvr</td>
<td>-.378</td>
<td>-.199</td>
<td>.034</td>
<td></td>
</tr>
<tr>
<td>Unknowledgeable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abundance of Good Jobs</td>
<td>.003</td>
<td>.169</td>
<td>.027</td>
<td></td>
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<tr>
<td><strong>Hispanics (N = 20)</strong></td>
<td></td>
<td></td>
<td></td>
<td>.531</td>
</tr>
<tr>
<td>Supvr Encourages</td>
<td>.674</td>
<td>1.048</td>
<td>.454</td>
<td></td>
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<tr>
<td>Teamwork</td>
<td></td>
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<tr>
<td>Can Complain</td>
<td>.154</td>
<td>.708</td>
<td>.361</td>
<td>.815</td>
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<tr>
<td><strong>Whites (N = 232)</strong></td>
<td></td>
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<tr>
<td>Job Dullness</td>
<td>-.557</td>
<td>-.451</td>
<td>.310</td>
<td></td>
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<tr>
<td>Managerial Unfairness</td>
<td>-.321</td>
<td>-.189</td>
<td>.065</td>
<td></td>
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<tr>
<td>Use of Abilities</td>
<td>.404</td>
<td>.196</td>
<td>.056</td>
<td></td>
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<tr>
<td>Excessive Pressure</td>
<td>-.247</td>
<td>-.155</td>
<td>.023</td>
<td></td>
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<tr>
<td>Supvr Lets Things Ride</td>
<td>-.315</td>
<td>-.118</td>
<td>.012</td>
<td>.466</td>
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panics, and 47% of the variance among Caucasians. In contrast to the findings of a number of other studies, cited previously, none of the predictors involved adequacy of pay or fringe benefits issues.

**DISCUSSION: SPECULATIVE HYPOTHESES**

Despite the fact that there were several statistically significant differences observed for demographic variables such as income, employment longevity, etc., there were no statistically significant differences on either overall or intrinsic job satisfaction among the races. In fact, the pattern of satisfaction predictors were quite similar for Blacks and Caucasians, although not for Hispanics.

These findings conflict with studies showing Blacks to be...
less satisfied than Caucasians (Forgione and Peeters, 1983; Andrisani and Shapiro, 1978) but are consistent with those contending that job satisfaction differences between the races disappear if adequate controls are instituted (Weaver, 1978b; 1977). Nevertheless, the presence of significant differences on several demographic factors, particularly income, is a bit puzzling, as some have contended that economic explanations are key in understanding job satisfaction differences between Blacks and Caucasians (Shapiro, 1977). One explanation that could account for similar satisfaction rates is the fact that Blacks had less education, less employment longevity, and a considerably higher AFDC/food stamp recipiency rate than their Caucasian counterparts. These factors, it was thought, could be converging to lessen the expectations of Blacks that they should receive equivalent compensation. For example, nearly 31% of all Blacks were former recipients. Perhaps these individuals may be very satisfied simply to have extricated themselves from dependency status. These conjectures are very consistent with a number of studies in which it has been suggested that Blacks have different frames of reference leading them to expect less than Caucasians from their jobs (Brenner and Fernsten, 1984) and, therefore, register equivalent satisfaction despite earning less (Bartel, 1981).

However, satisfaction among Blacks, as was the case with the other race cohorts, was not related to education on either overall ($r = -.035; p = .379$) or intrinsic satisfaction ($r = -.047; p = .340$). Former recipiency had no relationship to either measure of job satisfaction for any of the three groups. On the other hand, trends were observed wherein the most satisfied Blacks were those who had the least employment longevity as evidenced by correlation coefficients reported for overall ($r = -.186; p = .049$) and intrinsic satisfaction ($r = -.156; p = .084$). A similar trend was observed for Caucasians on overall satisfaction ($r = -.100; p = .065$) but not on intrinsic satisfaction. No significant differences or trends were observed among Hispanics. Thus, except for the modest influence of employment longevity among Blacks, there is little evidence suggesting that these demographic factors explain the non-emergence of concerns about pay in the regression analysis.
The author can think of only one reason accounting for the apparent suppression of pay issues as predictors of satisfaction. However, the explanation requires reliance on the interpretation of data and observations borne of studies other than the present examination.

In a prior study involving human service workers, a longitudinal follow-up revealed that pay issues no longer predicted satisfaction differences among males and females (McNeely, 1985). In addition, the same longitudinal follow-up revealed that the beta weight associated with job dullness had increased substantially (McNeely et al., 1986). The major distinction between the two time periods is that fiscal cutbacks had been imposed during the time interval between the data collection points, ending a span of years that had been characterized by program expansion. Explanations offered by respondents who were interviewed focused upon an increase in task routinization occurring between the two periods data were collected. The latter observation is important when one considers that a frequent outcome of efforts to maintain service levels with shrinking budgets is increased routinization in service delivery. Thus, the importance of job dullness as a predictor of satisfaction for Black and Caucasian women may be related to conditions imposed by federal and state recisions in human services funding, conditions under which race and gender-related concerns about pay differentials simply may have become less pronounced. On this point at least one study has shown women and men to become much more androgenous in the predictors of their satisfaction during periods of budgetary retrenchment (McNeely, 1985). Other evidence supporting the overarching influence of present-day budgetary conditions may be found elsewhere (McNeely and Schultz, 1986).

All three racial/ethnic groups were affected by job facets related to the qualities of supervisors. However, the predictors of Hispanic satisfaction were quite different. The emphasis among Hispanics on teamwork may be related to the fact that these women had the least employment longevity of the three groups. It may be that those with less experience prefer more teamwork. Too, there are numerically fewer female Hispanics occupying upper-echelon positions in human service work.
This may place many Hispanic females in work situations offering limited opportunities for daily contact with other Hispanic women of similar or higher occupational status. Among other outcomes, this may be impacting adversely on the ability of these women to locate mentors (cf. Queralt, 1981). Under these conditions it may be even more important to have a responsive "ear" in the administrative hierarchy when problems arise.

Despite the fact that human services work has been a traditionally female occupation, the representation of female Hispanics in upper-echelon positions versus that of Blacks or Caucasians is comparatively recent. This may be increasing their sense of being newcomers and the discomforts associated with that status. One study has shown that female newcomers in non-traditional jobs are particularly appreciative of co-worker cooperation (McIlwee, 1982:314). Additionally, two of the departmental executive directors participating in this study were Black; one executive director was Caucasian. This may be important in that the racial status of an executive director appears to be related to the pattern of satisfaction observed for Black human service workers (McNeely, 1986). It would be interesting to observe the levels and nature of satisfaction among Hispanic and other females employed in departments directed by female Hispanics.

As stated previously, readers are urged to consider the data on Hispanic females with caution. Findings generated by these respondents are based on a very small N. They were included because virtually nothing is known about them in the human services literature. Perhaps the findings and conjectures can serve as a point of departure for future studies involving larger numbers of female Hispanics engaged in human services work.

Summary, Comments and Conclusion

Based upon the findings of this study, Black females do not appear to be members of a distinct sub-population of human service workers as proposed by Wright, Wesley-King and Berg (1985). Nor do Blacks and Caucasians appear to be affected by influences that are substantively different as suggested by the
findings of Gold, Webb and Smith (1982). However, while Blacks and Caucasians were very similar in the patterns predictive of their satisfaction, the satisfaction of Hispanics was predicted best by items not related significantly to the satisfaction of the other racial groups. All three groups were similar in the levels recorded for both overall and intrinsic job satisfaction.

The present study is among a very few seeking to examine the correlates of satisfaction for race and gender groups. As a forerunner study, an effort was made to develop some hypotheses particularly germane to the conditions under which human service workers are operating. Hence, the findings are interpreted within the context of some of the broad conditions impacting these workers, such as the present era of budgetary retrenchment in human services funding. Hopefully, future studies will examine the influence of this and other factors, such as the racial/ethnic studies of organizational leaders, that may bear on the job satisfaction of these employees.

Although the study revealed no major differences among Blacks and Caucasians it must be borne in mind that the stigma associated with being Black does result in differential treatment by race, leading to cosmological differences among the races. It is very possible that the ability to ascertain differences existing between the groups was impeded in the present study due to the fact that none of the standardized indices utilized were developed to capture race-sensitive concerns. This observation is suggestive of the need to develop race sensitive instruments, the properties of which are known.

Meanwhile, it is perhaps heartening to note that many of the findings of this study are consistent with those published in the broad literature. At least on instruments not set up to capture the subtle nuances of differential treatment by race, Blacks and Caucasians appear quite similar, the differences observed for female Hispanics are assumed to result from conditions other than being employed in an hostile environment.

REFERENCES


STAFF DEVELOPMENT: A CHALLENGE OF PRIVATIZATION*

WYNN S. WRIGHT
MARK FRASER

Social Research Institute
Graduate School of Social Work
University of Utah

Privatization is a major trend in social welfare, and it is placing new emphasis on staff development in both public and private agencies. By permitting services that are often considered "public" to be provided under contract with non-profit and for-profit agencies, public policymakers have sought to increase the efficiency of social welfare programs. This has produced greater competition in the welfare marketplace. In a competitive environment, staff development is a key element that enables agencies to respond quickly to market demands for new or imaginative services. The purpose of this article is to describe an innovative staff training program and to report on its long-term impact. In addition, the authors review selected research on staff development and discuss principles that underpin effective staff development programs.

In many states across the nation, services ranging from mental health and child welfare to corrections and nursing care are being provided by non-profit and for-profit agencies under contract with state governmental authorities. Services that were formerly rendered under public auspices are now being delivered by organizations which must make a profit or, at least, break even. Privatization is a major trend in social welfare in the 1980's (Abramovitz, 1986).

The roots of the current move to privatize social services

* The authors wish to thank Dr. Peter Pecora, Graduate School of Social Work, University of Utah, for his helpful comments on a draft of this report.
stretch back to the 1960's. In 1962, amendments to social security policies allowed state welfare departments to purchase services from other public agencies. This power was expanded in 1967 to include the purchase of social services from non-profit and proprietary private agencies when those services were unavailable through state agencies. Later policy changes were implemented to broaden the base of clients eligible for services. This appears to have created a greater demand for services, and as the demand grew in the early 1970's, the proportion of public expenditures for purchased social services expanded markedly. By 1971, 25 percent of state expenditures for social services was allocated for the purchase of those services. By 1976, the percentage had grown to 49 percent (Willis, 1984: 516).

Recent cuts in federal funding have led to greater emphasis on the relative costs and merits of social welfare services (Reid & Hanrahan, 1982). As funding has become more restrictive, agencies that provide services have been required to compete for a shrinking pool of dollars. Although critics of this growing competition exist (see e.g. Willis, 1984; Reichert, 1977; Manser, 1972), many authorities are hopeful that competition in a "free marketplace" will contribute to the development of more efficient and effective social services (see, e.g. Reid, 1972).

Stiff competition for scarce resources has led to greater demands for accountability. Public and private providers alike appear to be increasingly required to demonstrate the effectiveness of their services. In addition, agencies are compelled to be ever more sensitive to consumer satisfaction, as nationally-based consumer advocacy groups have grown both in number and strength (e.g. National Advocates for the Mentally Ill). Thus, as agencies attempt to balance costs against returns, concern for accountability appears to have been accelerated by the trend toward privatization (see, e.g. Pruger & Miller, 1973).

Although this pressure for accountability and effectiveness is widely regarded as positive, there are potentially negative side-effects. It is not at all clear, for example, that low-income, multi-problem clients (e.g., the homeless, the chronically mentally ill, and chronically disabled) can be served effectively by
for-profit agencies. These clients are often expensive to treat; they do not have their own funding or insurance; and, on average, they do not advocate for themselves. Hence, they are ripe for exploitation by agencies whose financial motives exceed their ethics. In non-profit agencies, the needs of such clients are protected through governing boards, but it remains to be seen whether for-profit agencies will implement similar internal quality controls.

CONTROL AND ACCOUNTABILITY

The issues of control and accountability in for-profits are only now being engaged. In 1985, for example, Gilbert (1985: 371–372) identified conditions that may be useful in determining whether a service is better delivered by a non-profit or a for-profit agency. These conditions included the degree to which: (a) a service consists of uniform procedures and standard products; (b) clients are equipped to exercise choice and defend their self-interests; (c) a service is coercive in nature and poses a threat to personal liberty; (d) an agency, either public or private, is subject to public regulations sufficiently strong to ensure high standards and client protection; and (e) indirect methods of regulation (such as proxy shopping, service chits, vouchers, etc.) are used. Several of these characteristics relate directly to accountability and can be summarized as the capacity to standardize and regulate an intervention. Gilbert argues that the needs of the consumer can compete with the needs of for-profits only when a service can be strictly specified and controlled. Therefore, in his view, only highly defined and supervised services should be delegated to for-profit providers.

What constitutes control in such cases? Control implies careful selection, implementation, and monitoring of a service. Because social work practice is becoming more empirically based (see, e.g. Fischer, 1981; Reid & Hanrahan, 1982), it is increasingly possible to identify preferred treatment strategies (see, e.g. Hepworth & Larsen, 1986). In addition to the growing body of academic literature on treatment effectiveness, single-system designs (also known as single-case designs) have provided social workers with practical tools to evaluate the
impact of their own interventions. The expanding body of rigorous research knowledge about the effectiveness of many practice methodologies allow interventions to be chosen on the basis of promising empirical findings. In part then, control appears to imply the selection of specific interventive services, rather than the provision of generic services to a target population.

SURVIVAL IN AN ERA OF COMPETITION: STAFF DEVELOPMENT IS A KEY

In this era of privatization, one potential ramification of introducing competition to the social welfare marketplace is that agencies that use empirically-supported strategies will be more successful in obtaining service contracts. To attain this competitive edge, however, agencies must be committed to training and re-training staff in the latest treatment methods, and contractors must be committed to identifying preferred treatment strategies (see, e.g. Doueck & Austin, 1986). These tasks are difficult because service ideologies are expanding rapidly (Baker and Northman, 1981). But, in our view, neither agencies nor contractors can afford ignorance. Both must know the literature sufficiently well to discriminate between those service methods that are supportable and those that are not. In short, agencies must propose to deliver only empirically-supportable services and they must demonstrate the effectiveness of the services they implement. Likewise, contractors must specify both preferred interventive strategies and desired outcomes. Briar and Blythe (1985) held recently that the “administrative significance” of agency-level evaluation appears in the enhanced capacity of an agency to compete for funding, plan for programmatic changes, and meet demands for accountability.

But as indicated above, agencies must not only evaluate their services, they must also develop effective means to train staff in emerging treatment methods. By upgrading knowledge and skill, profit and non-profit agencies will be better able to compete successfully (Weiner, 1980; Austin, Brannon, & Pecora, 1984).
The purpose of this study was to assess the long-term effectiveness of one promising method of staff training. In this paper, the training program and its effects are described. In addition, key principles for staff development are considered in terms of their relative contribution to changing practice behavior. Aspects of the training program that are examined include: (1) selection of an intervention that had been shown to be effective; (2) intensive training that incorporated theory with practical applications; (3) involvement of a wide range of personnel who had both administrative and line-worker responsibilities; and, (4) rigorous follow-up that reinforced the implementation of new skills.

THE FUNCTIONS OF STAFF DEVELOPMENT

Staff development serves three vital functions for social welfare agencies. First, it enables line staff to strengthen their skills and build new knowledge to serve the agency's consumers in a professional manner. Second, staff development serves an agency-focused function. It can be used to reiterate agency goals, to design new services, and to communicate needs both up and down decision-making lines (Harbert, Jones, & Schaupps, 1981). Finally, staff development can be used to help the "alienated" or poorly performing worker by providing remedial training in service delivery strategies, agency policies, and performance standards.

EVALUATION OF STAFF DEVELOPMENT

Because training staff serves many functions, its intended and unintended consequences should be evaluated. Evaluation efforts have at least five benefits (Chabotar & Lad, 1974). First, evaluation is the sole means of determining whether or not the goals of a training program have been achieved. Second, strengths and weaknesses of training activities can be identified and used to improve the quality of future training. Third, evaluation enables estimates to be made of the relationship between costs and benefits. Fourth, as the data from training evaluations accumulate, they become a resource to administrators and trainers who seek to demonstrate the effective-
ness of their programming to funding agencies. And fifth, evaluations provide a valuable source of information from which a variety of management decisions can be made.

In spite of its potential benefits, training evaluation often suffers from a lack of adequate planning and funding (Patti, 1983: 149; Weiner, 1980: 231). Even well executed evaluations may result in little benefit to the agency because of resistances to utilize evaluation data (McNeece, DiNitto, & Johnson, 1983; Cox & Osborne, 1980). To be of maximum value, training evaluation must be developed as a long-range commitment such that resulting data are incorporated into agency priority-setting and decision-making operations (Pecora, Schinke, & Whittaker, 1983; Edwards & Morton, 1980). Training programs that are not supported in this way, often fail to achieve the transfer of learning to the work setting (Mueller, 1985; Mosel, 1957). With increasingly tighter budgets, administrators may find that training and its evaluation become necessary partners in order to justify requests for additional staff development funds.

STRENGTHENING STAFF DEVELOPMENT EVALUATIONS

The evaluation of staff development must be practical and precise. Designs and measures that reduce response biases are necessary, if true levels of knowledge and skill gain are to be estimated. Self-reports are one of the easiest and least costly measures used in evaluation. However, response shifting may bias findings based on self-reports (Howard, 1980; Mezoff, 1981). Bias appears to be introduced when a trainee's frame of reference for evaluating her/his knowledge shifts in response to training. Prior to training, workers tend to over-estimate the amount of knowledge they possess on a topic, so that post-training ratings of knowledge tend to be depressed. This shift causes the amount learned during the training program to be under represented in the self-report.

Response shifting, which tends to occur in pre-post test evaluation designs, can be corrected by using what has been
called the "Pre-Then-Post" design. At the end of training, the trainee is asked to evaluate the amount of knowledge gained and to re-evaluate the amount of knowledge possessed prior to training. Pre-Then-Post evaluations consistently show a greater degree of learning than do simple Pre-Post designs (Howard, 1980).

GENERALIZATION ACROSS SETTINGS AND TIME

Settings

Training evaluation research has shown that many training programs fail because the learning acquired in the classroom is not generalized to the daily work setting (Mosel, 1957). Four conditions appear to be necessary to achieve the cross-setting transfer of training knowledge and skill: (1) content must be applicable to on-the-job situations; (2) the trainee must learn the relevant content; (3) the trainee must be motivated to make behavioral changes on the job; and (4) in the work environment, rewards and deterrents, both formal (such as pay benefits) and informal (such as peer support), must be structured to promote the generalization of classroom material to the workplace.

A growing body of research that the use of "action plans" in training increases participant motivation to implement learning. Action plans are developed by trainees at the end of training and consist of goals for the implementation of learning in the work setting. Zober, Seipel, and Skinner (1982) found that action plans facilitated increased motivation and application of learning. Action plans involved trainees in targeted decision-making that increased commitment to follow-through with action.

The U. S. Office of Personnel Management (1980) has developed a program for training employees to develop action plans and for measuring the degree to which trainees implemented action goals. Called the Participant Action Plan Approach (PAPA), this program combines a motivational technique with a training evaluation method. PAPA has been
shown to be efficient and effective (Mueller, 1985; Salinger, 1979).

Time

Changes made in job performance must be retained over a long period of time if training is to be cost effective to an organization. Gellerman (1977) argues that since training attempts to replace old patterns of behavior that have reinforcing properties (such as familiarity and ease of use), new behaviors, if they are to be maintained, must be actively and strongly rewarded in the work context. He advocates reinforcement of new behavior through (1) acknowledgement, (2) rehearsal, and (3) frequent explanations of the value of the new behavior. Because such reinforcement is inherently interpersonal, the most critical agent in sustaining the impact of training may be the foreman or first-level supervisor (see e.g., Moller & Graycar, 1983).

But behavioral forces alone may not account for a person's behavior change following training. Attitude change, some have argued, must also take place so that the beliefs and behavior of trainees are symbiotically linked (see e.g. Gabriel, 1975). Using such an approach, Pecora, Delewski, Booth, Haapala, and Kinney (1985) reported important shifts in trainees' attitudes following training. These shifts appeared consistent with attitudes needed to apply the training content; however, long term behavior change was not measured. Although at this juncture it is not clear whether attitude changes cause behavioral changes, it is difficult to conceive of a practice innovation which is not accompanied by positive views on its value and utility.

Finally, broader contextual factors associated with an agency may indirectly affect the ability of trainees to utilize workshop learning on the job. Austin, Brannon, and Pecora (1984) argued that agency procedures, co-worker attitudes, workload, turnover of personnel, and the agency environment affect the long-term outcome of training. In sum, agency policies and structures, plus the "work climate," may mediate the effectiveness of training.
A CASE STUDY: EMPIRICALLY-BASED STAFF DEVELOPMENT

Based on many of the principles described above, an intensive five-day staff development workshop with follow-up supervision was provided for family service workers in a western state in 1981. The training focused on Functional Family Therapy (FFT), developed by Alexander and Parsons (1973, 1982). The trainers were highly skilled in FFT and had led many in-service workshops. Functional family therapy, an intervention with impressive empirical support, is based on an integration of systems and behavioral theories (see e.g. Barton, Alexander, Waldron, Turner, & Warburton, 1985; Klein, Alexander, & Parsons, 1977; Barton & Alexander, 1981: 403-443). It was developed out of clinical work with dysfunctional families and delinquent youths.

The design of the training program was carefully based upon research on androgyne and learning theory. A key factor in the staff development program was the relevance of FFT training to the needs of the agency staff. For many of the agency's clients, family therapy was viewed as the most effective intervention. At the time FFT was selected, national trends in child welfare urged greater reliance on family based services to prevent placement of children out of the home. Training in FFT was perceived as a practical solution to the needs of the agency and its workers.

The staff development program was also noteworthy in that all levels of the agency were cooperatively involved throughout the planning and delivery of training. There were four consecutive phases to the program. In Phase I, senior administrators received an eight-hour overview of the training which line workers would receive, and they worked with the trainers to tailor the program to the needs of their workers. Phase II involved mid-management supervisors in a two-day workshop in which plans were developed to avoid potential difficulties that could arise as staff implemented the new intervention method. Phase III was the training itself. Phase IV re-
involved management and trainees in an eight-hour meeting in which methods were discussed to further extend the implementation of FFT and incorporate in-house supervision and training. This meeting took place four months after the training workshop. By involving upper-level and mid-level management in Phases I, II, and IV, administrators were able to work with the trainers to adapt agency guidelines and supervision practices so that the implementation of FFT would be easier for workers (see Gellerman, 1977; Pecora et al., 1985).

The training workshop itself, Phase III, was intensive and comprehensive. Workers were involved in a training program that balanced the learning of theory with the building of applied skills. Four components made up this phase: (1) fifty hours of lecture, video- and audio-tape material, roleplay exercises, and discussion groups; (2) packaged material concerning intervention within various agency specific program areas such as foster care, developmentally disabled services, and youth corrections; (3) five, four-hour training modules dealing with special populations or specific family educational technologies (from which workers could select two to attend); and (4) guiding and monitoring the implementation of FFT over a six-month period through individual interviews and goal setting with each worker (12 individual supervision sessions, and 12 phone or written contacts).

The FFT model places great emphasis on developing intervention strategies directly from systems interpretations of family problems. Therefore, one of the goals of training was to change workers’ perceptions of the causes of clients’ problems from an idiopathic to a systems point of view.2 A change in orientation has been suggested as a critical step in the training of family therapists (Kniskern & Gurman, 1979; Tucker & Pinsoff, 1984). Thus, the staff development program attempted to change workers’ practice behaviors by altering both attitudes and behaviors.

During the workshop, workers were encouraged to practice their new skills and to apply systems interpretations in analogue situations (through the use of video- and audio-tapes, roleplaying, and discussion). Mini-workshops devoted to spe-
cific populations and techniques were devised to help workers generalize their learning by providing examples tailored to their clients. Extensive follow-up supervision strongly reinforced workers' use of FFT by providing feedback and guidance. These methods were designed to blend theory and practice for the participants. Such an approach has been shown to be essential for effective teaching (Gellerman, 1977). New skills appear to generalize more rapidly to the work setting when a supporting practice ideology is in place (Pecora et al, 1985; Gabriel, 1975).

METHOD

Research Design

The staff development program in FFT was evaluated using a retrospective case control design. Experimental and control groups of workers who were trained and not trained in FFT were created retrospectively. Workers were matched on the basis of their clients' characteristics (such as presenting problems and service needs), years of experience, and size of caseload. No data were collected prior to the FFT training, and the survey of trained and untrained workers was undertaken three years after the FFT staff development program.

Selection of Subjects

From the pool of all participants in the 1981 FFT training, subjects were purposively sampled. Thirty of the 38 trainees were still working in the state and were contacted by interviewers. Seven of the 30 trained workers were eliminated from the study because they had been promoted to supervisory positions and held no caseloads. From the remaining 23 workers, basic work characteristics that included population(s) served, years of experience, and size of caseload were gathered. These characteristics served as matching variables to guide the selection of comparable but not FFT-trained workers who made up a control group. District directors from each of the eight statewide family services districts in which FFT-trained workers were employed assisted in selecting workers who were un-
trained in FFT and who best matched the characteristics of trained workers in their district. In this way organizational context was controlled. A total of 27 control subjects were identified before it was discovered that seven of the trained workers were no longer in line worker positions. Rather than eliminate control subjects (to make the two groups equal in number) all of the 27 control subject were interviewed.

Data Collection Procedures

Both experimental and control groups were administered a standardized interview by phone. Those workers who could not be contacted by phone were given a verbatim written copy of the survey instrument. These workers (n = 22) read and filled out the questionnaire independently.

The interview guide addressed four areas. First, workers were asked to give descriptions of their caseloads in terms of problems presented by clients, such as child abuse and neglect, substance abuse, and employment difficulties. Second, descriptions of the ways workers typically intervened were collected. The percentages of direct client hours spent, on average, in the formats of individual, couple, family, and group treatment appointments were obtained as well as the total length of time a case was usually carried to reach a successful termination.

Third, questions were asked to assess workers' perceptions of the needs presented by their caseloads. Workers were asked to locate on a Likert-type scale the origin of problems presented by clients. This scale ranged from internal to external conflicts. In this way, a measure was obtained of the perceived origin of problems as it ranged from a purely idiopathic to an interrelational problem perspective. Specific problem areas were then listed by the interviewer. For each problem, workers were asked to rate the likelihood that they would choose family therapy as an intervention. Various therapy models that spanned the range of idiopathic to interrelational orientations were then presented by the interviewer. Workers were asked to estimate the percentage of time they used a given therapy model in their work with clients. This line of questioning provided another
measure of the degree to which a given problem was seen as interrelational in nature or effect. The fourth part of the interview measured workers' familiarity with various intervention approaches. In addition, desired areas for further training were identified.

Workers who participated in the FFT training were asked several questions about the training. Major characteristics of the FFT model were reviewed and ranked according to their degree of usefulness. Workers were also asked with which clients FFT had been most useful and why FFT might not be chosen as the preferred treatment method for some clients. Finally, various organizational supports were ranked according to the degree that they promoted the generalization of FFT training to the work setting.

Comparability of Trained and Untrained Samples

Scores for FFT trained (n = 23) and non-trained (n = 27) groups were compared to determine whether or not the two groups were matched equivalently. Mean scores for characteristics of workers in both groups are shown in Table 1. No significant differences were found on caseload size, years of experience, or hours per week of client work. Significant differences were found between those workers trained in FFT and those who were not trained regarding use of individual therapy and family therapy (Table 2). Trained workers tended to use proportionally more family therapy. As this difference could represent either a preference influenced by participation in the staff development program or a preference influenced by clientele characteristics, t and Mann-Whitney U tests were used to determine whether significant differences existed between groups on problems presented by clients. No significant differences in caseload problems were found. Because no measures of worker characteristics showed significant differences between groups (except for the use of individual and family therapy), the matching of non-trained to trained worker groups was considered to be successful, and the larger control condition (n = 27) was preserved.
TABLE 1
FREQUENCY DISTRIBUTION: TRAINED, NON-TRAINED, AND AGGREGATE WORKER CHARACTERISTICS
(N = 50)

<table>
<thead>
<tr>
<th></th>
<th>Trained</th>
<th>Non-Trained</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{X}$</td>
<td>$\bar{X}$</td>
<td>$\hat{X}$</td>
</tr>
<tr>
<td>Years of job experience</td>
<td>12.45</td>
<td>12.28</td>
<td>12.20</td>
</tr>
<tr>
<td>Hours/week of client contact</td>
<td>18.91</td>
<td>18.24</td>
<td>18.18</td>
</tr>
<tr>
<td>Months spent working on typical case&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.50</td>
<td>3.42</td>
<td>4.74</td>
</tr>
<tr>
<td>Locus of problem&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3.55</td>
<td>3.12</td>
<td>3.34</td>
</tr>
<tr>
<td>% hours/week providing individual therapy</td>
<td>43.18</td>
<td>54.52</td>
<td>49.56</td>
</tr>
<tr>
<td>% hours/week providing couple therapy</td>
<td>12.95</td>
<td>13.20</td>
<td>13.30</td>
</tr>
<tr>
<td>% hours/week providing family therapy</td>
<td>39.09</td>
<td>28.08</td>
<td>32.24</td>
</tr>
<tr>
<td>% hours/week providing group therapy</td>
<td>4.77</td>
<td>3.20</td>
<td>4.40</td>
</tr>
</tbody>
</table>

<sup>a</sup> n = 49, due to missing response.

<sup>b</sup> Based upon a 7-point scale where 1 = internal conflicts, and 7 = relationship conflicts.
TABLE 2

COMPARISON OF TRAINED AND NON-TRAINED GROUPS OF WORKERS: PERCENTAGE OF USE OF INDIVIDUAL AND FAMILY THERAPY FORMATS†

<table>
<thead>
<tr>
<th>Therapy Format</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistic</td>
<td>Trained</td>
<td>Non-Trained</td>
</tr>
<tr>
<td>n</td>
<td>22</td>
<td>25</td>
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<td>U</td>
<td>190.5**</td>
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<tr>
<td>( \bar{X} )</td>
<td>43.18</td>
<td>54.52</td>
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<tr>
<td>sd</td>
<td>25.05</td>
<td>21.87</td>
</tr>
<tr>
<td>t</td>
<td>-1.66*</td>
<td></td>
</tr>
</tbody>
</table>

† Sample sizes vary due to missing responses.
* p < .05
** p < .01

FINDINGS

Description of Workers

Shown in Table 1, workers averaged 12.2 years of social service experience. They spent approximately 18 hours a week providing direct services to clients. The remainder was spent in staff meetings, case conferences, and general administrative duties. On average, workers carried a case for 4.7 months, and they tended to view clients' problems as stemming from idiopathic internal conflicts (mean = 3.34). About nine hours a week were spent in individual therapy and about six hours a week in family-focused therapy. Spearman's rho was used to measure the strength of relationships between measures of work behavior. Shown in Table 3, positive correlations were found between hours per week of client contact and caseload size (\( r = .30, p < .05 \)) and between years of experience and months spent on a typical case (\( r = .36, p < .01 \)). Use of individual therapy was negatively correlated with the use of couple therapy (\( r = -.35, p < .01 \)). A strong negative correlation was
<table>
<thead>
<tr>
<th></th>
<th>Years of Experience</th>
<th>Client Hours/Week</th>
<th>% Individual Hours/Week</th>
<th>% Couple Hours/Week</th>
<th>% Family Hours/Week</th>
<th>% Group Hours/Week</th>
<th>Worker Percep. Prob. Locus</th>
<th>Months Spent Avg. Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of caseload</td>
<td>−.05</td>
<td>.30*</td>
<td>−.05</td>
<td>.18</td>
<td>−.36</td>
<td>.19</td>
<td>−.17</td>
<td>0.00</td>
</tr>
<tr>
<td>Years of experience</td>
<td>−.20</td>
<td>.22</td>
<td>.03</td>
<td>−.24*</td>
<td>−.17</td>
<td>.17</td>
<td>.36**</td>
<td></td>
</tr>
<tr>
<td>Client hours/week</td>
<td>−.21</td>
<td>.13</td>
<td>.20</td>
<td>.20</td>
<td>−.01</td>
<td>−.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Individual hours/week</td>
<td>−.35**</td>
<td>−.84***</td>
<td>−.24*</td>
<td>−.37**</td>
<td>.20</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>% Couple hours/week</td>
<td>−.05</td>
<td>−.01</td>
<td>.19</td>
<td>−.48***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Family hours/week</td>
<td></td>
<td>.00</td>
<td>.33**</td>
<td>.01</td>
<td></td>
<td></td>
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<tr>
<td>% Group hours/week</td>
<td></td>
<td></td>
<td>−.24*</td>
<td>.02</td>
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<td>Worker perception of cli-</td>
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<tr>
<td>Months spent on avg.</td>
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* p < .05  
** p < .01  
*** p < .001
found between the use of individual therapy and family therapy ($r = -0.84$, $p < .001$).

Worker perceptions of the locus of client problems were correlated with use of two types of service: individual therapy and family therapy. Workers who tended to interpret client problems as idiopathic utilized more individual therapy ($r = -0.37$, $p < .01$). Workers who perceived client problems as more interpersonal in nature utilized more family therapy ($r = 0.33$, $p < .01$).

Differences between FFT Trained and Non-Trained Workers

As was noted in the previous section, significant differences were found between FFT trained workers and non-trained workers on preferred therapy format. Analyses were conducted to identify additional differences between matched groups that might indicate why trained workers showed a higher use of family therapy. Trained workers were found to be more likely to use family therapy with problems of family conflict ($U = 208.0$, $p < .01$) and employment ($U = 155.5$, $p < .01$). Although the differences were not statistically significant, for no problem category were non-FFT trained workers more likely to use family therapy than trained workers.

Trained workers reported significantly greater familiarity with behavioral and family systems therapies than non-trained workers ($U = 195.5$, $p < .05$; and, $U = 213.0$, $p < .01$, respectively). Non-trained workers tended to be more familiar with supportive therapies ($U = 212.0$, $p < .1$). The familiarity of trained workers with behavioral and family systems therapies was reflected in practice. Trained workers reported using behavioral and family systems theories more often than non-trained workers ($U = 211.5$, $p < .1$; and, $U = 214.5$, $p < .1$, respectively).3

Responses of Trained Workers Regarding the Staff Development Program

Participants were asked to rate supervisor and co-worker support in facilitating greater use of FFT in daily work. Based on a scale of 1 to 4 (where 1 = not useful, and 4 = extremely
useful) the mean ratings for the two responses were 2.17 (n = 23) and 2.43 (n = 23), respectively. These findings support the view that organizational factors are important, though not singularly important, forces in producing long-term changes in workers' behaviors and beliefs.

Finally, organizational support for the implementation of FFT was measured by asking respondents to rate various contextual influences on setting generalization. A four-point scale (1 = not helpful; 4 = extremely helpful) was used. In general, workers felt that increases in their supervisors' availability for case conferences (mean = 2.57) and changes in agency policies regarding case management (mean = 2.18) promote the generalization of training content to the work setting. They were more strongly supportive of policies reducing caseloads (mean = 3.13) and reported anecdotally that large caseloads prohibited intensive involvement with families.

DISCUSSION

Few strong relationships between participation in the FFT training and the test variables emerged. However, statistically significant relationships were identified and patterns of findings were consistent with the latest research on staff development. Given the lapse of three years between the dates of training and follow-up, the observed relationships may be interpreted cautiously as correlational evidence of the effectiveness of the training model.

The research hypothesis predicted that participants in the 1981 FFT training would show significant differences in clinical practice and attitudes when compared to similar workers who did not participate in the training. This hypothesis was confirmed. Positive relationships were found between participation in the training and possession of interpersonal viewpoints of problem causation. The findings suggest that the training in FFT produced systems-oriented practice attitudes.

The possession of a systems viewpoint and the acquisition of knowledge of Functional Family Therapy appear to have carried over into practice behavior. Across all categories of client problems, trained workers reported being more likely to
use family therapy, but they were statistically significantly more likely to use it only with the problems of employment and family conflict. The finding that trained workers were more likely to use family therapy with employment problems, an area not traditionally treated with family therapy, lends support to the hypothesis that FFT training contributed to the development of systems oriented practice.

In summary, the findings suggest that the training was successful in producing both attitudinal and behavioral changes that sustained an effect some three years after the completion of the staff development program. Several features of the training model appear to have contributed to its success.

1. **Equal emphasis was placed on the goals of attitudinal and behavioral change.** Skill building was preceded by teaching content designed to change worker attitudes about families and their problems. Workers were taught to view behavior as interpersonal and interdependent rather than idiopathic. Basic conceptual tenants of systems theory were outlined and then demonstrated through vignettes and roleplays. A case study approach was used to promote generalization to the workplace.

2. **The structure of the training program was coordinated with agency objectives and practices.** Congruence between staff development programs and agency objectives has been suggested as a key element of successful staff development. Workers who are expected to utilize new skills must also find agency policies and procedures supportive in areas such as caseload size, records keeping, supervision, and staff conferences. The training model in this study explicitly focused on organizational procedures by involving all levels of management and staff.

3. **The training was timely and helped to resolve a practice conflict.** In the months prior to the staff development program, workers had been influenced by recent trends in practice that encouraged greater use of family-based services. In the face of growing pressure, many workers felt unskilled in family-based treatment. Dissonance between the desire and ability to use family treatment ap-
parently served as a motivational force that promoted active involvement in training and the application of training to work behavior.

4. The training model was designed to promote generalization. Extensive follow-up supervision on actual cases was emphasized, and workers reported that this gave them the confidence to apply and refine their new skills over time. This suggests that follow-up supervision may bridge the troublesome gap between workshop and workplace.

Although contextual effects were not a major focus of the evaluation, the findings illustrate how structural characteristics of organizations affect the application of training. Anecdotal reports from workers identified two policies that interfered with work with families: (1) inflexible work hours prohibited evening appointments with families, and (2) contracted service arrangements with private therapeutic agencies discouraged workers from providing therapy. These reports suggest that the extension of the goals of training through all levels of the organization was not fully accomplished. The involvement of managers and supervisors in training appears to have promoted generalization (through apparent changes in case conference, case management, and caseload size practices), but agency contracting policies and 8 A.M. to 5 P.M. work schedules appear to have restricted broader implementation of the training.

The findings from this survey must be considered with caution as there are several limitations in the design of the study. It is possible that some training participants were self-selected, thereby producing an inherently biased experimental group. Future training programs can avoid this limitation either by obtaining pre-training measures to determine pre-existing characteristics of the participants (which might then be controlled statistically) or by selecting training participants in a random fashion. The possibility also exists that external events, which influenced one group but not the other, took place between the time of the training and the time of evaluation. The relatively long period (three years) that elapsed made control of
such historical events especially difficult. Finally, although statistical analyses revealed no differences on sociodemographic variables, it is possible that unknown differences between the groups explain the differences between trained and untrained workers.

As was noted in the section on the impact of staff development, measures obtained by self-reports are frequently criticized. In this study we attempted to control interference due to social desirability and acquiescence by ensuring confidentiality and anonymity. Future evaluations might include objective testing and behavioral observation. In addition, the use of action plans and follow-up evaluation of the completion of plans, such as those used in PAPA, would increase the validity of self-report measures. Both objective testing and evaluation of the completion of action plans could be incorporated into a program providing follow-up supervision of cases (as was used in this study) to increase the generalization of training content.

Taking into account these potential problems, the findings point to key elements in effective staff development. Fully three years after an empirically based training program was provided, significant differences between trained and untrained staff were found. These differences are theoretically supportable and lend credence to an emerging staff training methodology that calls for precise matching of agency objectives with training content, extensive involvement of top and mid-level managers in the planning of training, explicit focus on both the attitudes and skills requisite to changing practice behavior, and follow-up supervision.

NOTES

1. For this report, staff development is defined narrowly as in-service training. The authors recognize that, more broadly, staff development may include leaves for conference or educational training, clinical supervision, maintenance of an agency library, peer review, new employee orientation, and other professional development activities.

2. In this context, we are using the term "idiopathic" to describe the view that family problems have individually-focused and often unknown causes. This perspective is contrasted by the point of view in which
clients' problems are thought to arise from the web of influences that form the social and environmental context for behavior. This perspective we call the "systems" viewpoint.

3. Because these differences could have occurred by chance, correlational analyses were undertaken to assess the strength of relationships between group membership (trained vs. not trained) and practice behavior and attitudes. Training was positively correlated with a tendency to view client problems as originating from relationship conflicts rather than internal conflicts (Tau = .227, p < .05). It was positively correlated with greater use of family therapy (rho = .248, p < .05) and negatively correlated with greater use of individual therapy (rho = -.267, p < .05). Training was associated positively with the workers' expressed likelihood of using family therapy as an intervention in problems of employment (Tau = .350, p < .01) and family conflict (Tau = .311, p < .05). And finally, familiarity with behaviorism was positively correlated with training (Tau = .265, p < .05). Other data on the relative usefulness of various FFT techniques and the influence of organizational variables were collected and are available from the first author. Because this paper focuses on the staff development model rather than FFT, only selected findings are reported.

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(Revised December, 1987)

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Submission Process. Submit manuscripts to Robert D. Leighninger, Jr., School of Social Work, Western Michigan University, Kalamazoo, Michigan, 49008. Send three copies together with an abstract of approximately 100 words. Include a stamped, self-addressed postcard if you wish acknowledgement of receipt. Since manuscripts are not returned by reviewers to the editorial office, the editorial office cannot return them to authors. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere.

Reviewing normally takes 60 days but can take longer in the event of split recommendations. Things move more slowly at the end of semesters and during the summer. Authors should feel free to write or call the editor if they feel an undue amount of time has elapsed.

Preparation. Articles should be typed, doubled spaced (including the abstract, indented material, footnotes, references, and tables) on 8.5 x 11 inch white bond paper with one inch margins on all sides.

Anonymous Review. To facilitate anonymous review, please keep identifying information out of the manuscript. Only the title should appear on the first page. Attach one cover page that contains the title, authors, affiliations, date of submission, mailing address, telephone number, and any statements of credit or research support.

Style. Overall style should conform to that found in the Publication Manual of the American Psychological Association, Third Edition, 1983. Use in-text citations (Reich, 1983), (Reich, 1983, p.5). The use of footnotes in the text is discouraged. If footnotes are essential, include them on a separate sheet after the last page of the text. The use of italics or quotation marks for emphasis is discouraged. Words should be underlined only when it is intended that they be typeset in italics.

Gender and Disability Stereotypes. We encourage authors to avoid gender-restricting phrasing and unnecessary masculine pronouns. Use of plural pronouns and truly generic nouns (“labor force” instead of “manpower”) will usually solve the problem without extra space or awkwardness. When dealing with disabilities, avoid making people synonymous with the disability they have (“employees with visual impairments” rather than “the blind”). Don’t magnify the disabling condition (“wheelchair user” rather than “confined to a wheelchair”). For further suggestions see the Publication Manual of the American Psychological Association or Guide to Non-Sexist Language and Visuals, University of Wisconsin-Extension.

Processing Fee. The increased cost of typesetting has made it necessary to charge a processing fee of $35 to authors who are accepted for publication. You will be billed at the time of acceptance.

BOOK REVIEWS
Books for review should be sent to Shimon Gottschalk, School of Social Work, Florida State University, Tallahassee, Florida 32306.