FRIEND OR FOE: THE EFFECTS OF ADVERSARIAL VERSUS COLLABORATIVE STYLES OF TREATMENT VIOLITION INVESTIGATION

David X. Swenson
   Forsensic Psychologist and Associate Professor of Management
   College of St. Scholastica
   Duluth, MN

Richard Wolleat
   Chief Operating Officer, Northwood Children's Services
   Duluth, MN

Dean C. Grace
   Program Director, Northwood Children's Services
   Duluth, MN

   ABSTRACT: The nature of treating high risk youth carries with it the corresponding risk to the treatment facility of violation of regulation due to accidents, acting out behavior, or malpractice. State Departments of Human Services (DHS) are mandated to investigate such violations, and may do so with either an adversarial or collaborative style. Although both the DHS and facility have the same objective of ensuring appropriate treatment of youth, the style of investigation may leave lasting impact on the treatment staff and programs that undermine their mutual goal. This study examines the relationship between investigation style and its impact on the facility and staff, and makes recommendations for constructively dealing with the stress.

   It is estimated that one in five children and adolescents in the United States have an emotional, behavioral, or mental health problem at any given time (Children's Mental Health, 1999), and one in ten are impaired by serious emotional disturbances (Friedman, Kutasch, & Duchnowski, 2001). The nature of treating high risk youth carries with it the corresponding risk to the treatment facility of violation of regulations due to accidents, acting out behavior, malpractice or abuse. State Departments of Human Services (DHS) are mandated to investigate such violations, and may do so with either a collaborative or adversarial style. Although both the DHS and facility have the same objective of ensuring appropriate treatment of youth, the style of investigation may leave lasting impact on the treatment staff and programs that can undermine their mutual goal. This study examines the relationship between investigative style and impact on the facility.

Through neglect, abuse, abandonment or their own uncontrollable behavior, youth may be unable to be cared for in their homes and are placed in some form of residential treatment. This demand for expanded treatment exploded during the 1980s, and it has been estimated that over a half million children are in some form of out-of-home placement through the United States. From 1975 to 1986, the use of treatment centers increased by 60 percent (Kestin, 1999), and by 1994 the out-of-home placement had increased another 74 percent (Petit & Curtis, 1997). In a report by the Survey and Analysis Branch of the Center for Mental Health Services (Manderscheid & Sonnenschein, 1996), one form of placement, residential treatment centers for youth, had grown from 322 in 1984 to 459 in 1994, and an increase in beds from 16,745 to 32,110 respectively.

When youth enter some form of residential treatment (e.g., foster or group home, residential facility, etc.) it is no longer possible for them to avoid their problem behaviors or their causes, and it is not uncommon for symptoms to temporarily exacerbate (Shaffer et al., 1990). Faced with what may be a first experience with limit-setting, logical consequences for behavior, and expressed care and concern, it is also not uncommon for these youth to test these limits. In the safety of a highly structured and controlled setting, they may release whatever marginal internal controls they have exercised over their behavior for a time. The result can be a period of intense acting out and risk taking.

Some youth have disorders where they have difficulty foreseeing consequences, understanding limits, or controlling impulses. For example, in a study of 17 randomly selected residential treatment centers in Illinois, the level of risk of placed youth was remarkable (Lyons, Libmean-Mintzer, Lisiel, & Shallcross, 1998). Of the 333 children in the sample, 83 percent met the criteria for diagnosis of emotional disturbance, conduct disturbance, neuropsychiatric disturbance, oppositional behavior, or impulsivity. Such conditions often result in behaviors that are dangerous to self or others and can result in protective action such as restraining holds until the youth is again under control (Lyons & Schaefer, 2000). This can create risk for the child, peers, and staff of treatment facilities, with incidents requiring investigation by the state Department of Human Services.

The National Alliance for the Mentally Ill (NAMI), a patient advocacy group, has urged Congress to take action to protect clients from the risk of excessive force. NAMI cited a series of investigative reports by the *Hartford Courant* and Harvard Center for Risk Analysis that conservatively estimated 142 deaths in all 50 states over the past decade, with increasing numbers in recent years (Rappaport, 1998). In a report by the *Arizona Daily Star*, restraints were again noted as unsafe, although the Department of Juvenile Corrections used force 979 times in its four juvenile facilities (Bodfield, 1998). In addition, Florida's child welfare investigators found evidence of abuse or neglect in 55 cases at 8 treatment centers from 1996 to 1998 (Kestin, 1999). Such reports have led the

American Association of Children's Residential Centers to assert their concern for the safety of their young wards, and to recommend policy and practice changes (Position paper, 2000).

The growth of out-of-home placement facilities may have been too rapid for some programs to adequately train their staff to deal effectively with violent residents or to prepare them for the wide range of crisis situations that youth present (McAdams & Foster, 1999). Staff may become stressed or traumatized by resistance to holds, injury, assault by the child, trauma to other residents, or by their concerns regarding their own liability (Bloom, 1994; James & Wherry, 1991). It is increasingly common for facilities to conduct critical incident debriefings following traumatic crises that involve staff. Such incidents can contribute to lower morale, anxiety, and staff turnover if not handled in a timely and constructive manner. Following a crisis, staff may be very sensitive and feel vulnerable during the inquiry by investigators.

At this time there is no integrated national reporting system or database to track the widespread incidence of facility violations. Data from the State of Minnesota Department of Human Services will be used here as an example to profile such violations. From 1998 to 2000, the number of maltreatment reports at facilities reported to DHS ranged from 2,931 to 3,204, with a substantiation rate of 31 percent and 40 percent respectively. The number of adolescent injuries at facilities in 1997 was 53, with 13 percent client-to-client violence, 30 percent self injurious behavior, 45 percent sports or activity related, and 11 percent suicide attempts.

In its 2001 Annual Report the Minnesota Council of Child Caring Agencies (55 programs from 17 agencies) profiled youth in residential treatment settings (Becker, 2001). A high proportion are high risk as indicated by their presenting problems: Oppositional (93%), authority problems (86%), impulsiveness (84%), depressed (84%), verbally threatening (73%), physically assaultive (64%), destructive of property (47%), suicidal (35%), self mutilating (22%), and sexually assaultive (13%). When compared to outpatient groups, residential youth were considerably higher on all presenting problems (except lying), again showing their increased risk of acting out.

What we refer to in this study as adversarial behavior has elsewhere been addressed as "incivility in the workplace" (Cortina, Magley, Williams, & Langhout, 2001). Defined and researched only fairly recently, this refers to behaviors that are usually unintentional, condescending, rude, discourteous, and disregarding of others (Andersson & Pearson, 1999). This differs from aggression where there is an intention to harm others, though such harm may still incidentally occur. During violation investigation, investigators may display disrespect by dropping in without notice, "reading rights" to staff, making threats, expressing predrawn conclusions, withholding information, and behaving in an arrogant or condescending manner. Although the behavior can be an effort to establish power by the investigator (Carli, 1999), it can have adverse effects on

the recipients of such behavior. While little research has been conducted on incivility, emerging results show it similar in effect to aggression in the workplace. It can lower satisfaction with the job in general (Keashly, Trott, & MacLean, 1994), increase thoughts of leaving the job (Cortina et al., 2001), reduce organizational commitment (Barling, 1996), lower job-related motivation (Ilgen, Mitchell, Frederickson, 1981), have negative effects on self-set goals and self efficacy (Bandura, 1986), and contribute to people adopting ineffective strategies for dealing with poor performance (e.g., making excuses)(Baron, 1988).

While there is clear need for investigation into violations of mandated and standard practices or cases of injury, the manner in which investigations are introduced and pursued may have immediate as well as longer term effects on facilities and staff. Without compromising thoroughness and ethical and legal obligation, DHS investigators work with the facility with the mutual goal of protecting clients and staff, and improving the quality of care to which both are committed. It is equally possible that an adversarial approach in which investigators are threatening, abrasive, and secretive may elicit defensiveness by staff. Such defensiveness may restrict the open flow of needed information, demoralize staff regarding such investigations in the field, and inhibit future treatment or information, to the detriment of clients. This study was designed to explore the relationship between investigative style and impact on the facility's staff and programming, with the intent to encourage investigative relationships that fostered protection and program improvement.

METHODS

A survey instrument was designed by the authors, consisting of two scales to assess both the investigation style and impact on the facility. The Investigation Style Scale (ISS) was comprised of 11 items that were derived from the literature, discussions with treatment facility staff and administrators, and review of DHS procedures. The items were presented in a five-point Likert format with the ends anchored with representative statements. Items covered the scheduling of contacts, setting the emotional context, power differential, respect, acquiring information, attitude communication, consequences, trust, keeping informed, and promptness of report. The items reflected such dimensions as whether investigative interviews were mutually scheduled or were unannounced drop-ins, whether empathy was shown for the problem or people were "read their rights," or whether investigators were respectful and courteous or arrogant and condescending.

The second scale, Impact on Facility Scale (IFS), was composed of nine items using the same Likert format. Items covered included morale, commitment to the career, feelings of esteem, belief in the investigative system, defensiveness, confidence in decision making, openness of communication, quality of treatment following investigation, and overall attitude toward investigation. The dimensions of these items reflected

examples such as: whether staff morale was enhanced or deteriorated, whether investigation encouraged or discouraged commitment to the field, and whether staff were more or less respectful of the investigative system.

In addition, demographic items obtained information on the state in which the facility was located, the type of facility (e.g., residential, group home, foster care, day treatment). Both the ISS and IFS scales were shown to have high internal reliability as measured by Cronbach's alpha-a conservative estimate of internal consistency or homogeneity of the items. The alpha for Scale 1 was .94, while Scale 2 had an alpha of .92-both very high.

Surveys were sent to 200 administrators who were members of the Alliance for Children and Families — a national organization of family service agencies and providers for out-of-home treatment services. Participants were administrators of treatment facilities including group homes, treatment foster homes, day treatment, and residential facilities. Some administrators operated several different types of facilities for which they responded. Initial examination of means for each facility type did not show a significant difference among them and they were therefore treated as a group.

RESULTS

Of the 200 questionnaires sent, 125 were returned, for a 63 percent response rate. Respondents represented 38 states across the United States, with no state representing more than 7.2 percent of the total sample. All respondents had experienced at least one investigation of a violation. Of the range of facilities surveyed, the majority had residential components (85%), followed by group home (48%), treatment foster care (38%), day treatment (25%), and other (23%); most respondents had multiple facility components.

The mean ratings for items on the Investigative Style Scale were modest, ranging from a high of 3.2 to a low of 2.5 (see Table 1). The results indicated that most facilities believed that investigators were moderately delayed in finalizing reports and recommending actions. There was also a modest concern that trust between investigators and staff was an issue— one that might affect openness of communication and willingness to explore a problem. Investigators were viewed as moderate in keeping staff informed about the progress of the investigation, which can have the effect of increasing staff anxiety. Respondents were also of the moderate opinion that during the investigation, there was little room for error or mistakes.

Table 1. Investigation Style Scale: Mean Ratings and Ranks for Items		
Item number & statement	Mean Rating 1-5 Scale	Rank
11. Investigators were prompt vs. delayed in reporting and recommending	3.20	1
9. Investigators expressed mutuality of problems vs. External authority that did not trust staff	3.10	2
10. Investigators kept staff informed vs. Did not share status	3.09	3
7. Investigators communicated that mistakes can occur vs. No room for error	3.02	4
2. Investigators express sympathy vs. " "reading our rights	2.90	5
3. Investigators provided understanding vs. Threat	2.81	6
8. Investigators encouraged learning from mistakes vs. Punishment	2.65	7
5. Investigators were open-minded and nonjudgmental vs. Preset agenda and drawn conclusions	2.54	8
1. Investigation interview were mutually scheduled vs. Dropped in without notice	2.52	9
Note. N=125. Judgments were made on a five-point scale (1 = collaborative style, 5 = adversarial style)		

The impact of investigation on facility, staff, and programming also fell in the somewhat higher moderate range, with scores averaging from a high of 3.45 to 2.32. Staff morale appeared to be most affected by the investigation, with moderate discouragement and demoralization, lower commitment, somewhat less respect for the investigators, and residual bad feelings (see Table 2). The position of respondents was moderate regarding staff taking a somewhat defensive position as a result of the investigative style. The lowest rated items indicated that respondents did not view the investigation as especially negative, contributing to staff self doubt, restrict sharing with parents, or lower the overall quality of service provided.

Table 2. Impact on Facility Scale: Mean Rating and Rank for Items		
Item number & statement	Mean Rating 1-5 Scale	Rank
12. Staff morale was enhanced vs. morale deteriorated	3.45	1
13. Renewed staff career commitment to field vs. discouraged commitment	3.30	2
15. Staff have greater respect for investigative system vs. Less respect	3.19	3
14. Staff felt good about self and work vs. Felt badly	3.09	4
16. Staff take collaborative position vs. Defensive position	3.01	5
20. Overall experience was positive vs. Negative	2.78	6
17. Staff are confident in case decision making vs. Self doubt	2.72	7
18. Staff communicate openly with parents vs. Cautious in sharing	2.40	8
19. Quality of treatment has improved vs. Declined	2.32	9
Note. N=125 . Judgments were made on a five-point scale (1= collaborative style, 5= adversarial style)		

The correlation between Investigation Style (Scale 1) and Impact on Facility (Scale 2) was .82, a very high correlation which accounts for 67 percent of the variance. This indicates that as the style of investigation shifts from collaborative to adversarial, the impact on the facility becomes more negative.

To further explore the impact of adversarial investigative styles, those facilities who reported an overall negative rating of 4 or 5 (item #20) were identified. Out of the 119 facilities responding, 30 (25 percent) were identified as having high negative experiences with investigation.

The effects of adversarial style on staff were consistent with the literature reviewed above. Of those 30 facilities who rated the overall effect as negative, a remarkable 93 percent indicated that the incident lowered their respect for the investigative system. As indicated in the literature, this attitude could have the long term effect of complicating future interactions with investigators by making staff more defensive, less inclined to share information, and possibly more prone to conflict. In addition, the emotional impact included 83 percent reporting lower morale, 80 percent

noting discouragement and less commitment to the youth care field, and 72 percent feeling badly about themselves and their work. About 43 percent of staff experienced self-doubt in case-related decisions, and 37 percent became more cautious in sharing information with parents. Interestingly, in spite of this negative impact, quality of treatment was affected in only 13 percent of cases; though, even 13 percent is sufficient for concern.

Table 3. Facility Impact Scale for facilities rating 4 or 5 on overall effect			
Item	Percent reporting rating of 4 or 5	Mean Rating 1-5 Scale	Rank
15. Staff have lower respect for the investigative system	93	4.5	1
12. Staff morale deteriorated as a result of the investigation	83	4.3	2
13. Investigation discouraged staff commitment to the field	80	4.2	3
14. Staff felt badly about themselves and the work they do	72	4.0	4
16 Staff take a highly defensive position regarding investigation	63	3.8	5
17. Staff show self doubt and second guessing in case decision making	43	3.5	6
18. Staff are very cautious in sharing information with parents	37	3.0	7
19. Quality of treatment has declined	13	3.0	8

Note. N=30. Judgments were made on a five-point scale (1= collaborative style, 5= adversarial style)

DISCUSSION

The various forms of residential facilities for youth are faced with the challenging task of providing treatment while controlling high risk behaviors. With the increase in incidence of diagnosed child and adolescent disorders, and demands of the public to provide treatment for them, mental health facilities have grown at a rapid pace with corresponding increased risk and incidence of injury and violation of DHS regulations. With residential care the risky behaviors do not disappear and in many cases they exacerbate with a testing of limits despite reasonable preventive, measures, sometimes resulting in violations.

The results show a clear and high correlation between style of investigation and impact on the facility and staff. While the average responses to items show moderate ratings regarding the typical investigative style, it is also apparent that when adversarial approaches are used they produce unwanted and undesirable effects on staff attitudes and behaviors.

Of those facilities who rating their overall investigation experience as more negative, the results are revealing. The initial impact of the adversarial style had the effect of decreasing their respect for the investigators and investigation process. Although this was an externalizing response to devalue to source of the criticism, it was followed by a nearly equally strong devaluation of morale, commitment, self esteem, and self doubt. Nearly two-thirds took a defensive posture to further investigation, with over a third even becoming cautious in sharing information with parents. This kind of defensive self protection is logical given the perceived challenge, but it clearly risks failure to disclose appropriate information to proper authorities, and may violate parents' rights to full information about treatment of their child. It is interesting to note that although staff is adversely affected, for the most part treatment quality is perceived as unaffected. This reaction is consistent with the authors' experience as consultants in health and human service organizations, that even when under high stress, professionals do their best to prevent negative impact on clients.

There are several important recommendations that can be made to front-line staff in dealing with the stress of investigations. These can be divided into three periods: preparing staff prior to, during, and following an investigation (see Table 4). Initial orientation and training for staff can include a review of the laws and statutes for reporting violations, understanding the role and stages of investigation, and range of investigative styles that may be encountered. Policy and procedures for dealing with investigation should be understood, and the rationale for detailed documentation of incidents thoroughly explained. Role playing can also be used to demonstrate investigative styles and questions, explore staff responses to challenges, coach tactful responses, and clarify the agency's role in staff support.

During an investigation it is important to maintain focus on understanding and gathering information on the incident. Under stress there may be a tendency for staff to take the inquiry personally, become defensive, challenge the investigation or investigator, or protect self and others by withholding or distorting information— these behaviors should be discouraged. Instead, staff should answer questions directly and factually by relying on documentation. They should rely on peers and supervisors for support, keep supervisors informed about the inquiry, and use effective stress management techniques to reduce anxiety. Emphasis should be to maintain high quality performance and service despite doubts that may be expressed.

Following the investigation, especially if it has been adversarial, staff may feel demoralized, fatigued, confused, and discouraged (Baron, 1990). They may believe they have been misunderstood or unfairly accused, resulting in their mistrust of the system and growing self-doubt. It is important for the investigation to be debriefed, much as a critical incident may require debriefing. Staff need to express their thoughts and feelings, give and receive support, and reaffirm their role in the agency. Distinguishing between what staff can be responsible and accountable for, and what was outside their control or occurred by chance is also useful. They often need to reaffirm the purpose and value of the work they do

Table 4. Preparing staff for violation investigation

Pre-Investigation	During Investigation	Post-Investigation
• Provide staff orientation & Training • Reporting laws and statutes • Role, function, and stages of investigation • Range of sanctions that can be applied • Emphasis on procedures & documentation • Understand the range of investigative styles (e.g., adversarial vs. Collaborative) and range of personal reactions • Role play sample investigation interviews and styles • Make clear the agency's role in supporting staff	• Focus on the incident; don't personalize it • Answer questions directly and factually • Refer to documentation • Don't become defensive or antagonize • Don't lie or cover up • Avoid rumoring • Keep supervisors informed • Seek and use available peer and supervisor supports • Use appropriate stress management to deal with anxiety • Maintain quality of performance	• Debriefing personal response to investigation • Skill building – consider how to do one's job better • Review the incident: what have we learned? • Career planning – explore how has this affected one's career interest and commitment • Reaffirm purpose and value of work

with youth. In some cases, discouragement may have led to questioning their career interest or commitment, and this should also be reviewed. An essential component of the final debriefing is to examine both personally and as an agency what has been learned— how can a similar incident be prevented, how can the job be done better, and how can everyone become more resilient as a result.

In conclusion, this study shows that while most residential facility administrators perceive investigations as having only modest negative effects on their staff and services, there is a clear relationship between adversarial investigations and adverse effects on the facility. This study is supportive of the assertion that an adversarial investigative style produces a significant negative effects on staff, increases defensiveness that can restrict appropriate information flow, but does not necessarily affect quality of treatment. The implication for residential facilities is to recognize the risks of residential treatment, the likelihood of future investigation, and the need to prepare staff for such investigation. An implication for investigative authorities is to train and supervise investigative personnel in collaborative investigative styles, investigate complaints regarding investigators' adversarial style, and reaffirm the joint goals of DHS and residential facilities to provide high quality and safe care.

Based on this, we would recommend that facilities work closely with DHS to develop constructive and open relationships prior to investigations. It may also be helpful to train staff in the steps in the investigative process, dealing with the stress of investigations, and how to respond to adversarial inquiry in a constructive way. In addition, we encourage state DHS to provide a mechanism for performance evaluation of their investigation. It is through collaboration that our mutual goal of quality of services to youth can be best attained.

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