

FAMILY CONNECTIONS

Interview Coordinator's Manual Specifications for Facilitating Research Interviews

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Family Connections

Interview Coordinator's Manual

Purpose of Manual

This manual provides documentation for Family Connection's research protocols. Family Connections will provide services for a period of three years. Because the program involves clients for periods of six or 12 months years, interview coordinators must be prepared to do three different interviews:

- Protocol I: Before intervention, we ask primary caregivers whose families meet Family Connections' eligibility criteria to tell us about themselves. This is the "baseline" interview.
- Protocol II: At the close of intervention (i.e., at the end of 6 or 12 months, depending upon the random assignment), we again ask the primary caregivers to give us information about themselves and their children.
- Protocol III: Six months after the date of case closure, we visit the client's home and conduct a third research interview. This interview includes a home observation component that will require additional training.

The Manual's Organization

The manual consists of four chapters. The first chapter provides introductory information and the next three chapters are devoted to each research protocol. Where the information needed overlaps, the manual refers to earlier sections.

Chapter 1 gives information on the role of the interview coordinator that applies to all research protocols. This section also provides information on the ethics of interviewing for research purposes.

Chapter 2 describes procedures and documentation for facilitating the Protocol I, the baseline interview protocol. Its purposes are:

- To review criteria for accepting referrals;
- To provide information about scheduling, preparing for, and facilitating computer assisted baseline interviews;
- To summarize basic research interviewing techniques; and
- To operationally define selected questions from each interview.

Chapter 3 describes procedures and documentation for facilitating the Protocol II, the closing protocol. Its purposes are:

- To provide logistical information on scheduling, preparing for, and documenting the computer-assisted closing interview;
- To operationally define selected questions for the interview;

Chapter 4 describes procedures and documentation for facilitating Protocol III, the 6-month follow-up interview. Its purpose is:

- To provide instruction on maintaining contact with families to facilitate their participation in the third and final research interview, the 6-month follow-up.
- To provide logistical information on scheduling, preparing for, and documenting the home-based 6-month follow-up interview.
- To provide instruction on conducting the home-based observation.

All interview coordinators must be totally familiar with the specifications within this manual and the automated interview. They must also take part in training which includes: (1) participating in training that includes time for practice; (2) practicing in dyads through role play sessions; (3) successfully accomplishing a role play as an interview coordinator with a staff member in the role of client; and (4) successfully completing an interview with a client, with a staff member available for consultation.

Chapter 1

ROLE OF THE INTERVIEW COORDINATOR AND ETHICS FOR INTERVIEWING

ROLE OF THE INTERVIEW COORDINATOR

As an interview coordinator, you play an essential role in the evaluation of Family Connections. You are the vehicle to enable clients to tell us about themselves before intervention and at the close of intervention. The interviews can be combined to give a true picture of the thoughts, actions, and feelings of all clients who participate with us in Family Connections only if all interview coordinators working on the study have learned to follow the same procedures.

Completing the interview can feel like an overwhelming task for clients **UNLESS** you help them understand the importance of this information and make it a fun process. At Interview I, you are often the first person from Family Connections that clients meet. You are key to helping clients feel comfortable with the services we can provide. At the closing interview, you are essential to making the client feel like their participation is valuable and in encouraging them to cooperate with scheduling and completing the third (and final) interview.

You have an important role in helping clients understand how to read and/or listen to each question and how to answer each question accurately. The information gathered during the interview must be accurate and complete. Interview data will form the basis of published reports and documentation about the family's conditions before intervention, at the close of intervention, and six months after closure. Any problems with that data may seriously affect the validity of the study. The interview coordinator is a valuable and necessary person on the research team because self-report data is the principal source of data at baseline and a significant part of the data at closure and follow-up.

You will assist clients by teaching them how to complete the interview. Explain that the interview includes a variety of question formats and you will help them learn how to use the computer to answer each type of question. Start by reading each screen aloud and help the caregiver respond to the questions in the first two chapters of the interview. To save time, you should suggest that you type the information that you already have, such as the names and addresses of contact persons. After the introduction to the interview, she can decide whether to have you sit and read to her or to complete the interview herself.

ETHICS OF INTERVIEWING FOR RESEARCH PURPOSES

As social workers, we are bound to specific values, ethics, and obligations of our profession. We must therefore follow specific ethical principles whether we are in the role of helper or researcher. The mission of social work is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social workers' unique purpose and perspective. How are these core values related to our professional roles as researchers?

VALUE I: SERVICE

Ethical Principle: The social worker's primary goal is to help people in need and to address social problems.

When we undertake research to understand how we can intervene most effectively, we are able to fulfill this primary principle more effectively as well. By learning more about the stresses and strains in the lives of families before we work with them, we should be able to be more effective in evaluating the degree to which we are able to help families address the social problems which may lead to problems in the well being of their children.

VALUE II: SOCIAL JUSTICE

Ethical Principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts focus primarily on issues of poverty, discrimination, and other forms of social injustice. We can be more effective pursuing social justice on behalf of our clients when we base this advocacy on accurate portrayals of their life circumstances. Enabling clients to confidentially provide information about their life circumstances will help us be more effective advocating on behalf of other families who have similar characteristics and experiences.

VALUE III: DIGNITY AND WORTH OF THE PERSON

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. One way that we do this is to promote self-determination and to provide clients all the information they need to make an informed decision about participating with us in Family Connections. We must therefore be able to describe what services we can provide and help them understand how they can help other families by participating in the research associated with this project.

The decision about whether to participate however is totally up to the client. It is essential that you inform clients that they can withdraw from the research and services available through Family Connections at any time. We must give them the information they need to make an informed decision and must not use any degree of coercion or influence in the

process. On the other hand, it is absolutely appropriate for them to hear about the potential benefits of working with us so they can make an informed decision for their family.

Confidentiality

Collection of valid information on any topic requires establishing and constantly maintaining confidentiality. To establish rapport, you must ensure that clients have a clear understanding of how the information will be used and, more importantly, that it will not be misused. In most instances, clients will not question the legitimacy of your mission. When they do, you may need to make considerable effort to establish that we will use the information only as a part of a scientific and statistical picture, and not in any way that would be harmful to anyone. You can reinforce this concept by describing the care that we take with all completed questionnaires. No unauthorized person is ever permitted to see the interview. We maintain strict security at all points of handling. We will not use names and addresses except for the necessary purpose of making sure that the recorded information is for the person to whom it refers. The responses obtained are summarized and shown only in the form of statistical summaries, so that published details cannot be traced back to families or to individuals.

Interview coordinators who work with the University of Maryland are expected to maintain professional standards, collecting data with scientific objectivity, and treating with utmost confidence all information offered or observed during an interview. Successful and meaningful evaluation research is dependent on the establishment of trust between the interview coordinator and the client and continuance of this sense of responsibility to the public throughout all evaluation activities.

The questionnaire pursues questions that one would not think of asking a close friend; questions that might be thought of as "too personal". You will find that the average person is willing to answer these questions, sometimes offering information that would not be given to a close friend or relative. Your protection of all information about clients gained during the interview is therefore essential. This includes information that concerns the interview itself or extraneous observations of the caregiver's home, family, and activities.

The main reason research organizations can point to many successes in collecting information is **CONFIDENTIALITY**. Our interview coordinators can, and do, promise people who are interviewed that their answers to the questions will be kept **COMPLETELY CONFIDENTIAL**. However, if the interview coordinator uncovers evidence of recent child maltreatment, we are obligated, by law to report the alleged maltreatment to child protective services. We make clients aware of this in the Consent Form. If you have any concern about whether information that you obtain suggests that a child may have been abused or neglected, you should see a field instructor or investigator immediately after the interview.

We promise our clients that we will never reveal what they have told us. We combine his or her answers with everyone else's in the survey. The results are in percentages and totals in such a way that no individual person's answers can be identified. Information collected or seen during an interview can be shared only with the research team whose members are under the same ethical and moral obligations as the interviewer.

IT IS YOUR DUTY TO KEEP THE PROMISE OF CONFIDENTIALITY. NEVER DIVULGE NAMES OR TELL FACTS ABOUT OR REVEAL THE OPINIONS OF ANYONE TO ANY OTHER PERSON WHO DOES NOT HAVE A PROFESSIONAL ROLE ON THIS PROJECT.

All clients must sign an Informed Consent Form before conducting the **each** interview. This manual provides procedures for completing the Informed Consent Forms.

Laws pertaining to the privacy of individuals.

As you may know, there have been recent Federal Laws, i.e., Privacy Act of 1974, dealing with the rights to privacy of sampled persons. By adhering to these procedures, the interview coordinator will help ensure that the data is collected in compliance with the law.

Assurance of confidentiality pledge.

All staff members and social work students working on this study must sign an Assurance of Confidentiality Pledge (Appendix A). This pledge states that the person understands that they are prohibited by law from disclosing any information that has been obtained while working on the project and pledges to abide by their assurance of confidentiality.

VALUE IV: IMPORTANCE OF HUMAN RELATIONSHIPS

Ethical Principle: Social workers recognize the central importance of human relationships.

As social workers, we understand that relationships between and among people are an important vehicle for change. Family Connections engages clients as our partners in the helping process. Because you are the first person the client meets, it is important that you begin to build this partnership. Before concluding the first contact, we attempt to transition this partnership to the family and the student intern who will be facilitating the helping process. We provide the client with the student intern's name and telephone number and, if possible, actually introduce the client to the intern. The next chapter describes these procedures.

VALUE V: INTEGRITY

Ethical Principal: Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards, and practice in a manner consistent with them. Whether in a role of researcher, helper, advocate, or other social work role, we must always act honestly and responsibly and promote ethical practices on behalf of the University of Maryland. In order to carry out this principal, you must feel totally comfortable with your role in meeting with the client for the first time and helping them understand the research process.

VALUE VI: COMPETENCE

Ethical Principal: Social workers practice within their area of competence and develop and enhance their professional expertise.

As social workers, we are continually striving to increase our professional knowledge and skills and to apply them in practice. Part of this process involves making sure we are comfortable to fulfill new roles, such as that of interview coordinator in an evaluation study. Another part of that is that we aspire to contribute to the knowledge base of the profession. Serving as a member of the research team will promote the development of knowledge about which interventions are most effective in helping families achieve positive outcomes for their members.

PROTOCOL I: BASELINE PROTOCOL

This chapter describes procedures and documentation for facilitating Protocol I, the baseline interview protocol. Its purposes are:

- To review criteria for accepting referrals;
- To provide information about scheduling, preparing for, and facilitating computer assisted baseline interviews;
- To summarize basic research interviewing techniques; and
- To operationally define selected questions from each interview.

In addition, the automated questionnaire contains interview instructions and definitions.

SCREENING AND ACCEPTING REFERRALS

Part of your role may include talking with referring parties (including clients who refer themselves) about whether our services are appropriate for particular families. The research team worked for almost a year to develop criteria that would identify families at risk for neglect. We want to reach families who are experiencing significant risks in their lives but who have NOT yet been reported to child protective services (CPS). In order to evaluate which combinations of interventions may be most effective at preventing neglect, it is important that we serve families where risk is present. Interviewing a referring party about their concern for a family is our way of trying to identify families who are truly at risk and in need of intervention. There are three levels of referral criteria. (Refer to Referral Criteria in Appendix B and the Referral Information/Attempts to Contact form in Appendix C).

Basic Criteria

- The family lives in the West Side Empowerment Zone.

Families who live and/or whose children go to school in the defined West Baltimore Empowerment Zone are eligible to participate. Because we are unable to serve the whole city, we have defined our boundaries to be consistent with the West Side Empowerment Zone. We will also serve families with zip codes included within the zone (21201, 21216, 21217, 21223, and 21230). This will permit our service providers who are located in West Baltimore to get to know neighborhoods and communities and to empower families to access existing services close to home. (Appendix D is a map showing the boundaries of the Empowerment Zone).

- There is a child between five and 11 years living in the household.

In order that we will be able to compare child outcomes between families, it was important that we establish some common element between them. While we serve families with children of all ages, at least one child in the family must be between the ages of 5 and 11 as of the date that we receive the referral.

- The child has lived with the primary caregiver for at least 6 months and is expected to remain with the primary caregiver.

We will serve any family consisting of a primary caregiver (biological mother or father, other relative or guardian in a primary caregiving role) and one or more children. However, in order to be able to evaluate whether our intervention will be effective, we need families who are available to work with us for up to nine months. If a caregiver were only likely to have temporary care of a child, other services in the community would better serve the family.

- The family has no CURRENT involvement with Child Protective Services.

In order to evaluate how effective we are in helping families manage stress and improve child and family well being, we must try to reach families early, before problems have evolved to the point of involvement with Child Protective Services. However, we are willing to serve families who have been involved in CPS in the past, but who are not currently involved.

- The family is willing to participate.

Services are voluntary, so before making a referral, referring parties should talk with the family about the services available through Family Connections so that they know that the family is interested in receiving services. If the family expresses an interest in the program, the referring party should inform the primary caregiver that we will ask her/him to come into our office to complete the intake protocol. Following this initial appointment, services will be provided within the home or wherever is most convenient for the family.

Neglect Concern

A child in the household is at RISK of harm because his/her basic needs have not been met.

Examples: (*√ all that apply*) (Refer to operational definitions in Appendix E).

- inadequate/delayed health care
- inadequate nutrition
- poor personal hygiene
- inadequate clothing
- unsafe household conditions

- unsanitary household conditions
- unstable living conditions
- shuttling
- inadequate supervision
- inappropriate substitute caregiver
- drug-exposed newborn
- inadequate nurturance
- isolating
- witnessing violence
- permitting alcohol/drug use
- permitting other maladaptive behavior
- delay in obtaining needed mental health care
- chronic truancy
- unmet special education needs

Additional Criteria

*Check all that apply. At least **two** of these must be met (from either caregiver or child)*

Primary Caregiver

- Unemployed/ Over-employed
- Mental health problem (e.g., depression)
- Alcohol or drug problem
- Homelessness
- Domestic violence

Child

- Behavior or mental health problem (e.g., ADHD, truancy, vandalism, depression)

- Physical disability
- Developmental disability (e.g., speech and language disorder, mental retardation)
- More than 3 children in the household
- Learning disability

If you are serving in an intake role, you should interview the referral source to make sure that: (1) all basic criteria have been met; (2) at least 1 of the neglect criteria is a concern; and (3) at least 2 of the additional criteria are identified. Record the information on the referral information/attempts to contact form as you talk with the referring party, including adding any additional information about the family on the back of the form. **If you have any question about whether you should accept a referral, consult with a field instructor or investigator.**

Consult the Case Management System User Manual (the "MIS Manual") for information on how to enter referral information in the MIS. The MIS assigns a "Study ID" to all accepted referrals. Record the Referral ID (the system-generated number) and the Study ID on the Referral Information/Attempts to Contact form.

If it is clear that a referral is NOT appropriate, help the referring party locate another appropriate community resource. We have a variety of directories available to you to help locate another resource that is more appropriate. Also, feel free to call on other Family Connections personnel to help you with providing referral information. You should follow-up your information and referral with a letter to the referring party and record information in the MIS. (See sample thank you letters in Appendix F).

If you accept the referral, proceed with scheduling the primary caregiver for an interview. You may use any information the referral source can give you about how to locate the family. If you receive extensive information on the family's presenting problems, type up a short paragraph that summarizes the family's situation. Attach this to the Referral Information/Attempts to Contact form.

SCHEDULING THE INTERVIEW

As soon as possible after the referral is accepted, you should attempt to contact the primary caregiver by telephone. If the family does not have a telephone, you should have obtained information from the referral source about how to contact the primary caregiver. Record all attempts to contact the potential client on the Referral Information/Attempt to Contact form (see Appendix C) and enter the information in the "new contact attempt" section of the MIS (see MIS manual for instructions).

If you are unable to reach the primary caregiver after several attempts, the Research Director will ask the field instructors to ask either an intern or the Outreach Worker to visit the prospective client and explain the program. The Outreach worker will attempt to schedule the interview and then contact the research staff.

When you reach the primary caregiver, have a conversation that includes the following:

Provide the primary caregiver with information about the services that Family Connections provides. Ask if the person has a brochure. Answer any questions that she¹ may have about the research procedures or about the kind of services we provide.

Ask the caregiver to talk with you generally about the family's needs and about why she believes that she needs services. If the caregiver identifies any other conditions that the referral source did NOT previously identify, make note of them on the Referral Guide/Attempts to Contact form.

If the caregiver is still interested in services, explain that you need to ask a few more questions to verify that we will be able to serve the family. Ask about the basic criteria. Have the caregiver confirm that (1) the family lives in or the children go to school in the West Empowerment Zone; (2) there is a child who lives in the home between the ages of 5 and 11; (3) the family has been together for the past six months and is likely to remain together; and (4) the caregiver reports that the family is not currently involved in Child Protective Services. If she meets these criteria, proceed to scheduling an appointment for the computer-assisted interview.

Ask what time of day is best for the caregiver to come into the office at the School of Social Work for an interview that could take up to 2 hours. Explain that later services will be available in her home or other locations that she prefers but it is necessary to come in to the office for the first appointment. Although we are willing to conduct the baseline interview in the client's home, offer this as a possibility only after you have explored all ways in which the respondent can come to the office. Offer the client the option of coming to the School of Social Work or to the Family Connections office at 827 Barre Street.

Further, explain that this project is conducting an evaluation so that we can learn about which services are most helpful for families. All families begin services by confidentially answering questions about themselves. At the close of services, we will have some additional questions. In addition, we will want to talk with her again six months after we terminate services.

Once you know the preferred time of day, look at the scheduling book to find the earliest day that an interview coordinator will be available to complete the interview. Make sure that you carefully look at the Interview Schedules in the Scheduling Book when scheduling appointments. We must have an interviewer and computer available for the interview. There are up to 3 separate interview schedules per day; one schedule for each of the 2 available laptop computers and a third backup computer in the research office. If you only see one scheduling page for a day in the scheduling book, then there are no other interview coordinators scheduled for that day. You are scheduling with an interview coordinator who is available for a minimum of 3 hours starting at the beginning of the interview. We allow this overlap of time to adjust for caregivers that may arrive late and for caregivers that need to take a break during the interview. Thus, to schedule for each date, you record the following:

¹ The primary caregiver may be male or female. However, because the majority of our caregivers are female, this manual uses the pronoun "she" to refer to them.

EXAMPLE:				Laptop 3	
TIME	Respondent	PHONE#	INTERVIEWER	Intern	Location
9:00 AM	Alice Smith	410-888-8888	Joy Ernst	Amy Miller	SSW

Because we use the same schedule book to schedule the Closing and 6-Month Follow-Up Interviews also, write “baseline” under the client’s name in the schedule book so that any research staff person who looks at the schedule book will know what type of interview it is.

While the caregiver is on the telephone, ask for a telephone number where we can reach her in case of the need to contact her. Also, give her the telephone number of the research office so she may call if she will be unable to make the appointment. Explain that it is not a problem to reschedule but we prefer to receive a telephone call in advance so that we can use the original appointment time for someone else if needed. If you schedule the appointment time farther away than the next day, tell her that someone will call her the day before the appointment as a reminder.

Provide directions to the School of Social Work and explain that she should check in with the Security Guard when she comes in the front door. Ask her to bring her social security number and birth dates of the children when she comes for the appointment. Ask if she will have childcare or will need to bring the children with her. If she says she will bring children with her, make note of this in the margin of the scheduling book so that the interview coordinator will be prepared with activities to keep the children occupied during their stay. We will NOT provide childcare. If the caregiver brings her children with her, they will be with her during the interview.

If you schedule the interview for the Barre Street office, provide directions to the office. Call the office (6-8716) and ask that the interview room be reserved for that date and time.

Ask the caregiver if she has any questions regarding the interview. Answer any questions she has before the scheduled appointment.

Record information about the interview date and time in the scheduling book, on the Referral Information/Attempt to Contact Form, and in the MIS. Enter the schedule information on the wall calendar in the research office, using the client’s first name only. If the appointment is one week away or more, send a reminder letter to the client using the reminder letter form (Appendix G – Sample Appointment Reminder Letters). Write “we look forward to seeing you” on the letter. If appropriate, enclose instructions on how to reach the School of Social Work or the Barre Street office by public transportation.

Call the faculty field instructor to inform her that you have scheduled an interview with a new client. If possible, she will arrange for the student intern to be available at the end of the interview to meet with the caregiver. If available, note the name of the student intern on the Referral Information/Attempt to Contact form and in the schedule book. If necessary, call the interviewer to let her know that she has an interview scheduled.

At times, caregivers will initially express interest in the program but eventually decline services without having completed the Protocol I. If the caregiver tells you that she is not interested in participating in Family Connections, tell her that she can call us if she changes her mind. Write a letter that thanks the referral source for the referral and explains that the client has declined services. (See sample letter in Appendix F.)

INTERVIEW PREPARATION

Unlike some other studies, the person facilitating the actual interview is not solely responsible for screening and scheduling potential clients. Although you may be involved in the screening process (see above), that process occurs separately from the interview. When we receive referrals, we contact the clients. If they agree to participate with Family Connections services and research, we schedule an interview. In most cases, we conduct the interview at the University of Maryland at Baltimore School of Social Work. We make exceptions to this policy only when health or other extreme circumstances prohibit a caregiver from coming in to the office. If an interview is required in another location, e.g., home, we will, if necessary, schedule two interview coordinators for the interview.

Part of your responsibilities each day you work is to look at the scheduling book for the next day and make telephone calls to remind potential clients of their appointments the next day. When you are able to confirm an appointment, put your initials next to the appointment time to let others know that you were able to confirm it. (This also applies to the closing and 6-month follow-up interviews that you schedule.)

At the conclusion of the day, type a schedule² for the next day that includes: the interviewees' names, appointment times, person interviewing, and phone number where the interview coordinator can be located at the time of the scheduled interview. Pull together the materials needed for the interview – two copies of the consent form, the referral information, and the Research Tracking form (see Appendix H and I). Write the study ID (in pencil) on the consent forms. (Do not assign a case number at this point). Put these in the "To Interview" tray along with the interview schedule.

If there are interviews scheduled at the SSW, the first person working in the morning should provide the typed interview schedule to the Security Guard.

When you have an interview scheduled, you should plan to be on site at least fifteen minutes beforehand. Locate the logbook and obtain the appropriate computer and the interview materials.

Locate the interview room that you will use for the potential client. If you know that she will bring children, you should find toys or other activities to keep them occupied during the interview.

A few minutes before your appointment time walk to the Security Guard's desk and confirm that he/she knows that you have someone coming in to meet with you. Also, confirm that he knows the telephone number to reach you when the caregiver arrives.

INTERVIEWING PROCEDURES

If the caregiver does NOT show up for the interview on the date and time scheduled, immediately attempt to contact her to reschedule the interview TODAY if time permits or ASAP. Try to find out why she did not show and help her problem solve whatever interfered with her attendance today. If you are unable to reschedule her, put the "Referral Information/Attempt to Contact" form into the Interview Schedule Book and make a note, with a post-it, that she should be contacted ASAP.

² This schedule will also include any closing and 6-month follow-up interviews scheduled. It may also include Phase I (BCDSS reunification project) interviews.

Introductions to Interview and Initial Informed Consent Form

When a caregiver has arrived for a scheduled interview, the research office will receive a call from the security guard. Meet her in the lobby and escort her with all needed interview materials to the room assigned for the interview. The caregiver must sign the initial Informed Consent Form **BEFORE** you conduct the interview. Follow the following introductory procedures:

Exchange names and verify that the person you are meeting is actually the person you are scheduled to interview. Occasionally caregivers come in at the wrong time or, possibly, we will schedule more than one person at the same time for a different person to interview. We need to make sure that we accurately record information so that we do not “mix-up” interview responses between caregivers.

After introductions, explain that you want to review a few things that were probably also discussed with her on the telephone. Explain that after today, Family Connections will provide services in her home or wherever she is most comfortable. However, because this project is conducting an evaluation to find out which services are most helpful to families, we need to ask her a few questions first. Confirm that she meets the basic criteria that (1) the family lives or the children go to school in the West Empowerment Zone; (2) there is a child who lives in the home between the ages of 5 and 11; (3) the family has been together for the past six months and is likely to remain together; and (4) the caregiver reports that the family is not currently involved with the CPS system as the result of a report of neglect or abuse.

Explain that we conduct interview on a computer. It takes up to 2 hours. You will sit with her for the introductory information and after that, she can ask that you stay with her during the interview **OR** she can complete the questionnaire by herself. There are two versions of the interview - one that includes listening to the interviewer read questions **AND** following along on the screen and one that just involves reading the questions from the screen. Find out which interview she prefers.

Present the initial Informed Consent Form (See Appendix H). Ask the caregiver if she wants to read it herself or have you read it to her. If she wants to read it herself, emphasize that everything that she tells you is confidential. Answer any questions that she has about the form or the interview process. Once she signs and dates both forms, you should sign and date both forms and give her one copy. **IT IS VERY IMPORTANT THAT SHE HAS CORRECTLY RECORDED HER ADDRESS INCLUDING ZIP CODE** as well as any telephone number on the consent form. This includes providing information about persons who will be able to reach her should she move. Since we will need to contact her even after we no longer provide services, these contact persons should be people who will likely always know where she resides. Try very hard to get **two** contact names from the caregiver.

Guidelines for Conducting Interview³

Your introduction to the caregiver is the first opportunity for you to demonstrate friendly intentions and describe the questionnaire in such a way that she will want to cooperate with you. Explain that there are 11 chapters all together in this interview. However, each person is only asked questions that pertain to her and her family, thus she will skip some questions if they do not apply. Explain that even so, most interviews take about one and 1/2 to 2 hours. Thus, she should feel free to tell you if she needs a break. Offer to get her a cup of coffee or a soft drink and help her get comfortable with her surroundings.

Explain again that instead of the typical pencil-and-paper survey, we conduct this interview on the computer. Ask her whether she has ever used a computer and show her how the mouse works and point out important keys on the keyboard - **ENTER**, **backspace**, **space bar**, **arrow keys**.

³Material in this section also applies to the interview procedures to be followed for Protocols II and III.

If the respondent chooses to operate the computer herself, explain to her that you will enter the information in the first section of the interview. In this section, we get information on all of the children in the household. It is preferable for the research coordinator to enter this information to ensure accuracy. When you reach the second chapter of the interview (the Child Behavior Checklist), she may begin to operate the computer herself. Periodically check and make sure that she understands the questions.

If the caregiver prefers that you sit with her during the interview and read the questions, or if she interrupts the process by coming to you with a question, please follow these procedures:

ASK ALL QUESTIONS EXACTLY AS WORDED. Do not change even one little word that is printed in the question. Many times, the smallest change can affect the whole meaning of the question. Although you may feel that the question could be worded much more simply, **do not** improvise on the method of asking the question. Emphasize only those words that are in capital letters and pause only at commas or after each answer category when they are included in the question itself. Read everything in a natural, even tone.

Sometimes caregivers will ask you to define words in a question or explain some part of the question. Unless a definition or explanation is provided in your question-by-question specifications (or on the screen), do not provide one. Simply let the respondent know that she should answer using her own definition. Say, "Whatever it means to you--just answer that way."

ALWAYS REMAIN NEUTRAL. You must maintain a neutral attitude with the caregiver. The interview coordinator must be careful that nothing in words or manner implies criticism, surprise, approval or disapproval of either the questions asked or the respondent's answers.

It is important that you feel at ease with the questions. If you do not feel comfortable, you may transmit this feeling to the respondent. Practice asking all questions in a "matter of fact" way. When you ask questions in this way, both you and the caregiver will most likely not feel sensitive about any questions asked. It is important to remember that the questions in this interview are there for a specific reason. If you feel strongly about any topic in this study to the point that you are unable to hide your feelings in front of the caregiver, you should not be serving as an interview coordinator for this study.

MAINTAIN THE FLOW OF THE INTERVIEW. Through your manner and behavior, you can create a friendly but professional atmosphere in which the caregiver feels she can express herself.

Occasionally a caregiver may find a particular question "too personal" or may not want to answer a question for some other reason. If this happens, take time to reassure the caregiver that she may speak freely without embarrassment or loss of privacy. Restating the confidential nature of the questionnaire may be all that is needed. Assure the caregiver that many people hesitate at first because it is not common to discuss these matters, but that the information is badly needed and her help is important.

If a caregiver refuses to answer a question after you have reassured her of confidentiality, do not coerce her, go on to the next question. You do not want to irritate the caregiver and provoke a refusal to complete the interview. If a respondent refuses to answer a question, simply enter the appropriate REFUSED response for the particular question.

Occasionally a particular question may cause the caregiver to reminisce or relate a lengthy story illustrating the point just made. You will do both yourself and her a favor if you keep the interview in a business like tone. If you have a rambling interviewee or one who launches into irrelevant conversation, do not hesitate to interrupt and bring her back to the point of the question. You can maintain the flow of the interview by repeating the question or suggesting that you would be happy to continue talking after the interview is complete. You, of course, want to be careful not to antagonize her.

Because of the sensitive nature of some of the interview items, some caregivers may get upset when discussing those items. While you need to maintain the flow of the interview, you do not

want to ignore her feelings. Offer to let her take a break and explain that we can attempt to contact the intern or supervisor to talk with her at the conclusion of the interview if she wishes.

DO NOT READ INSTRUCTIONS TO THE RESPONDENT. The first part of the interview contains many instructions for the interviewer. These instructions guide you while facilitating the interview. On the computer, these instructions are prefaced with "INTERVIEWER:" or "NOTE:" and usually appear in capitalized inverse text. Even when they do not appear in inverse text, the interviewer can easily distinguish instructions from text that s/he should read to the respondent. Be sure you are comfortable with reading these instructions to yourself before you start interviewing.

INTRODUCING CHAPTERS OR TOPICS. Each major section of the questionnaire begins with a brief opening statement or preamble. These preambles are printed just like questions and you should always read them aloud. By letting the caregiver know something about the next few questions, these preambles make the questionnaire more conversational. They will run more smoothly and naturally if you practice them a few times before you begin interviewing.

PROBING. You will sometimes need to probe the caregiver in order to get a meaningful answer. Probing is the technique used by the interviewer to stimulate discussion and obtain more information. We probe when a caregiver's answer is not meaningful or is incomplete, i.e. when it does not adequately answer the questions. Probing, therefore, has two major functions. First, probing motivates caregivers to enlarge, clarify, or explain the reasons for their answers. Second, probing focuses the caregiver's answer so that irrelevant and unnecessary information can be eliminated. However, you must probe without introducing bias or antagonizing the respondent.

Sometimes the best probe for a pre-coded question is repeating the original question. You could also use the non-directive probe, "Well, which answer comes closest?" and repeat all of the answer categories. For example:

Interviewer: "About how often do you attend religious services? Would you say never, once a year or less, several times a year, once a month, 2 or 3 times a month, once a week, or more than once a week?"

Interviewee: "Every once in a while."

Interviewer: "Well, would you say you attend religious services never, once a year or less, several times a year, once a month, 2 or 3 times a month, once a week, or more than once a week?"

Interviewee: "Several times a year."

Sometimes an interviewee will feel that none of the pre-coded responses fit; or that under certain conditions she would choose one answer and under other conditions she would choose another. In this situation, you should try to get the caregiver to generalize by repeating the question and saying, "Just generally speaking, is it this or that?" or "Most of the time, " or "In most cases," etc.

There are also some questions where the instructions for answering a question that is "not applicable" are printed on the screen. The caregiver may not notice these notes so you will need to point them out to her.

Question SF14: The grownups in this household understand and agree on household decisions.

Responses:

1	Fits our household very well
3	Fits our household some

5 Doesn't fit our household at all.

NOTE: Select 5 if this statement doesn't apply to you.

Probing methods should be neutral: It is very important to use neutral probes. You should not imply to the caregiver that you expect a specific answer or that you are dissatisfied with an answer. Remember that the intent of probing is to motivate the interviewee to respond more fully or to focus the answer, without introducing bias. The potential for bias is great in the use of probes. Under the pressure of interviewing, the interviewer may unintentionally imply that some answers are more acceptable than others or may hint that a caregiver might want to consider this or include that in giving responses. You must be careful not to do this.

Kinds of Probes: The following are neutral probes that may stimulate a fuller, clearer response:

AN EXPRESSION OF INTEREST AND UNDERSTANDING: By saying such things as "uh-huh" or "I see", the interviewer indicates that she is listening and is expecting more.

AN EXPECTANT PAUSE: The simplest way to convey to a caregiver that you know she has begun to answer the question, but has more to say, is to be silent. The pause--often accompanied by an expectant look or nod--allows the respondent time to gather her thoughts.

REPEAT THE QUESTION: When the caregiver does not seem to understand the question, misinterprets the question, seems unable to decide, or strays from the subject, it is often useful to repeat the question. After hearing the question a second time, many interviewees will realize what kind of answer is needed.

REPEATING THE RESPONDENT'S REPLY: Simply repeating the respondent is often an excellent probe. Hearing the response she just gave may stimulate a respondent to further thought.

A NEUTRAL QUESTION OR COMMENT: Interviewers often use neutral questions or comments to obtain fuller and clearer responses.

RECORDING ANSWERS. Because the interview is computerized, you do not need to worry about the caregiver incorrectly circling the responses or writing answers illegibly. However, you still need to help the caregiver understand the importance of recording answers accurately. Accurate answers are not only essential to the final product, but also to determining the course of the entire interview. Because the answers to many questions determine the other questions asked, it is essential to record all answers accurately. If you or a caregiver makes mistakes in recording her answers, the interview program may omit relevant questions or ask the caregiver irrelevant questions. Therefore, caregivers must be taught how to record answers or choose response categories correctly.

Here are some general instructions for caregivers about answering questions:

- A. To go back and change the answer to a previous question, the caregiver can click the mouse on the word previous and go back question by question until she finds the question she is looking for. She can then enter the correct response and proceed.
- B. Most questions permit proceeding to the next question by pressing the ENTER button or clicking on Next.
- C. If a caregiver enters the incorrect response in a field that involves entering a number or text, she can change her answer by using the backspace key and retyping the correct response.

- D. For questions that involve lists, e.g., variable RINC (Respondent's Income) – the arrow keys can be used to go down the list using the space bar to enter a check mark in the box before all correct items. If she incorrectly presses the space bar, she can press the space bar to erase the check. Alternatively, if she is more comfortable with a mouse, she can click on all appropriate boxes to enter the check marks. She can click a second time to erase the check.
- E. For questions that involve scales (usually at the bottom of the page), she can use the arrow key to advance right or left to the correct response, then press ENTER. Alternatively, she can move the mouse to the correct answer and click.

EDITING ANSWERS. If during the interview, the caregiver needs to go back and change answers of questions much earlier in the questionnaire – instruct the caregiver to ask you for assistance. ONLY YOU should use the following tips. DO NOT provide them to the caregiver.

- A. To view a list of variables, press F8. Once you locate the variable that needs editing, highlight it and click or press ENTER. After you modify the value, you should proceed through each question – one by one, if the corrected value has altered the path of the interview. If you are not certain whether the path has been altered, then you should help the caregiver go through each question checking previously entered answers in the lower right hand corner of the screen. If you are certain however that the corrected value has NOT altered the path of the interview, you may press F9 to fast forward section by section to the last question completed by the caregiver. Once the interview is back to “normal”, you can choose to allow the caregiver to proceed as before (with or without your assistance).
- B. At times, a caregiver may become ill or suddenly decide that she does NOT have time to complete the interview after it has begun. You can help her click the X at the top of the interview or press CONTROL END. This will permit her to come back in later and proceed with the interview where she left off. In order to edit an interview however, you MUST KNOW THE COMPUTER NUMBER assigned to this interview. This is the number you should have recorded at the beginning of the interview at variable R1. When the caregiver comes in to complete the interview, the interview coordinator should enter YES to edit a previously started interview and enter the number recorded on the consent form.

Ending the Interview

The interview is automatically set to pause and then save when the caregiver reaches the last screen of the interview.

When possible, the field instructor will have arranged for you to introduce the caregiver to the intern who will work with her. If not, give the caregiver the name and telephone number of the intern who will work with her along with the field instructor's name and telephone number. Explain that the intern will contact her as soon as possible to schedule a time to meet. If the caregiver does NOT have a telephone, obtain information about all ways that the intern can contact her AND suggest that the caregiver also try to call the intern the next day. It is also possible that the field instructor will give you some times to offer the client for an initial meeting with the intern.

Give the caregiver a welcome gift and escort her to the front door, thanking her again for her participation.

RECORDING INTERVIEW INFORMATION AND FILING

Immediately following the interview, assign the family to the its treatment group using the Randomization Plan in the Interview Schedule Book. You must enter the caregiver's name in the

next available slot (NO EXCEPTIONS). This list will also provide the next available case number (FAM#).

Back up the information following the back-up procedures. If you are unsure of how to back up, **WAIT** until you have received instruction. Record information on the date of interview, computer used, Protocol ID, and Case Number in the Client Log located in the Interview Scheduling book. Also, record information about date of interview, protocol ID, case number, study ID, and index child in the Research Tracking Database. A separate set of instructions (Appendix J) explains how to use this database.

Record the gift information in the gift tracking form in the Interview Schedule book.

Enter the contact information in the MIS, selecting the appropriate group assignment (obtained from the randomization table) and the case number. Enter the demographic information collected during the interview into Household Composition Information section of the MIS. See the data entry procedures and MIS Manual for additional instructions.

Begin a new file for the new client using the STUDY ID and the Family Connections Case Number on the label. Include the completed Referral Guide/ Attempts to Contact form, the Signed consent form, and the Research Tracking form. Staple the Research Tracking form to the right side of the file. File in the appropriate file drawer.

Fill out the "Client Information/Attempts to Contact for Closing Interview" form (Appendix K). Depending upon the client's treatment group assignment, place this form in the section for the appropriate month in the "tickler" notebook. For example, if you do the interview in March and the client is a 3-month client, you would place the form in the "June" section of the tickler notebook.

FOLLOW-UP to REFERRAL SOURCE: Write the thank you letter to the referral source, providing the name and telephone number of the intern who will work with the family. (See Appendix F). Addresses for referral agencies are available in the MIS.

ITEM SPECIFICATIONS

GENERAL SPECIFICATIONS

Questionnaire Sections

There are 11 sections or chapters in this questionnaire. Most chapters begin with a statement that briefly introduces the subject of the chapter. You should be totally familiar with how the questionnaire flows and how to enter and edit responses in each section.

- 1) Introduction
- 2) Demographic Information
- 3) Child Functioning
- 4) Caregiver Childhood History
- 5) Parent(Caregiver) Functioning

- 6) Neglectful Behaviors or Conditions
- 7) Family Functioning
- 8) Social Support
- 9) Health, Alcohol Abuse, Mental Health, Social Desirability
- 10) Drug Abuse
- 11) Housing and Neighborhood

Types of Questions

- 1) Lead-in phrases: A series of repetitive questions appears in a format with a lead phrase followed by a list of completion phrases. In some cases, the interview is set to repeat the lead phrases periodically to be sure that the interviewee understands the question. If the caregiver forgets the lead-in phrase and is confused about how to answer, help her go back to the beginning of the section so she will understand more completely how to answer questions in this section.

Example: During the LAST YEAR, about how often did (CHILD'S) father...

- a. Talk with (CHILD) over the phone 0 1 2 3
- b. Visit (CHILD) in your home 0 1 2 3

- 2) Questions with help lists. A few questions have built-in HELP lists. For example, the variable RHOUSE7 asks the caregiver how long she has lived at the current residence and asks her to record the response in months. A caregiver that has lived at a location for multiple years may need help in calculating the number of months. For this question, she can click on the HELP button at the bottom of the screen for that question and a MONTH chart is included to help with selecting the correct number of months.

Recording Answers

- 1) "Don't Know" and "Refused": - the question by question specifications that follow, provide information for how to record refused, don't know, or not applicable responses.
- 2) Coding age: The computer is automatically set to permit values for birth dates that "make sense". For our purposes, we have assumed that a primary caregiver will be at least 11 years of age and that she will not be younger than age 11 at the time her first child is born. If you inadvertently enter the WRONG year for the mother's date of birth or for one of her children, the computer will NOT advance. If at any time if the computer will not advance, it probably means you entered something incorrectly. If you examine the question carefully, you should be able to solve the problem.

Due to the eligibility criteria for this project, at least one child MUST be between the ages of 5 and 11 as of the date of the interview. The computer will pick the youngest child in this range as the index child. If you did not enter a child with a birth date that places her/him in this age range, when you get to variable INDCHILD, the computer will say, "NOONE" has been selected. If this happens, you must go back to each child's DOB question by question so that you can correct the child that the computer should have identified as the index child.

- 3) Coding age when respondent gives two ages: When asking for age of respondent the very first time something happened, code the younger of the two ages. For example, "I was 13 or 14", code 13. When asking for age of respondent the very last time something happened, code the older of the two ages. For example, "I was 18 or 19", code 19.
- 4) When a respondent says she does not know how old she was when a particular event happened, encourage her to recall the age with a probe such as, "Could you give me your best guess?" If she cannot give an exact age, but says for example she was in her 20's, code the first digit as "2" and the second digit as "5"; the midpoint of the 20's.

Question by Question Specification

Throughout the automated questionnaire, we have provided clarifications and definitions as appropriate. We provide explanations that are too lengthy to describe totally on the screen here. We organize these specifications by chapter.

CHAPTER 1: QUESTIONNAIRE INTRODUCTION

This chapter introduces the questionnaire and assigns a computer number to this caregiver's data.

VARIABLE(S)	COMMENTS
Resume1	<p>This question asks if you want to resume an interview that was interrupted before it was finished. Most of the time, you answer NO if it is the first time a caregiver has started a baseline interview.</p> <p>If the caregiver has come in to finish a previously started interview, you must use the same computer AND know the number the computer assigned to her set of answers. In this case, enter yes and type the number and press ENTER. You should enter the interview with the last question she answered.</p>
INTRO1	Read this screen aloud. Ask the caregiver if she has any questions before you begin.
R1	This screen emphasizes the CONFIDENTIAL nature of the questionnaire. IN ADDITION, – YOU MUST RECORD THE NUMBER THAT APPEARS AT THE UPPER RIGHT HAND CORNER OF THE SCREEN ON THE UPPER RIGHT HAND CORNER OF THE CONSENT FORM.

CHAPTER 2: DEMOGRAPHICS

This chapter collects demographic information about the caregiver, contact persons who will know how to reach her, household composition, income contribution, children in the home, and selects an index child between the ages of 5 and 11. Selected questions follow with comments as necessary.

VARIABLE(S)	COMMENTS
RSSN	<p>Enter the caregiver's social security number here. If you make a mistake, use the BACKSPACE key to enter the number correctly.</p> <p>If the caregiver asks why we want the social security number, explain that we would like to use it as a "BACKUP" number. It will enable us to link information from this interview to the second interview that we will ask her to complete at the closure of services.</p> <p>If the caregiver does not know her number, enter 88 888 88888.</p> <p>If she REFUSES to give us her number, enter 77 777 7777.</p>
Rdob	<p>Enter the caregiver's date of birth. If she does not know her date of birth or refuses to provide it ENTER 01-01-20.</p>
Rzip	<p>The eligible ZIP CODES for the West Empowerment Zone are listed at the bottom of the screen. As you enter this information, verify again that the family resides in the Empowerment Zone.</p>
Rhouse2a, Rhouse2b, Rzip, RhomNum, Rcon1a, Rcon1b, Rcon1c, Rcon1d, Rcon1e, Rcon1f, Rcon1g, Rcon1h, Rcon2a, Rcon2b, Rcon2c, Rcon2d, Rcon2e, Rcon2f, Rcon2g, Rcon2h	<p>These variables record the caregiver's address, telephone number & the names, addresses, and telephone numbers for two contact persons. To save time, explain that you will enter these from the Consent Form and type them quickly so you can move along.</p> <p>If the respondent refuses or has no contact person or persons, enter NO for variables Rcon1a and Rcon2a (first names) and CONTACT for Rcon1b and Rcon2b (last names).</p> <p>Enter (888) 888-8888 for variables Rcon1c and Rcon2c if the caregiver does not know the telephone number or (999) 999-9999 (not applicable) if either there is no contact person OR the contact person does NOT have a telephone.</p> <p>Click on NEXT with blanks for Rcon1d – Rcon1g and Rcon2d – Rcon2g for the address screens if either there is no contact person or the caregiver does NOT know the address.</p> <p>Enter 88888 (don't know) for Rcon1h and Rcon2h (zip code) if the caregiver does NOT know the zip code of the contact persons' addresses and 999999 (not applicable) for these variables if there is no contact persons.</p>
Rhouse1	<p>This is the first branching variable. This means that the questions that follow depend on how the caregiver answers this question. You might explain this to the caregiver in order</p>

VARIABLE(S)	COMMENTS
	to emphasize the importance of answering each question correctly. You might also tell her that if a series of questions does not make sense, she might have answered a branching variable incorrectly. If this occurs, she should see you so you can help her get “back on track”.
Rhouse7	You can help the caregiver calculate months by clicking on the HELP button at the bottom of the screen.
Reduc	You should enter the highest grade of REGULAR school that the caregiver completed. For example, if she dropped out of school in 10 th grade, you would enter 9 for 9 th grade. When you enter anything below 12, a question will follow that will ask whether the caregiver later received her GED.
Rwork	These responses are ranked by whether the caregiver is working. If she works part time AND is in training, enter works part time because it comes first in the list.
Rinc	This list identifies ALL sources of income the caregiver may have received over the last 12 MONTHS. So, if she received AFDC or TANF early in the year and now works part time, check both items. This would NOT mean that she was collecting income assistance inappropriately.
Rinc1	<p>You may need to help the caregiver calculate this amount. We are trying to estimate how much “take home” money, the caregiver received in the last year. If the caregiver was on TANF (Temporary Assistance to Needy Families, formerly AFDC), use the chart in Appendix L to help calculate the amount. Food Stamps are counted as income, as is energy assistance, scholarship money, etc.</p> <p>If the caregiver Refuses to provide this income information, enter 77777. If she does not know (and you cannot help her estimate), enter 88888.</p>
Rinc2	If the caregiver’s income was consistent on a weekly basis or monthly basis over the past year AND it is easier NOT to calculate the annual amount – select weekly or monthly for this variable. We can later recalculate the previous variable. HOWEVER, if you have time, we prefer that you take the time to calculate an annual amount.
Clive	Check for each child up to the total number of children that currently live under the primary care of the caregiver. This question is slightly awkward but permits the interview to follow-up with questions for each child in the family.

VARIABLE(S)	COMMENTS
Cdob	<p>We ask the date of birth for each child in the family. It is very important that at least one of the children is between the ages of 5 and 11 as of the date of the intake interview. If NOT, the computer will NOT advance. As you are asking the caregiver for dates of birth, keep in mind that if it is 1998 – acceptable years of birth would be 1987 through 1993. Calculation is to the day however so a child who is 4 and ½ will NOT meet the eligibility criteria. If the caregiver does NOT remember the dates of birth for all of her children, ENTER today’s DATE but make a note of this error. (We will go back and edit these variables when she can locate this information). The caregiver MUST know the date of birth of the child who is between the ages of 5 and 11 or the computer cannot proceed. In addition, the computer will NOT accept a child date of birth that is less than 11 years older than the mother’s date of birth.</p>
Crel	<p>If the caregiver is male, it is very important that you select 4 = father or 5 = stepfather or other father figure since these selections change the nature of questions later in the interview. Since we expect that the majority of primary caregivers will be female, we have written many sections of the interview with this in mind.</p>
Educ	<p>We did not program range specifications into this variable due to its complexities. Make sure that the grade level is consistent with the age of the child. For example, if a 10-year-old child is only in 1st grade the caregiver must answer YES to variable Cfail – has the [Child] ever repeated any grades?</p> <p>If it is summer, you should select the grade level for the grade the child just completed.</p>
INDCHILD	<p>When you get to this screen, the computer should have selected the youngest child in the family between the ages of 5 and 11. Confirm that the calculation occurred correctly. If it did not, that means you entered the wrong year or years for one or more children. Either use the F8 key to select and correct the appropriate variables, or click on previous until you get to the variable that was entered incorrectly.</p>
Hothers	<p>This is another branching variable – it is important that you select yes if anyone other than the caregiver and her children have lived in the household for the past two weeks.</p>
Hadult1 and Hadult2	<p>Hadult1 is to identify other caregivers in the household and Hadult2 is to identify other adults in the household who are not usually in a caregiving role. These are also branching</p>

VARIABLE(S)	COMMENTS
	variables so it is important that you explain them clearly to the respondent.
Hinc2	This variable attempts to capture additional income available for household expenses in the past year. If the caregiver refuses to provide this information, enter 77777. If she does not know (and you cannot help her estimate), enter 88888.
Hdrug, Hdrink, Hmhlth, Habuse	<p>These variables refer to OTHER adults in the household, NOT to the primary caregiver. If the caregiver has previously responded that no other persons reside in the household besides herself and the children, you will skip out of these variables.</p> <p>When asking the respondent if anyone she lived with used drugs, got drunk, had mental problems, or physically abused others if the respondent asks what you mean by any of these, tell her whatever it means to her. For instance, if the caregiver says "My husband has mental problems when he drinks, does that count?" Ask her, "Do you think he has mental problems?"</p>

CHAPTER 3 Child Functioning

This chapter consists entirely of the Child Behavior Checklist (CBCL). All questions pertain to the INDEX Child.

VARIABLE(S)	COMMENTS
CBC_Dir	This is a "busy" screen ...make sure the caregiver knows how this section of questions works by reviewing this screen and moving on to the first couple of questions as examples. If she is comfortable proceeding on her own, this is the point in the interview where your presence may NOT be necessary. If she goes on her own, she may want to ask for your help every time she gets to a new type of question format. However, if she is uncomfortable with proceeding without you, stay with her until she is comfortable. You may need to remind her that her answers are totally confidential and although you are sitting with her, we will never match her name with her answers in any research reports.
CBC_1 through CBC_112	<p>For all questions in this series, caregiver should select:</p> <p>0 if the description is Not true of the [child]</p> <p>1 if the description is Sometimes or Somewhat true of the [child]</p>

VARIABLE(S)	COMMENTS
	<p>2 if the description is Very or Often true of the INDEX [child]</p> <p>Sometimes a caregiver may feel that none of the responses “seem right” for her child. Ask her to select the response that is “most like” her 5 to 11 year old child.</p> <p>It will help, if the caregiver says her child’s name at the beginning of each question. For example, Sally “whines”.... not true, sometimes true, very true.</p>

CHAPTER 4 Caregiver’s Childhood History

This chapter consists entirely of a new Child Neglect Index that asks adults about the care they received as children.

VARIABLE(S)	COMMENTS
AboutDir	This screen suggests that respondents think about the person or persons who raised them when they were children. If they lived in more than one household, they should think about the “parents” who had the most influence on them.
Abouta and Aboutb	Respondents should select a father figure and a mother figure for whom they will be answering questions.
About1 through About40	<p>For all questions in this series, respondents should select:</p> <p>“1” Strongly Agree if the statement was a good description for either or both of their parent figures</p> <p>“4” Strongly Disagree if the statement was NOT like either of their parent figures</p> <p>Agree or Disagree if the statement falls somewhere in between.</p> <p>Once comfortable with the question format, caregivers should be able to complete this section on their own. If they prefer, you may stay with them to help them respond.</p>

CHAPTER 5: Parent Functioning

This chapter includes four scales: (1) The Adult-Adolescent Parenting Inventory (AAPI) to assess parenting knowledge, attitudes, and skills; (2) the Parental Stress Index (PSI) and the Life Stress Index (LSI) to assess parenting stress and life stress; (3) Parenting Satisfaction Scale (PSS) to

assess parenting attitudes and (4) Daily Hassles to identify events that cause stress on a daily basis.

AAPI VARIABLE(S)	COMMENTS
AAPI_Dir	This screen introduces the AAPI. In each of the questions that follow, caregivers are asked to say how much they agree or disagree with each statement.
AAPI_DI2 through AAPI_DI6	These screens are to help respondents “practice” with this questionnaire format. They should use the arrow key to move the pointer to Strongly Agree and press ENTER. ALTERNATIVELY, they may click the mouse on Strongly Agree and click on NEXT. They then follow these procedures on the next 4 screens to practice moving the pointer to Agree, Strongly Disagree, Disagree, and Uncertain.
AAPI_1 through AAPI_32	For each question, the caregiver should follow the procedures above, move the pointer, and enter the response that she believes is right for her.

PSI VARIABLE(S)	COMMENTS
PSI_DIR	This screen introduces the PSI and asks caregivers to think about the INDEX child. There are 36 questions in this section.
PSI_DIR2	This screen gives instructions for pointing to Strongly Agree, Agree, Not Sure, Disagree, or Strongly Disagree for this set of questions.
PSI_DIR3	This question provides an opportunity to practice. The caregiver can move the pointer to Agree and press ENTER.
PSI_1 through PSI_21	These questions all have the same format. The respondent moves the pointer and presses ENTER or clicks on the correct response and presses NEXT.
PSI_22	This question has a different format. The respondent enters a number 1 through 5 for the statement that most closely matches her feelings about being a parent.
PSI_23 through	These questions all have the same format. The respondent

PSI VARIABLE(S)	COMMENTS
PSI_31	moves the pointer and presses ENTER or clicks on the correct response and presses NEXT.
PSI_32	This question has a different format. The respondent enters a number 1 through 5 for the statement that most closely matches her feelings about caring for the INDEX child.
PSI_33 through PSI_36	These questions all have the same format. The respondent moves the pointer and presses ENTER or clicks on the correct response and presses NEXT.
PSI_L1 through PSI_L19	These questions have a NEW format. The respondent presses a Y for yes or a N for no to identify whether any event has occurred in her IMMEDIATE family. "Immediate" is defined as someone who lives in her household.

HASSLES VARIABLE(S)	COMMENTS
HasDir	This screen introduces the Daily Hassles Scale and asks respondents to indicate how much various problems "worry" them every day. There are 20 questions in this section.
HAS_1 through HAS_20	These questions use the pointer similar to the AAPI, PSI, and PSS. The screen asks respondents to select among the following choices: Not at all Bothered, A Little Bothered, Somewhat Bothered, Bothered a Great Deal, or Do Not Know for each question.

CHAPTER 6: Child Neglect

This chapter asks about various childcare conditions that could indicate that a child's basic needs may have been unmet. Many of the questions are written to parallel questions from the Child Well Being Scales. In addition, five questions inquire about the caregiver's motivation to change.

VARIABLE(S)	COMMENTS
Neg1 through Neg27	The questionnaire format changes with this question. The screen asks respondents to select a number to match the question. The values range from 0 to 3 or 1 to 4. Some questions relate to the INDEX child and other questions pertain to any or all of the children. There are 22 questions in this series. The series skips some numbers and we have

VARIABLE(S)	COMMENTS
	<p>inserted other questions about change in the middle of the series.</p> <p>NOTE: Some questions ask about the last week, others about the last year, some about last winter. If you are facilitating the interview, point out the different time frames to the respondent.</p>
Neg_14	This question asks about last winter. If it is winter now, the respondent should answer about the current time.
Change1 through Change5	Each of these questions is on a 5-point scale. Respondents answer Very Sure, Somewhat Sure, Not Sure, Somewhat Unsure, or Very Unsure OR Strongly Agree, Agree, Not Sure, Disagree, or Strongly Disagree. The question format is the same as with the Neglect Series.

CHAPTER 7: Family Functioning

This chapter inquires about three areas of family functioning: (1) The Self Report Family Inventory (SFI) to measure family competence; (2) the CTS-2 assesses violence among the caregiver and a partner (not asked if the caregiver is not currently in a romantic relationship); and (3) questions about fathers of children and their level of support and involvement with their children (not asked if the respondent is a father figure).

VARIABLE(S)	COMMENTS
SFIDIR	This screen introduces the Self-Report Family Inventory and asks caregivers to pick the best “fit” for their household right now.
SFI1 through SFI34	These screens use the pointer as in previous questions, e.g., parent functioning chapter. The screen asks caregivers to select points on a 5-point scale that best match their household. The scale ranges from 1 = Fits our household very well to 5 = Doesn't Fit our Household at All.
SFI 4, SFI5, SFI16	These questions relate to how grownups related to one another in the household. If the caregiver is the only grownup in the household, she should select 5 – Doesn't Fit our Household at All.
SFI35	This question uses a pointer but the points on the scale are different. Caregivers are to select the point on the 5-point scale that best fits their household. The scale ranges from 1 = my household functions very well together to 5 = my family

	does not function very well at all, we really need help.
SFI36	This question also uses a different 5-point scale and asks caregivers to rate the independence in her household. The scale ranges from a 1 = description of no independence to 5 = members go their own way and are totally independent.

CTS VARIABLE(S)	COMMENTS
RPART	This screen is a branching screen. Caregivers are to select Yes if they have been in a marital or dating relationship for the past 3 months and No if they have NOT been in a marital or dating relationship for the past 3 months. If they select NO, they skip out of this section.
CTS2DIR	This screen introduces the revised conflict tactics scale
CTS2DIR2	This is a second introductory screen that advises respondents to select how many times they did things in the last year and then asks how many times their partner did things in the last year.
CTS2_1 through CTS2_78	Questions alternate back and forth to first ask the respondent how many times she did things and then asks how many times the partner did things. If the event did NOT occur in the last year but had occurred previously, the respondent is supposed to select 7. If the event NEVER occurred, she is to select 0. The screens change colors to indicate whether the question is about the respondent or her partner.

DAD VARIABLE(S)	COMMENTS
DAD1	<p>This is a branching variable for a set of questions about the role of the INDEX [child]'s father or father figure. If a father or father figure is the primary caregiver and our respondent, they will have skipped out of this section based on their responses in Chapter 2.</p> <p>This question asks whether the INDEX child has contact with her/his biological father. If yes, the interview asks a series of questions about her/his relationship with him. If no, the next questions are to find out if the INDEX child has contact with another person who serves as a father figure to the child.</p>
DAD2	This question is asked if the answer to DAD1 was no. It asks whether the INDEX child has contact with another father figure. If no, the respondent skips out of this section. If yes, the series of questions that follow are about the role of the

DAD VARIABLE(S)	COMMENTS
	father figure.
DAD1C , DAD3 through DAD23	<p>These questions have multiple question formats, where the respondent picks out the number on scales that range from 1–4, 1–5, and 1-6; as well as yes or no response questions. All of the questions inquire about how the father figure is personally involved with the [child].</p> <p>Instructions regarding DAD12 tell the respondent to think of the last month of the school year if it is summer on the interview date.</p>
DADDIR	This directory informs the caregiver that the next questions inquire about the level of financial support provided by the father figure.
DAD24 and DAD25	DAD24 inquires whether there is a regular arrangement for financial support. Whether the respondent answers yes or no to DAD24, she then goes to DAD25, which inquires about how often the father figure provides financial support. If the answer is 4 = NOT AT ALL, then the respondent skips out of the remaining questions in this section.
DAD26	The screen asks the caregiver to ENTER the number of months the father figure has been contributing. To help calculate months (especially for fathers who have been contributing for multiple years), the caregiver can click on HELP at the bottom of the screen and a month chart helps with the calculation.
DAD27	The interview also asks the caregiver whether the father figure also helped with providing cash to cover a range of household expenses. If she says no, she is finished with this section. If she says yes, she goes to DAD27A and B.
DAD27A and DAD27B	<p>The interview asks the caregiver to estimate how much cash the father figure contributed last month in two different areas.</p> <p>If she refuses to provide this information, enter 77777.</p> <p>If she does not know and you cannot help here estimate this amount, enter 88888.</p>
DAD28	The caregiver selects among 3 responses to estimate how typical the father’s contribution was during the past month.

CHAPTER 8: Social Support

This chapter inquires about three dimensions of social support: (1) the availability of friends and family to meet various social support functions (Social Provisions Scale); (2) household sharing of responsibility (Who does What) (skipped if no other adults in household); and (3) the caregiver's religion and degree to which this aspect of her life may provide support;

SPS VARIABLE(S)	COMMENTS
SocDir	This screen introduces the next set of questions and asks respondents to think about family and friends right now and select whether they agree or disagree with a set of statements.
Social1 through Social24	Asks respondents to use the pointer to answer the degree to which they have various types of social support on a 4 point scale ranging from Strongly Disagree to Strongly Agree.

Who Does What VARIABLE(S)	COMMENTS
WhoDir	<p>This screen introduces this set of questions about how adults in the household share responsibilities. If the respondent previously answered that no other adults lived in the household, she will skip out of this section.</p> <p>MOST questions relate to tasks related to the care of the INDEX child. When the word "child" is used, the question is referring to INDEX child.</p>
WhoDir2	This practice screen is for a pointer scale that asks how she shares household responsibilities. At first glance, it might not be apparent that this screen is for practice <u>only</u> so you may need to point this out to the respondent.
Who1 through Who24	<p>All of these screens look the same with a 9-point scale at the bottom. The respondent points to the response that closely matches WHO DOES this task. Response ranges include 1= I do it all; 3= I mostly do it; 5= we both do this equally; 7= other person does this mostly; and 9= other person does it all.</p> <p>If neither person does the task, the respondent should select 0.</p>
Who25	This is a 5-point scale that asks how satisfied the caregiver is with the division of responsibilities in the household.

Who Does What VARIABLE(S)	COMMENTS
Who26 through Who34	This series of questions goes back to the 9-point scale and inquires about division of responsibilities for different tasks.
Who35 and Who36	These questions conclude this section and are on a 3 point (list) scale. Respondents are asked whether they would like to do more, the same, or less tasks in variable Who35 and in variable Who36, they are asked whether they would like the other adult to do more, the same, or less tasks.

RELIGION VARIABLE(S)	COMMENTS
RELI1	The question format in this section differs with each question. This first question is a 5-point list ranging from 0 to 4 asking about how close the caregiver feels to God. If she answers 4 = don't believe in God, the interview skips to RELI10, the last question in this section.
RELI5	This is a 3-point list that asks about whether the caregiver believes in "life after death".
RELI8	Respondent's identify their religious preference (if any) by selecting among 18 responses.
RELI9 and RELI10	These questions are 6 point lists that ask how often the caregiver attended religious services (RELI9) and how often the caregiver visited a church for non-religious services (RELI10).

CHAPTER 9: Health, Mental Health, Use of Alcohol, and Social Desirability

This chapter provides a snapshot of the caregiver's (1) health (Rand), (2) mental health or level of depression (CES-D), (3) use of alcohol (CAGE); and (4) and how she gets along with others or the degree to which the respondent may respond to questions with socially desirable answers (Social Desirability Scale).

HEALTH VARIABLE(S)	COMMENTS
C9Intro	This screen informs the caregiver that the next few questions are about her health.
Rand1	The interview asks the caregiver to rate her health on a 4-

HEALTH VARIABLE(S)	COMMENTS
	point scale ranging from Excellent to Poor.
Rand2	This question asks whether the caregiver suffered an illness or injury in the last year that interfered with responsibilities. If she says no, she stops this section. If she says yes, the computer asks a follow up question.
Rand3	If the caregiver answered Yes to Rand2, the interview asks whether the illness or injury interfered with her ability to care for her children.

ALCOHOL VARIABLE(S)	COMMENTS
CAGE1	This screen introduces the alcohol section and asks whether the caregiver ever drinks alcohol. If she says no, she skips out of this section. If she says yes, she proceeds to the next set of questions.
CAGE2 through CAGE5	These questions have a “Yes or No” response format.

CESD VARIABLE(S)	COMMENTS
CESDINTR	This screen introduces the section by informing the respondent that the questions ask about how she has been feeling in the last week.
CESD1 through CESD20	All of these questions have the same format. The interview asks the caregiver to select the appropriate number for the way she felt or behaved in the last week. The list ranges from 0 = rarely or never to 3 = most of the time.

SOCIAL DESIRABILITY VARIABLE(S)	COMMENTS
Gintro	This screen informs the respondent that the next set of questions asks about how she gets along with others.
GOOD1 through	All questions are in the same format – a list ranging from 1 = definitely true to 5 = definitely false. Respondents select the

GOOD5	number that reflects the degree to which the statement is true for them.
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CHAPTER 10: Drug Abuse

This chapter inquires about drug use and abuse and tries to tap the degree to which drug abuse could interfere with parenting responsibilities. We selected questions from the DIS-III-R, drug module.

DRUG ABUSE VARIABLE(S)	COMMENTS
WINTRO	This screen informs the respondent that the next questions are about use of drugs and substances.
WI	<p>Respondents select Yes or No about whether they have ever used any drugs on a list. If they say No, they skip out of the rest of this section. (See Appendix M for the same list of drugs).</p> <p>See the following explanation, if respondents ask what we mean by the difference between cocaine and crack.</p> <p><u>Cocaine</u> is most commonly administered by being "snorted" through the nasal passages. Cocaine can also be injected directly into the bloodstream. A more recent mode of cocaine use, "freebasing", consists of smoking cocaine in a small pipe. Because pure cocaine -- a white crystalline powder -- is diluted at each level of distribution by a variety of other ingredients, freebasing entails using highly flammable chemicals to extract the base of the cocaine.</p> <p><u>Crack</u> is a cheap form of smokeable cocaine. Crack is cocaine that has been processed from powder into "rock" form. Crack looks like yellowish or dirty white pellets or rocks. The use of crack in its ready-to-smoke state spares users from the delay and bother of extracting the freebase from the cocaine. Crack is smoked in pipes or water pipes and it gets its name from the crackling noises it makes as it is being smoked. The effects of crack are ten times more potent than powdered cocaine. Crack seems to create an unbreakable need for continuing its use because it gives the user an intense and rapid feeling of euphoria. Following this intense euphoria is a very unpleasant crash, which brings about an intense craving for more crack.</p>
W3	The interview asks caregivers to enter an age when they first used any drug on the previous list. Refer to general instructions earlier about entering ages if the respondent is

DRUG ABUSE VARIABLE(S)	COMMENTS
	unclear about her age.
W4	The interview asks the caregiver whether she has ever used any drugs or combinations of drugs or substances 5 or more times. If she says no to this variable, she skips to W8. If she says yes, she goes to W5.
W5	The interview asks the respondent to put a check mark next to each drug she has tried more than 5 times. She may use either the arrow keys and space bar or the mouse to make her checks. If she makes a check in error, she just has to press space bar again or click again to erase the check mark.
W7	The interview asks the respondent if she ever used drugs every day for two weeks or more. If she says NO, she skips to W8. If she says yes, she goes to W7A.
W7A	The interview asks the respondent when was the last time she used any drugs every day for two weeks by selecting from a list of 6 time periods.
W8	The interview asks the respondent whether she has ever stayed high all day. If her answers to both W4 and W8 are no, she skips out of the rest of the chapter. OR, if her answers to both W7 and W8 are no, she also skips out of the rest of the chapter. If her answer to W8 is yes, she answers W8A.
W8A	The interview asks the respondent when was the last time she stayed high all day by selecting from a list of 6 time periods.
W9 through W21	These are all yes or no questions that inquire about the degree to which drug use has affected the caregiver's life. In a couple of instances, when she answers Yes, there are follow-up questions.

CHAPTER 11: Housing and Neighborhood

This chapter is comprised of a series of questions previously asked either by Zuravin and DePanfilis (1996) or Dubowitz (ongoing LONGSCAN study) with other high risk Baltimore family populations.

HOUSING AND NEIGHBORHOOD VARIABLE(S)	COMMENTS
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HOUSING AND NEIGHBORHOOD VARIABLE(S)	COMMENTS
HomeDir	This screen introduces this section and informs the respondent that we will be asking about housing and neighborhood and start with any housing problems she may have.
HOME1 through HOME11	These questions ask the respondent to select how frequently she had problems with any of these household issues. The list ranges from not at all to very frequently on a 4-point scale from 0 to 3.
NHOODDIR	This screen introduces the neighborhood questions and informs the respondent that we ask about how well each statement fits how she feels about her neighborhood.
NHOOD1 through NHOOD8	All of these questions are 5 point lists that range either from very likely to very unlikely or very often to very seldom.
NHOOD9 NHOOD10	This is a 3-point list that asks about how many adult relatives (NHOOD9) and friends (NHOOD10) live in the neighborhood. Neighborhood is defined as 4 blocks in any direction.
NHOOD11 through NHOOD31	This is another set of 5 point list questions with 3 dimensions: (1) strongly agree to strongly disagree; (2) very often to very seldom; and (3) very likely to very unlikely.
NHOOD32	This is a yes or no question about other children in the neighborhood for the children to play with.
NHOOD33 through NHOOD39	This is another series of 5 point questions ranging from strongly agree to strongly disagree.
NHOOD 40 through NHOOD47	This is a final set of 3 point questions ranging from not true to very true.
FINAL SCREEN	The final screen thanks the respondent, pauses, saves and closes the interview. If for some reason the respondent now wants to change a previous question, you cannot go back into their interview. Make note of the change, and we will make the change by editing the questionnaire another way.

Chapter 3

PROTOCOL II: CLOSING INTERVIEW

This chapter describes procedures and documentation for facilitating the closing protocol. Its purposes are:

- To provide logistical information on scheduling, preparing for, and documenting Protocol II, the computer-assisted closing interview;
- To operationally define selected questions for the interview;

Because the purpose of the Protocol II is to measure changes that occurred as a result of the family's involvement with Family Connections, the interview must be scheduled and completed as soon as possible after the close of services. This chapter describes the procedures that will facilitate this process.

Scheduling the Interview

The interview may be scheduled by the student intern as part of the termination process. The research office staff will schedule the interview if the intern is unable to do so.

Scheduled by student intern. Before the close of services, the field instructor or intern will call the research coordinator and get a list of tentative dates and times for the Protocol II. The intern will then arrange for the client to come to the School of Social Work or for the interview coordinator to meet at the client's home or at the program site. Alternatively, the intern will arrange to bring the client to the School of Social Work or the Family Connections office on Barre Street.

Scheduled by research office. At times, the period of services ends and the client has not had a "formal" last meeting with the intern (due to missed appointment or difficulty of engaging client in services). In these situations, the field instructor will give the case file and interview information to the research coordinator. The research office will then attempt to schedule and complete the interview.

Scheduling Procedures – Research Office Staff

Call the client and explain that while their period of involvement with the Family Connections Project has ended, we need to get some information from her. Remind her that when she completed Protocol I, we discussed with her that her experiences with Family Connections would help us understand how home-based services and parenting groups work best for families when their circumstances are difficult.

Refer to Chapter 1 for information on how to use the schedule book. Leave a minimum of 2.5 hours for Protocol II; make sure that an interviewer and a computer are available. When you schedule the appointment, record it on the contact information sheet and in the interview schedule book. Because we use the same schedule book for all three types of interviews, **write down the type of interview** for which you have scheduled the client under the client's name. Try to schedule the appointment for as soon as possible after you make contact with the client. If you schedule the appointment for more than one week away, use the form reminder letter (Appendix G) to remind the client of her appointment. Write, "We are looking forward to seeing you" on the letter.

Record all contacts with the student intern, the field instructor, and the client regarding Protocol II on the Family Connections Client Information/Attempts to Contact for Closing Interview form sheet (Appendix K).

Preparing for the Interview

This procedure is similar to that described for the Protocol I; see Chapter 2. Because the client is paid \$20.00 for the interview, make sure you have the cash and receipt ready. You must also have two copies of the consent form, the list of the caregiver's children with the index child from the first interview highlighted, and a receipt and \$20.00 cash to pay the caregiver when the interview is complete.

Facilitating the Interview

If the caregiver does not show up for the interview on the date and time scheduled, immediately attempt to contact her to reschedule the interview TODAY if time permits or ASAP. Try to help her problem solve whatever interfered with her attendance today. Remind her that we will pay her \$20.00 for her time.

Introductions to the Interview and the Informed Consent Form

As with Protocol I, the caregiver must sign the Informed Consent Form BEFORE you can proceed with the interview. Follow these introductory procedures:

- 1) Exchange names and verify that the person you are meeting is actually the person you are scheduled to interview.
- 2) Explain that, as with the first interview, we conduct the interview on a computer and it will take up to one and one half-hours. You will sit with her for the introductory information and after that, she can ask that you stay with her during the interview OR she can complete the questionnaire by herself.
- 3) Present the initial Informed Consent Form (See Appendix H). Family Connections uses the same consent form for Protocols I, II and III. Tell the caregiver that although she signed an identical form at the start of services, we need her consent again. Tell her that the section in the form about receiving services no longer applies.
- 4) Ask the caregiver if she wants to read it herself or have you read it to her. If she wants to read it herself, emphasize that everything that she tells you is confidential. Answer any questions that she has about the form or the interview process. Once she signs and dates both forms, you should sign and date both forms and give her one copy. **IT IS VERY IMPORTANT THAT SHE HAS CORRECTLY RECORDED HER ADDRESS INCLUDING ZIP CODE** as well as any telephone number on the consent form. This includes providing information about persons who will be able to reach her should she move. Because we will need to contact her in 6 months, these contact persons should be people who will likely always know where she resides.

When the caregiver has signed the consent form, begin the interview by double clicking the "CLOSING" icon on the screen of the laptop or on the Research Office computer.

Guidelines for Conducting Interview

Explain that there are eleven sections, or chapters all together in this interview. However, each person is only asked questions that pertain to her and her family so she will skip the questions that do not apply. Explain that even so, most interviews take about one to 1 and 1/2 hours. Thus, she should feel free to tell you if she needs a break. Offer to get her a cup of coffee or a soft drink and help her get comfortable with her surroundings.

Explain again that instead of the typical pencil-and-paper survey, we conduct this interview on the computer. Ask her whether she has ever used a computer and show her how the mouse works and point out important keys on the keyboard - ENTER, backspace, space bar, arrow keys.

If the caregiver prefers that you sit with her during the complete interview or interrupts the process by coming to you with a question, please follow the procedures specified in Chapter 2.

When the interview is finished, give the respondent payment. It is very important that you get a signed and dated receipt. Thank her for coming in. Tell her that we will contact her in three months to verify her address and telephone number and we will contact her again in six months for the third and final interview, which will take place in her home.

Recording Interview Information and Filing

Immediately following the interview, file the consent form in the client's research file. Back-up the interview according to the specified procedures. Enter information on date of interview, protocol ID, and computer used in Research Tracking database. File the receipt in the "Interview Receipts" file.

Fill out the Follow-Up Information/Attempts to Contact form for Final Interview (Appendix N). Place this form into the appropriate section of the "Clients to Contact" notebook. This notebook is divided into 12 sections, one for each month. Put the sheet in the section 3 months from the date of Protocol II. For example, if the closing interview was in January, place the sheet in the section for April. We will attempt to contact the client in three months to verify her address and to remind her of the final interview. Chapter 4 explains the procedures for contacting the client after Protocol II.

Item Specifications

General Specifications

Questionnaire Sections

There are 11 sections or chapters in this questionnaire. Many of them are identical to or similar to questions asked during Protocol I. Identical questions have a "B" attached to the variable name. For example, HINC, Household Income, is HINCB in Protocol II.

When conducting this interview, it is very important to go over with the caregiver the list of children and enter correctly any children who are no longer in the household or who have come into the household. Because of programming complications, there are no built-in "checks" in the program to help ensure correct entry of data on children. **IT IS ESPECIALLY IMPORTANT TO HAVE THE CORRECT NAME OF THE INDEX CHILD FROM THE FIRST INTERVIEW.**

Most chapters begin with a statement that briefly introduces the subject of the chapter. You should be totally familiar with the flow of the questionnaire and how to enter and edit responses in each section.

- 1) Introduction
- 2) Demographic information
- 3) Child Functioning
- 4) Parent Functioning
- 5) Neglectful Behaviors or Conditions
- 6) Family Functioning
- 7) Social Support
- 8) Health, Mental Health, and Social Desirability
- 9) Drug Use
- 10) Housing and Neighborhood
- 11) Relationship with Social Worker

Question by Question Specification

Refer back to Chapter 2 for detailed instructions on the parts of Protocol II that are identical to Protocol I.

Chapter 1: Questionnaire Introduction

This chapter records information about the index child from the previous interview, introduces the questionnaire and assigns a computer number to the caregiver's data. The Interview Coordinator should ALWAYS complete this section.

VARIABLE(S)	COMMENTS
Resume1	<p>This question asks if you want to resume an interview that was interrupted before it was finished. Most of the time, you answer NO if it is the first time a caregiver has started a baseline interview.</p> <p>If the caregiver has come in to finish a previously started interview, you must use the same computer that was previously used AND know the number the computer assigned to her set of answers. In this case, enter yes and type the number and press ENTER. You should enter the interview with the last question she answered.</p>
ENTERED	The computer asks you to enter the date the respondent entered the Family Connections Program. In most cases, this date is the same as the day that the client completed the

VARIABLE(S)	COMMENTS
	baseline protocol.
OLDIF	Enter the first name of the index child from the previous interview. This information is available on the list of household members that is prepared before the interview.
OLDIL	Enter the last name of the index child from the previous interview
OLDIDOB	Enter the date of birth of the index child from the previous interview
INTRO1	Read this screen aloud. Ask the caregiver if she has any questions before you begin.
R1	This screen emphasizes the CONFIDENTIAL nature of the questionnaire. IN ADDITION, – YOU MUST RECORD THE NUMBER THAT APPEARS AT THE UPPER RIGHT HAND CORNER OF THE SCREEN ON THE UPPER RIGHT HAND CORNER OF THE CONSENT FORM.

Chapter 2: Demographics

To complete this section, you must have the list of the caregiver's children generated from the first interview. It is very important that you enter the information for this section of this interview and make sure that all of the answers are answered correctly.

This chapter collects demographic information, contact persons, household composition, income contribution, and children in the home. It confirms that the previous index child still lives in the home or selects a new index child between the ages of 5 and 11. Refer to Chapter 2 of this manual for instructions on questions from RSSN through RINC2B. Instructions on variables that are new in Protocol II follow.

VARIABLE(S)	COMMENTS
CHCHECK	The computer asks whether any children "on the list" have moved out of the household. In preparation for the interview, you will have the list of the names and birth dates of the caregiver's children generated from Protocol I. If the answer is yes, the program will go to the variable CHOUT. If the answer is no, the program will skip to the variable CHINASK.
CHOUT	Check for each child up to the total number of children that were under the primary care of the caregiver at the time of Protocol I but who no longer live with the caregiver. For each child checked, the computer will ask follow up questions CNOTFN, CNOTLN, and CHNOTLV

VARIABLE(S)	COMMENTS
CHINASK	The computer asks whether any children FOR WHOM THE CAREGIVER HAS PRIMARY RESPONSIBILITY have moved into the caregiver's household. This question applies to children for whom the caregiver is the PRIMARY caregiver ONLY . If, for example, the caregiver's sister and niece moved into the caregiver's house, but the sister is the primary caregiver of the niece, that child does NOT count as a child who has moved into the home. However, if the caregiver became the foster parent for a relative, the answer would be yes. If the answer is yes, the computer will go to the question CHIN.
CHIN	Check for each child the total number of children for whom the caregiver has assumed custodial responsibility since s/he entered the Family Connections program. Examples of this are: 1) the caregiver gave birth since entering the program or 2) the caregiver assumed responsibility for a niece or grandchild since entering the program. For each child checked, the computer will ask a series of questions about the name, DOB, ethnicity, relationship, and educational status of the child (CHINFN, CHINLN, etc.)
INDCHKB	This name of the index child entered at the beginning of the interview appears, and the caregiver is asked to confirm whether this child still lives with her. If yes, the computer will skip to INDEXB. If not, the computer will go to AGECHKB. If she answers "no" to this question but has not indicated the index child as having moved out when listing children who have moved out, go back to CHCHECK and change the answers.
AGECHKB	If the index child is no longer in the home, the computer will ask if any of the caregiver's children are between the ages of 5 and 11. If yes, the computer will go on to ask NEWIF, NEWIL, and NEWDOB to get the first name, last name, and date of birth of the child who will become the new index child. If the answer is no, the computer will skip to
INDEXB	This variable confirms the name of the index child. If the previous index child is still in the home, his/her name will appear on this screen. If the previous index child moved out and if you entered the name of a new index child, that child's name will appear on the screen. If all the previous questions have been answered correctly, you will answer "yes" to this question. If the answer is "no," use the "previous" key to go back to "AGECHKB" and change the answer that question to a "no."

Chapter 3: Child Functioning

This chapter consists entirely of the Child Behavior Checklist (CBCL). All questions pertain to the index child. See Chapter 2 of this manual for detailed instructions. If there is no index child (e.g., because the index child from the previous interview moved out of the home and there was no other child between 5 and 11 living in the home) the program will skip this chapter.

Chapter 4: Parent Functioning

This chapter is identical to chapter 5 of Protocol I. This chapter includes four scales: (1) The Adult-Adolescent Parenting Inventory (AAPI) to assess parenting knowledge, attitudes, and skills; (2) the Parental Stress Index (PSI) and the Life Stress Index (LSI) to assess parenting stress and life stress; (3) Parenting Satisfaction Scale (PSS) to assess parenting attitudes and (4) Daily Hassles to identify events that cause stress on a daily basis.

See Chapter 2 of this manual for detailed instructions.

Chapter 5: Child Neglect

This chapter contains questions similar to Chapter 6 in Protocol I. Many of the questions are written to parallel questions from the Child Well-Being Scales.

VARIABLE(S)	COMMENTS
NEG1 THROUGH NEG27	<p>The questionnaire format changes with this question. The interview asks respondents to select a number to match the question. The values range from 0 to 3 or 1 to 4. Some questions relate to the INDEX child and other questions pertain to any or all of the children. There are 23 questions in this series but some numbers in the series are skipped. If there is no index child, some of the questions will be skipped.</p> <p>NOTE: The questions refer to the time since the caregiver entered the Family Connections Program.</p>
Neg14	<p>This question asks about last winter. If it is winter now, the respondent should answer about the current time.</p>

Chapter 6: Family Functioning

This chapter inquires about three areas of family functioning: (1) The Self Report Family Inventory (SFI) to measure family competence; (2) the CTS-2 assesses violence among the caregiver and a partner (not asked if the caregiver is not currently in a marital or dating relationship); and (3) questions about fathers of children and their level of support and involvement with their children (not asked if the respondent is a father figure or if there is no index child).

See Chapter 2 of this manual for instructions on specific items.

Chapter 7: Social Support

This chapter inquires about two dimensions of social support: (1) the availability of friends and family to meet various social support functions (Social Provisions Scale); and (2) household sharing of responsibility (Who does What) (skipped if no other adults in household).

See Chapter 2 of this manual for detailed instructions on specific items. We do not ask questions on religious involvement in Protocol II.

Chapter 8: Health, Use of Alcohol, Mental Health, and Social Desirability

This chapter provides a snapshot of the caregiver's (1) health (Rand), (2) use of alcohol (CAGE), (3) mental health or level of depression (CES-D), and (4) how she gets along with others or the degree to which the respondent may respond to questions with socially desirable answers (Social Desirability Scale).

VARIABLE(S)	COMMENTS
C9Intro	This screen informs the caregiver that the next few questions are about her health.
Rand2	This question asks whether the caregiver suffered an illness or injury since she entered the Family Connections Program that interfered with responsibilities. If she says no, she stops this section. If she says yes, the interview asks a follow up question.
Rand3	If the caregiver answered Yes to Rand2, the interview asks whether the illness or injury interfered with being able to care for her children.

See Chapter 2: Protocol I for instructions on the CAGE, CES-D and the Social Desirability Scales.

Chapter 9: Drug Use

See Chapter 2: Protocol I for instructions on drug use and abuse questions.

Chapter 10: Housing and Neighborhood

This chapter is comprised of a series of questions previously asked either by Zuravin and DePanfilis (1996) or Dubowitz (ongoing LONGSCAN study) with other high risk Baltimore family populations.

VARIABLE(S)	COMMENTS
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VARIABLE(S)	COMMENTS
HOMEDIR	This screen introduces this section and informs the respondent that we will be asking about housing and neighborhood and start with any housing problems she may have had since she entered Family Connections. The questions refer to any place she has lived, not only where she is currently living.
HOME1B through HOME11B	These questions ask the respondent to select how frequently she had problems with any of these household issues since she entered the Family Connections Program. The list ranges from not at all to very frequently on a 4-point scale from 0 to 3.
NHOODDIR	This screen introduces the neighborhood questions and informs the respondent that we ask about how well each statement fits how she feels about her neighborhood.
NHOOD1B-NHOOD47B	These questions are identical to those in Protocol I. See Chapter 2 of this manual for details.

Chapter 11: Relationship with Social Worker

This last section consists of questions about how the caregiver felt about her relationship with her student intern. It consists of three groups of questions – 2 questions on how often she saw the social worker and how well they got along, the Parent Outcome Interview, and the Helping Relationship Inventory – Client. If the caregiver had more than one intern, she should answer for the person with whom she worked the longest.

VARIABLE(S)	COMMENTS
SWRKREL AND SWRKREL2	These questions ask the caregiver how often she saw the social work intern and how well they got along.
POUT1 through POUT17	These questions ask respondent to choose a response from a 4-point scale ranging from never to always.
POUT18 through POUT19	These questions ask the respondent to choose 1 of 3 responses, yes, no, or not sure.
HRICINTR	These questions ask about what the client and her social work Intern did in their sessions together. It is possible that some of the questions will be about things that the caregiver and the intern did not address. The computer instructs the caregiver to answer each question to the best of her ability by choosing the response that best describes her situation.
HRIC1 through HRIC20	For all questions in this series, the respondent will choose from responses ranging from 1 (not at all) to 5 (a great deal).

Final screen: When the respondent has answered all the questions, a final screen will thank the respondent, pause, save, and close the interview. If for some reason the respondent now wants to change a previous question, it will not be possible to go back into their interview. Make note of the change, and we will make the change by editing the question another way.

CHAPTER 4

PROTOCOL III: 6 MONTH FOLLOW-UP INTERVIEW

Chapter 4 describes procedures and documentation for facilitating Protocol III, the 6-month follow-up interview. Its purpose is:

- To describe procedures for maintaining contact with respondents between Protocol II, the closing interview and Protocol III, the 6-month follow-up interview.
- To provide logistical information on scheduling, preparing for, and documenting the home-based 6-month follow-up interview.
- To provide instruction on conducting the home-based observation (the HOME Inventory).

Maintaining Contact with Respondents

This research project wants to measure how clients are doing 6 months after their involvement with Family Connections ends. The role of the research office staff is vital in keeping in contact with our clients and encouraging them to participate in the final interview. The success of the research depends upon whether we can interview the caregivers for a third and final time.

One of your jobs as Interview Coordinator is to call respondents and to prepare reminder letters and postcards about upcoming interviews. We may also send holiday cards and birthday cards to encourage the clients to remain interested in completing the third and final interview. The Research Office has a Client Contact notebook (a "tickler file"), divided by month, that contains a sheet for each client that needs contacting. At the beginning of each month, the research office staff will contact everyone in the tickler file for that month.

Approximately three months after the caregiver completes Protocol II (the closing interview), someone from the research office will call and verify the client's address and telephone number. Staff should document each attempt to contact and note any changes in address, telephone number in the client's research file. Once we make a successful contact, we move the contact sheet to the section for the month three months ahead. For example, if the contact was made in January, the contact sheet is moved to April. If after several tries at different times of the day research staff is unable to make contact, staff should prepare a reminder letter to send to the client. A sample reminder letter is attached as Appendix O.

Scheduling the Interview

Approximately 2 weeks before the client is due for her interview, call the client and attempt to schedule the interview. Remind her that this interview needs to take place in her home when her children are available. For the HOME, the child who was index child for the first two interviews must be present. Information on the index child is available in the research file and in the research tracking database.

When you reach the client, identify yourself as a member of the research staff of the Family Connections program. Tell her that we would like to interview her one more time. Explain that the interview consists of two parts. There will be an open-ended interview followed by a computer-assisted interview much like the two previous interviews. The whole process will last between two and 2 and 1/2 hours. Because the index child must be home for the HOME observation part of the interview, tell her that the interview must be scheduled when the child is home.

One alternative is that the interviewer arrive at the client's home to complete the computer-assisted portion of the interview before the child arrives home from school, and then complete the HOME after the children come home. Another alternative is that the interview be completed on a Saturday or in the evening. Because of the difficulty of scheduling, it is preferable to complete the computer-based interview and the HOME on the same day. Ask the client to suggest some convenient times.

Remind her that we will pay her \$20.00 for completion of this interview. Her child will receive a children's book for participating.

Once you have scheduled the interview, enter the information in the interview schedule book. Call the interview coordinator and tell her that she has an interview scheduled. Prepare the research file with copies of consent forms. Ensure that the list of household members is in the file.

Scheduling Reluctant or Hard to Reach Clients

At times, it will be difficult to reach clients who were involved with the project. They may have moved, changed their telephone numbers, or ignore or miss telephone messages. If after several attempts, you are unable to reach a client, the following methods should be used to try to reach the client:

1. Call the contact person(s) for the client and ask if they know where the client is. If the contact is reluctant to give you the client's telephone number, ask the contact to have the client call us. Tell the contact that we want to interview the client one last time and that we will pay the client \$20.00 for participation.
2. Write the contact person a letter that asks the contact to tell the client that Family Connections would like to interview the client one more time.
3. Prepare a letter for the client and attempt a home visit to schedule the interview. If no one is home, leave the letter.
4. Talk to the field instructors and see if there is a staff member who had a personal relationship with the client. That person can try to reach the client and ask her to participate in the research project.

If the client seems reluctant to participate, gently try to persuade the client to participate. Tell her that it is very important that we interview her one more time in order for us to determine how helpful the services she received from Family Connections were. If she expresses dissatisfaction with the services that she received, listen to her complaints and comments. Tell her that we need to hear from people who were dissatisfied as well as satisfied in order to be able to see how well the program worked. Remind her that we will pay her \$20.00 and that the interview is confidential.

Preparing for the Interview

This procedure is similar to that described for the Protocol I and Protocol II; see Chapters 2 and 3. Because we pay the client \$20.00 for the interview, make sure you have the cash and receipt ready. The index child will receive a children's book as a gift for participation so that you should ensure that a book is available. You must also have two copies of the consent form, the list of the caregiver's children with the index child from the first interview (and second interview) highlighted. You also need the materials for the HOME observation (see Appendix P for a sample of the questionnaire). Instructions for completing the HOME are included in this chapter.

Item Specifications

General Specifications

Questionnaire Sections

There are 11 sections or chapters in this questionnaire. Many of them are identical to or similar to questions asked during Protocols I and II. Questions that are identical to those in previous interviews have a "C" attached to the variable name. For example, HINC, Household Income, is HINCC in Protocol III.

When conducting this interview, it is very important to go over with the caregiver the list of children and enter correctly any children who are no longer in the household or who have come into the household. Because of programming complications, there are no built-in "checks" in the program to help ensure correct entry of data on children. It is also important to have the correct information on the index child(ren) from the previous interviews. In most cases, it will be the same child.

Most chapters begin with a statement that briefly introduces the subject of the chapter. You should be totally familiar with the flow of the questionnaire and how to enter and edit responses in each section.

- 1) Introduction
- 2) Demographic information
- 3) Child Functioning
- 4) Parent Functioning
- 5) Neglectful Behaviors or Conditions
- 6) Family Functioning
- 7) Social Support
- 8) Health, Mental Health, and Social Desirability

- 9) Drug Use
- 10) Housing and Neighborhood
- 11) Services Received

Question by Question Specification

Refer back to Chapter 2 for detailed instructions on the parts of Protocol III that are identical to Protocols I and II.

Chapter 1: Questionnaire Introduction

This chapter records information about the index child from the previous interview, introduces the questionnaire and assigns a computer number to the caregiver’s data. The Interview Coordinator should ALWAYS complete this section.

VARIABLE(S)	COMMENTS
Resume1	<p>This question asks if you want to resume an interview that was interrupted before it was finished. Most of the time, you answer NO if it is the first time a caregiver has started a baseline interview.</p> <p>If the caregiver has come in to finish a previously started interview, you must use the same computer that was previously used AND know the number the computer assigned to her set of answers. In this case, enter yes and type the number and press ENTER. You should enter the interview with the last question she answered.</p>
ENTERED	The computer asks you to enter the date the respondent entered the Family Connections Program. In most cases, this date is the same as the day that the client completed the baseline protocol.
LEFTPROG	The computer asks you to enter the date the respondent’s Family Connections case was closed. If you do not have this information, enter 01/01/97 and make a note to edit the interview later.
OLDIFC	Enter the first name of the index child from the FIRST interview (Protocol I). This information is available on the list of household members that is prepared before the interview.
OLDILC	Enter the last name of the index child from the FIRST interview
OLDIDOB	Enter the date of birth of the index child from the FIRST interview

VARIABLE(S)	COMMENTS
OLDCHK	The computer asks you if the index child for Protocol II was the same as for Protocol I. In most cases, the answer to this question will be Yes, and the next 3 questions (CLOSIF, CLOSIL, and CLOSDOB) will be skipped.
CLOSIF, CLOSIL, CLOSDOB	If the answer to OLDCHK is no, the computer will ask who the index child for Protocol II was.
INTRO1	Read this screen aloud. Ask the caregiver if she has any questions before you begin.
R1	This screen emphasizes the CONFIDENTIAL nature of the questionnaire. ALSO – YOU MUST RECORD THE NUMBER THAT APPEARS AT THE UPPER RIGHT HAND CORNER OF THE SCREEN ON THE UPPER RIGHT HAND CORNER OF THE CONSENT FORM.

Chapter 2: Demographics

To complete this section, you must have the list of the caregiver's children generated from Protocol I and Protocol II. It is very important that you enter the information for this section of this interview and make sure that all of the answers are answered correctly.

This chapter collects demographic information, contact persons, household composition, income contribution, and children in the home. It confirms that the previous index child still lives in the home or selects a new index child between the ages of 5 and 11. Refer to Chapter 2 of this manual for instructions on questions from RSSN through RINC2C. The instructions regarding how to answer questions about children in the home are similar to those for the Closing Protocol (see Chapter 3 of this manual).

VARIABLE(S)	COMMENTS
CHCHECKC	The computer asks whether any children "on the list" have moved out of the household. In preparation for the interview, you will have the list of the names and birth dates of the caregiver's children generated from Protocols I and II. If the answer is yes, the program will go to the variable CHOUT. If the answer is no, the program will skip to the variable CHINASK.
CHOUTC	Check for each child up to the total number of children that were under the primary care of the caregiver at the time of Protocol II but who no longer live with the caregiver. For each child checked, the computer will ask follow up questions CNOTFNC, CNOTLNC, and CHNOTLVC.

VARIABLE(S)	COMMENTS
CHINASKC	The computer asks whether any children FOR WHOM THE CAREGIVER HAS PRIMARY RESPONSIBILITY have moved into the caregiver's household during the past 6 months. This question applies to children for whom the caregiver is the PRIMARY caregiver ONLY . If, for example, the caregiver's sister and niece moved into the caregiver's house, but the sister is the primary caregiver of the niece, that child does NOT count as a child who has moved into the home. If the answer is yes, the computer will go to the question CHIN.
CHINC	Check for each child the total number of children for whom the caregiver has assumed custodial responsibility since s/he entered the Family Connections program. Examples of this are: 1) the caregiver gave birth since entering the program or 2) the caregiver assumed primary responsibility for a niece or grandchild since entering the program. For each child checked, the computer will ask a series of questions about the name, DOB, ethnicity, relationship, and educational status of the child (CHINFNC, CHINLNC, etc.)
INDCHKC	This name of the index child from Protocol I, entered at the beginning of the interview appears, and the caregiver is asked to confirm whether this child still lives with her. If yes, the computer will skip to INDEXC. If not, the computer will go to AGECHKC. If she answers "no" to this question but has not indicated the index child as having moved out when listing children who have moved out, go back to CHCHECK and change the answers.
IND2CHKC	The name of the index child from Protocol II, if it was a different child from Protocol I, appears, and the caregiver is asked to confirm whether this child still lives with her. If yes, the computer will skip to INDEXC.
AGECHKC	If the index child is no longer in the home, the computer will ask if any of the caregiver's children are between the ages of 5 and 11. If yes, the computer will go on to ask NEWIF, NEWIL, and NEWDOB to get the first name, last name, and date of birth of the child who will become the new index child. If the answer is no, the computer will skip to INDEXC.
INDEXC	This variable confirms the name of the index child. If the previous index child is still in the home, his/her name will appear on this screen. If the previous index child moved out and if you entered the name of a new index child, that child's name will appear on the screen. If all the previous questions have been answered correctly, you will answer "yes" to this question. If the answer is "no," use the "previous" key to go back to "AGECHKC" and change the answer that question to a "no."

Chapters 3 through 10

Instructions for these sections are the same as for Protocol II, the Closing interview. Refer back to Chapter 3.

Chapter 11: Services Received

This section asks the caregiver about the services that she received after her family's involvement with Family Connections ended.

VARIABLE(S)	COMMENTS
SERV	For each question ending with A, if the client answers "yes," the computer will go to follow up questions that ask for details about the services received. If the client answers "no," the computer will skip to the next service question.
SERV	These two questions allow the client to give information about services received that do not fall into the categories covered by the other questions. Please fill out as accurate a description of the services received as possible.

Home Observation (HOME) Scale

As part of the 6-month follow-up interview, we collect home observation information. The instrument we use is the Home Observation for Measuring the Environment (HOME) - Elementary Version (Bradley & Caldwell, 1984?). The HOME is a semi-structured interview that allows the interviewer to obtain information needed in a relaxed and open-ended setting.

The order in which you complete the HOME and the computer-based protocol will depend upon when the child is available. If the child is available when you arrive, you should complete the HOME before completing the computerized assessment.

Appendix P is a sample of the Elementary HOME and the Home General Instructions (Caldwell & Bradley, 1984). Below are the instructions taken verbatim from the Elementary HOME Administration Manual. Because this is a standardized instrument, it is important to score your observations based upon the specifications in the instructions.

Elementary HOME Administration Manual

The elementary version of the Home Observation for the Measurement of the Environment consists of 59 items. Nineteen of the items are to be scored on the basis of observation. These items have been placed at the end of each subscale and marked with an asterisk for convenience in scoring.

The remaining 40 items will probably require some interview before scoring. Where possible, items have been grouped according to the subject within each subscale.

To begin the interview, it is often useful to ask the parent to describe a typical day. This will allow an easy flow of conversation to develop that will hopefully be followed throughout the rest of the interview. A direct question and answer technique is to be avoided. Familiarity with the items will allow the interviewer to artfully guide the conversation to cover the topics included in the instrument.

While discussing a "typical day," the interviewer can determine whether there are, in fact, any typical days or if most days follow an erratic schedule (item 1). Mealtime habits and whether or not the family eats together (item 50) can also be determined.

Items 11-13 deal with the child's assumption of duties around the home. This may be a good point at which to inquire how the child is encouraged to assume new duties, i.e. thru praise (item 3). Items 14 and 15 are concerned with the clarity of family rules and the consistency with which they are enforced. From here it is convenient to move into a discussion of punishment (item 19), and how anger or upset feelings are dealt with in the home (items 18, 20, and 21).

The child's access to growth fostering materials is the concern in items 26-31. The presence of record player or radio (item 26)

Criteria for Scoring Items on the Elementary HOME

FACTOR I - EMOTIONAL & VERBAL RESPONSIBILITY

1. Family has a fairly regular and predictable daily schedule for child (meals, day care, bedtime, how much TV, homework, etc.)

The emphasis of this item is on "fairly regular and predictable." It is not necessary that the family has the same schedule every day of this week, but that the home is fairly predictable in the child's eyes.

2. Parent sometimes yields to child's fears or rituals - e.g., allows night light, accompanies child to new experiences, etc.

The interviewer might approach this item by asking if there is anything the child is uncomfortable with or fears. Does the parent feel it is better to give in to the child's fears in some instances or to ignore them? Has the child ever used a "night" light?

3. Child has been praised at least twice during past week for doing something.

This item may be approached by asking, "Has _____ done anything you were especially happy with or proud of this past week? What did you say to him/her?" The interviewer may also ask the parent how they encourage their child to take on new responsibilities.

4. Child is encouraged to read on his own.

Unless the parent volunteers that he/she feels it is important for the child to read and encourages the reading in some way, the interviewer may need to question the parent. To approach this item, the interviewer might ask, "How do you feel about _____"

reading on his own? Do you like for him to read at home or do you thin he reads enough at school?"

5. *Parent encourages child to contribute to the conversation during visit.

This item should be scored "yes" if the parent actively encourages the child to say something or id the parent allows the child input into the conversation with no discouragement.

6. *Parent shows some positive emotional responses to praise of child by visitor.

In order for the parent to earn credit on this item, the interviewer must remember to offer some praise of the child. Make certain that you praise is genuine - e.e., do not try to force praise that you do not feel as you look at the child. Usually you will have no trouble deciding how to score this, as a mother might agree with you, add more facts to encourage you further, beam, etc. However, sometimes you will get little more than a "thank you" said without feeling or embarrassed smile. If so, find more than one occasion to praise the child. If you consistently get a response that shows not feeling or pleasure, then score "no." Be alert to observe the mother's facial expression when you offer a remark.

7. *Parent responds to child's questions during interview.

In order to receive credit for this item the parent must make an effort to answer the question for the child. If the parent is unable to answer the question at the moment she may tell the child she doesn't know but that they will look up the answer later. Responses such as, "I'm busy, go away," or "don't bother me now," do not receive credit. If the child fails to ask a question during the interview, score "no" for this item.

8. *Parent uses complete sentence structure and some long words in conversing.

The interviewer should be especially alert in scoring this item. What the interviewer is looking for here is the richness of the language in the home environment. This would include the use of adverbs, adjectives, and descriptive phrases in the parent's speech. Dialectical differences are not the concern in this item. However, if the parent uses extremely short sentences such as, "Go to the store," "Bring me than," "No" and "Yes," score a "no" for this item.

9. *When speaking of or to child, parent's voice conveys positive feelings.

The intent of this item s to capture the feeling tone conveyed by the parent toward the child. Does the parent feel good about her child? Does she enjoy her talk about her in a pleasant, joyful manner rather than talk in a flat tone, which communicates, "She's here, so I'll put up with her."?

10. *Parent initiates verbal interchanges with visitor, asks questions, makes spontaneous comments.

The key word in this is initiates. In order to score a "yes" the parent should carry on a two-way conversation rather than only participating in a question and answer situation.

FACTOR II - Encouragement of Maturity

11. Family requires child to carry out certain self care routines, e.g., makes bed, cleans up room, cleans up after spills, bathes self. (A "Yes" requires 3 out of 4 items.)

Items 11,12 and 13 may be scored during a discussion of the child's duties at home. Does the child have any specific responsibilities or chores? Are these duties almost always carried out by the child, or does the parent end up doing them for the child?

12. Family requires child to keep living and play area reasonably clean and straight.

In scoring this item, determine if the child is responsible for picking up after himself, i.e., play materials, hobby supplies, cooking utensils, etc. The areas involved include the living room, den, play room or child's own bedroom.

13. Child puts his outdoor clothing, dirty clothes, and nightclothes in a special place.

The intent of this item is to determine whether the child is taking responsibility for his clothing. To score the item one must determine if the child routinely does such things as hang up his coat, place dirty clothing in the laundry, put pajamas in drawer or on top of the bed, etc.

14. Parents set limits for child and generally enforce them - e.g., curfew, homework before TV, or other regulations that fit family pattern.

Items 14 and 15 may be scored during a discussion of family rules. The interviewer may say, "Most families have certain rules that govern family conduct (concerning bedtime, mealtime behavior, picking up clothes, doing homework, watching TV, etc.) Does your family have rules? What are they?" To score "yes," clear limits must be established and enforced.

15. Parent is consistent in establishing or applying family rules.

The interviewer may continue the discussion by asking, "Is your family strict or lenient in applying your rules?" What happens when the child fails to carry out his aforementioned responsibilities? What happens if an important family rule is broken? This item refers to the consistency with which family rules are applied to all members of the family. No family rules scores an automatic "no".

16. *Parent introduces interviewer to child.

To receive credit for this item, parent should introduce the child to the interviewer by name and in some way identify the visitor for the child.

17. *Parent does not violate rules of common courtesy.

The intent of this item is to determine whether or not the parent models courageous social behavior. Does the parent offer the interviewer a seat? In cases where there are many people or children living in the same dwelling, does the parent arrange for some relative peace during the interview?

FACTOR III - Emotional Climate

18. Parent has not lost temper with child more than once during previous week.

To approach this item, the interviewer might say, "I'm sure _____ does things that annoy you. Do you ever get angry with her? Has that happened in the past week?"

19. Mother reports that no more than one instance of physical punishment occurred during that past month.

In this case, the interviewer must take the word of the parent. Even if the parent states that this month was most unusual and the child received more than one spanking, the item should receive a "no". Definitions of "physical punishment" seem to vary considerably. Many mothers consider it to be a spanking of any sort whereas others would consider restraint and shaking a child as physical punishment.

20. Child can express negative feeling toward parents without harsh reprisals.

This item is designed to determine if the parent can handle the child's negative feelings and comments in a mature manner. "Harsh" is the key word here. It does not necessarily mean physical punishment but also includes punishment such as deprivation of privilege. Examples of negative feelings would include, "I hate you!" "I hate squash and I won't eat it!" or a temper tantrum.

21. Parent has not cried or been visibly upset in child's presence more than once during the past week.

To get at this item, the interviewer might say, "Everyone has times when they are not sad or unhappy or hurt. Do you feel you should hide these feelings from your child or let her see you upset? In the past week about how many times would you say she saw you upset?"

22. Child has a special place in which to keep his possessions.

A "special place" may be a box, a shelf, drawer, or closet - any place that is reserved for the child's toys, games, and personal treasures. The interviewer may ask the child if he has a special place to keep things he doesn't want anyone else to bother.

23. *Parent talks to child during visit (beyond correction and introduction).

This item refers to conversation, not just vocalization. The parent must make an effort to converse with the child and ask questions, to talk about things, or to engage in verbal interchange other than scolding or degrading comments.

24. *Parent uses some term of endearment or some diminutive for child's name when talking about child at least twice during visit.

This item refers to the use of a common term of endearment or nickname such as "honey" or "sweetheart," or even a rather negative work id it is said with a positive feeling. If the parent uses such a term of endearment twice when speaking of or to the child, score "yes".

25. *Parent does not express overt annoyance with or hostility toward child (complains, describes child as "bad," says he won't mind, etc.).

This item deals with an overly negative attitude toward the child on the part of the parent. Remarks may be made to or about the child. Does the parent feel that the child is in the way or a nuisance? Is the parent angry with the child simply for being alive?

FACTOR IV - Growth Fostering Materials & Experiences

26. Child has free access to record player or radio.

In order to score a "yes", the child must be allowed to use the record player or radio without supervision.

27. Child has free access to musical instrument (piano, drum, ukulele, or guitar, etc.).

Any "real" musical instrument will suffice. Toy instruments do not count.

28. Child has free access to at least ten appropriate books.

Appropriate books may be defined as books geared toward the child's age level and interests. The books may be purchased for the child or borrowed from a public library.

29. Parent buys and reads a newspaper daily.

When discussing books it is usually easy to ask if a parent ever finds time to read the paper. The question should not be scored "yes" unless the paper is read daily. It does not have to be read in its entirety, but the news should be sampled fairly completely (more than comics and TV section). It is acceptable only if one parent reads the paper.

30. Child has free access to desk or other suitable place for reading or studying.

This item may be scored by direct observation. If interview is needed, the interviewer might say, "Most children have homework or extra reading that they like to do. Does _____ have a special place that he likes to work on his homework?" Use of the dining room or kitchen table does not count.

31. Family has a dictionary and encourages child to use it.

This item refers specifically to the availability and use of a dictionary—a set of encyclopedias will not count. If the family has a dictionary but feels the child is too young to use it, mark the item "no."

32. Child has visited a friend by herself in the past week.

To score this item the interviewer may ask the child if she has a friend that lives close enough for her to visit by herself. When was the last time she visited her friend?

33. House has at least two pictures or other types of artwork on the walls.

Artwork should be interpreted rather liberally. It may include posters, wallhangings, etc.

FACTOR V-Provision for Active Stimulation

34. Family has a television, and it is used judiciously, not left on continuously. (No TV requires an automatic "No." -any scheduling scores "Yes.")

If the TV is turned on in the morning and left on all during the day, regardless of what is on, a score of "no" is given. To get at this item the interviewer might say something like, "I'm sure you find the TV a lot of company. Do you usually leave it on all day or just turn it on for special programs?"

35. Family encourages child to develop or sustain hobbies.

Hobbies may be defined as collecting things (stamps, coins, butterflies), building models, designing train sets, etc. This consists of non-sport activities.

36. Child is regularly included in family's recreational hobby.

"Recreational hobby" may be defined as gardening, sailing, putting together puzzles, checkers, etc. This activity must be one in which at least one parent participates with the child. This item does not refer to going on picnics.

37. Family provides lessons or organizational membership to support child's talents (especially Y membership, gymnastic lessons, Art Center, etc.).

38. Child has ready access to at least two pieces of playground equipment in the immediate vicinity.

In order to score "yes" on this item, the child must be allowed to go by herself to the playground equipment. The equipment may be either in her backyard, a neighbor's backyard or a local playground.

39. Child has access to a library card, and family arranges for child to go to library once a month.

The library the child visits should be a public library-school libraries do not count. The library card may belong to the child or parent.

40. Family member has taken child, or arranged for child to go to a scientific, historical or art museum within the past year.

Any type of museum or art display will apply for this item. However, school field trips do not count.

41. Family member has taken child, or arranged for child to take a trip on a plane, train, or bus within the past year.

This trip may include family vacations, summer camp or visits to grandparents. However, school-sponsored trips do not count.

FACTOR VI-Family Participation in Developmentally Stimulating Experiences

42. Family visits or receives visits from relatives or friends at least twice a month.

Visits from relatives/friends should average twice a month. These visits should be more than talking over the fence to a neighbor. In order to score a "yes" on this item, the family should visit in the home of friends or receive them in their own home.

43. Child has accompanied parent on a family business venture 3-4 times within the past year; e.g., to garage, clothing shop, appliance repair shop, etc.

This item deals with the child's exposure to the business world. Routine trips to the grocery store, discount store, or to get a haircut do not count.

44. Family member has taken child, or arranged for child to attend some type of live musical or theatre performance.

This performance may be a children's play or symphony, a special choral or musical program at church, or even a concert in the park.

45. Family members has taken child, or arranged for child to go on a trip of more than 50 miles from his home (fifty miles radial distance, not total distance).

Trip may be made with family, friends, relatives, church or scout group, but does not include trip arranged by the child's school.

46. Parents discuss television programs with child.

The interviewer might approach this item by asking, "Does your family enjoy watching TV together? What kinds of programs do you like? Do you ever talk about the programs you see?" To get credit for the item, the family must discuss more than simply the plot or characters of the program.

47. Parent helps child to achieve advanced motor skills-ride a two-wheel bicycle, roller skate, ice skate, play ball, etc.

This item concerns development of the child's motor skills. The parent may personally teach these skills, or arrange for them to be taught through private lessons or the local Y.

FACTOR VII-Paternal Involvement

In any one of the following items, the father figure or father substitute must be the same male (not a grandfather one day and an uncle the next).

48. Father (or father substitute) regularly engages in outdoor recreation with the child.

Outdoor recreation in this item may be defined as anything from hiking and fishing to playing catch in the backyard. Score "yes" if the activity averages once a week. Allowances may be made for bad weather.

49. Child sees and spends some time with father or father figure 4 days a week.

If there is no father or father figure in the home, score "no" for this item. However, the "father" does not have to be the husband of the mother or even the biological father of the child. He must be someone who plays a fathering role-e.g., mother's boyfriend, mother's father, etc. For credit to be given, father does not have to live in the home 24 hours a day but must have some contact with the child at least 4 times a week.

50. Child eats at least one meal per day, on most days, with mother and father (or mother and father figures). (One-parent families rate an automatic "no.")

This can be any meal during the day. The child must eat with the family at the table. In the case of large families where part of the family sits in the dining room and part in the kitchen, credit is given if they all eat and sit down together. This usually comes up easily during a discussion of food and mealtime. If mother or father's work schedule keeps them away 2 or more days a week, score "no."

51. Child has remained with this primary family group for ALL his life aside from 2-3 week vacations, illnesses of mother, visits of grandmother, etc. (A "yes" requires no changes in mother's, father's, grandmother's or grandfather's presence since birth.)

Score "no" if the child has been in foster care, the child has been sent away to a special school, parents have divorced, parent or grandparent has died, or parent has had a prolonged absence due to job (1 month or more).

FACTOR VIII-Aspects of the Physical Environment

52. Child's room has a picture or wall decoration appealing to children.

If this item cannot be scored through observation, ask for a description of the child's room. This may be a good point to include the child: "Tell me what your room looks like."

53. *The interior of the apartment is not dark or perceptually monotonous.

On this item the interviewer can take into account the lack of lighting, drawn drapes, lack of pictures or plants, or a seeming lack of effort to dress the home up and make it attractive.

54. *In terms of available floor space, the rooms are not overcrowded with furniture.

Is the furniture arranged in a manner so that all of the exits are free and easily accessible? Does the living area allow for freedom of movement and room for the children to play, unless another specified area is designated as a play area?

55. All visible rooms of the house are reasonable clean and minimally cluttered.

Allowances should be made for differing styles of housekeeping. However, very dirty walls or an abundance of cobwebs should score a "no." The interviewer should be able to sit on a chair or sofa without first having to clear a space to sit, and the floor should be relatively free of clutter or trash.

56. There is at least 100 square feet of living space per person in the house.

In making a rough calculation for this item, we use as a general rule of thumb a 9X12 room as being about the right amount of space for one person. A little simple math is then all that is required for scoring.

- 57.* House is not overly noisy-television, shouts of children, radio, etc.

A certain amount of background noise is to be expected. However, loud, distracting noises will receive a "no."

58. Building has no potentially dangerous structural or health defects (e.g., plaster coming down from ceiling, stairway with boards missing, rodents, etc.).

Some of the most common concerns for this item are: open gas fires in the small home, and the presence of bleach, cleaning fluids, and other poisons within easy reach of a small child. Overcrowding or clutter in the home would not count as a hazard unless it is to such an extent that it could injure the child.

59. *Child's outside play environment appears safe and free of hazards. (No outside play area requires an automatic "no.")

Examples of typical hazards are: broken glass lying around, junk cars abandoned in the year or along the side of the street, open ditches of a house so close to a street that a child could not safely play in the yard, and boards with nails sticking out of them.

Appendix A

Assurance of Confidentiality

(copy statement from 1997 manual)

Appendix B

Referral Guide

(need most up to date copy)

Appendix C

Referral Information/Attempts to Contact form

Appendix D:

Map of Empowerment Zone

(need clear copy of map)

Appendix E:
Operational Definitions of Neglect

Appendix F:

Sample Thank You Letters to Referral Sources

Client Declined Services

[Family Connections Letterhead]

Dear (insert provider's name)

Thank you very much for referring (insert client's name) to Family Connections. As you know, we will be working with the family to help them identify and resolve a variety of issues that may be making it difficult for them to continue to meet a variety of their own needs.

We have talked with (insert client's name) and s/he is declining services at this time. If at any time in the future (Mr/s.) (client's name) indicates to you that (s/he) would like to work with us, please feel free to refer him/her again.

Thank you, again, for your referral. We look forward to hearing from you again with other referrals.

Sincerely,

Thanks - Client Could Not Be Contacted

[Family Connections letterhead]

Dear (insert provider's name)

Thank you very much for referring (insert client's name) to Family Connections. As you know, we will be working with the family to help them identify and resolve a variety of issues that may be making it difficult for them to continue to meet a variety of their own needs.

Despite numerous attempts to contact (Mr/s) (insert client's name), we have been unable to do so. If you continue to have contact with (him/her) and can help (Mr/s.) (insert client's name) connect with us, that would be great. If we do not hear from you or the client by (insert date 10 days from the date of the letter), we will have to end our efforts at outreach.

Thank you, again, for referring the (insert client's name) family. We look forward to hearing from you again with other referrals.

Sincerely,

Thanks –Client Accepted Services and Is Enrolled in Program

[Family Connections letterhead]

Dear (insert provider's name)

Thank you very much for referring (insert client's name) to Family Connections. As you know, we will be working with the family to help them identify and resolve a variety of issues that may be making it difficult for them to continue to meet a variety of their own needs. They will also be helping us to learn more about the kinds of intervention that are most effective for families with children.

The (insert client's last name) family will be working with (insert intern's name). S/he may be reached at 410-706-(insert extension). Esta Glazer-Semmel (410-706-8716) is the supervisor. Please feel free to contact either one of them if you have any questions.

Thank you, again, for referring the (insert client's name) family. We look forward to hearing from you again with other referrals.

Sincerely,

Joy S. Ernst
Research Analyst

Appendix G:

Sample Appointment Reminder Letter for Clients

[insert here copies of letter that can be used to remind clients of appointments for all three interviews]

Appendix H:

Informed Consent Form

[insert copy of informed consent here]

Appendix I: Research Tracking Form

Appendix J.
Instructions for Research Tracking Database

Appendix K.

Client Information/Attempts to Contact for Closing Interview

Appendix L:

TANF (Temporary Assistance to Needy Families) –

Chart of Amounts Paid by Family Size

[insert chart when available]

Appendix M.

List of Drugs

DRUG CARD LABELS	DRUG STREET NAMES
1. Marijuana: hashish, bhang, ganja	pot, grass, weed, refer, dope, Mary Jane, sinsemilla, Acapulco Gold, thai sticks, hash
2. Stimulants: amphetamines, khat, betel nut	speed, uppers, upps, black beauties, pep pills, co-pilots, bumblebees, hearts, benzedrine, dexedrine, footballs, crank, crystal meth, crystal, methedrine
3. Sedatives: barbiturates, sleeping pills, seconal, valium, librium, tranquilizers, quaaludes, xanax.	downers, barbs, blue devils, yellow jacket, yellows, nembutal, seconal, amytal, tuinals, ludes, sopors
4. Cocaine: coca leaves 4a. Crack	coke, snow, flake, white, nose candy, Big C, snowbirds, lady freebase rocks, rock
5. Heroin	smack, horse, brown sugar, junk, mud, Big H., black tar
6. Opiates: codeine, demerol, morphine, percodan, darvon, opium, dilaudid 6b. methadone	
7. Psychedelics: LSD, mescaline, peyote, psilocybin, DMT	acid, green or red dragon, white lightening, blue heaven, sugar cubes, microdot, mesc, buttons, cactus, magic mushrooms, mushrooms
8. Inhalants: glue, toluene, gasoline	
9. Other: nitrous oxide, amyl nitrite	laughing gas, whippets, poppers, snappers
10. Other: write in _____	

Appendix N:

Follow-Up Information Form/Attempts to Contact for Closing Interview

Appendix O:
Sample Reminder Letter

Appendix P:

Elementary Home and Home General Instructions