

Child Neglect: Promising Strategies for Early Intervention

Diane DePanfilis, Ph.D., MSW

Esta M. Glazer-Semmel, LCSW-C

University of Maryland School of Social Work

525 West Redwood Street

Baltimore, Maryland 21202

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Funding

- **Five year U.S. DHHS, Children's Bureau grant to demonstrate methods for preventing and intervening with neglect**
- **Grant number 90CA 1580 to University of Maryland, Baltimore to Diane DePanfilis, Principal Investigator; Howard Dubowitz and Esta Glazer-Semmel, Co-Principal Investigators**



Agenda



- **Rationale for early intervention with families at risk for neglect**
- **Overview of the Family Connections program**
- **Discussion of practice principles, outcome driven practice, and tailored interventions**
- **Review of research methods**
- **Summary of preliminary findings and implications for practice**

Why neglect prevention?

- Many families struggle to meet the basic needs of their children.
- The consequences of neglect are equally, if not more damaging than other forms of maltreatment.
- Our mandated systems often get involved too late.
- We need to understand more about what models are most successful to reach families early.



Why Now?

- **Child neglect most common form of maltreatment nationally-55% of substantiated reports. NIS data – neglected children almost doubled between 1986 and 1993.**
- **In Maryland agencies received an average of 1,130 reports/month in 2001.**
- **Study of the epidemiology of child maltreatment recurrences in Baltimore partially led to an interest in trying to identify families early to help them meet the basic needs of their children.**



Family Connections



- **Mission:** Promoting the safety and well-being of children and families through family and community services, professional education and training, and research and evaluation.
- www.family.umaryland.edu

What We Believe

- Reaching families early and working with them as partners will lead to better outcomes.
- Schools of Social Work have a responsibility to prepare social workers to successfully engage and work with families who have not always received adequate responses from formal systems.
- As professionals, we have a responsibility to contribute to the empirical knowledge base about what works with families.



Basic Screening Criteria

- **Geographic location**
 - **The family lives in the West Baltimore Empowerment Zone**
- **Target population**
 - **There is a child between 5 and 11 years living in the household**
- **Voluntary status**
 - **There is no current CPS involvement**
 - **The family is willing to participate**

Defining Neglect Risk

- Inadequate/delayed health care
- Inadequate nutrition
- Poor personal hygiene
- Inadequate clothing
- Unsafe household conditions
- Unstable living conditions
- Shuttling
- Inadequate supervision
- Inappropriate substitute caregiver



Defining Neglect Risk

- Inadequate nurturance
- Isolating
- Witnessing violence
- Permitting alcohol/drug use
- Permitting maladaptive behavior
- Chronic truancy
- Delay with mental health care
- Unmet special educational needs
- Unsanitary household conditions
- Drug-exposed newborn



Caregiver Risk Criteria

- Unemployed, newly or over-employed
- Mental health problem
- Serious health problem
- Alcohol or drug problem



Child Risk Criteria



- Behavior or mental health problem
- Physical disability
- Developmental disability
- Learning disability
- Alcohol or drug problem

Family Risk Criteria

- Homelessness
- Domestic violence
- More than 3 children in the household



Guiding Principles for Work to Increase Capacity & Reduce Risk

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths based
- Cultural competence
- Outcome-driven service plans



Effective Helping

- The “act of enabling individuals or groups (e.g., a family) to become better able to solve problems, meet needs, or achieve aspirations by promoting the acquisition of competencies that support and strengthen functioning in a way that permits a greater sense of individual or group control over its developmental course.”

*Dunst & Trivette, 1994, p. 162.

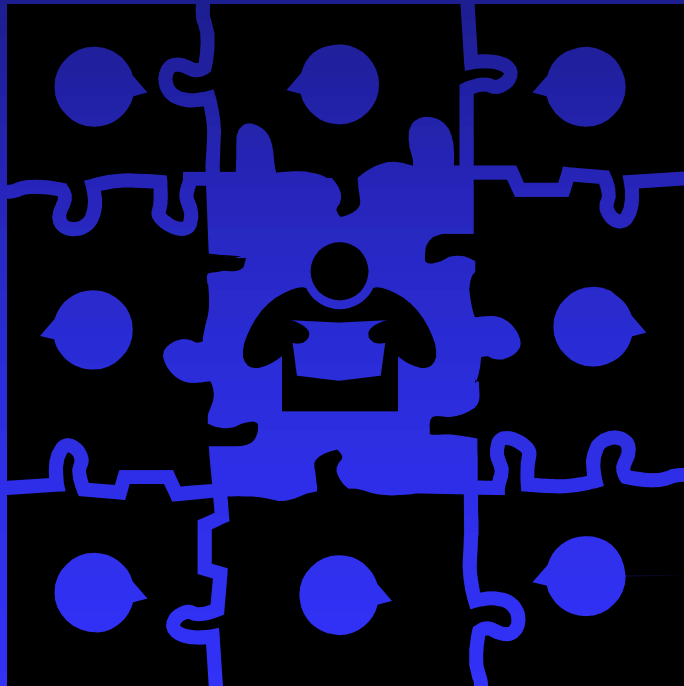


Intervention Services

- **Crisis intervention**
- **Emergency assistance**
- **Individualized outcome based services**
- **Individual and family counseling**
- **Parent groups**
- **Advocacy**
- **Case management**



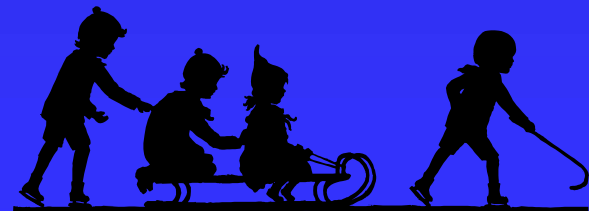
Family Assessment



- ◆ A time when we join with the family to understand their strengths and needs.
- ◆ This process helps us arrive at specific intervention outcomes and service plans that will empower families to strengthen their capacity to meet the basic needs of their children.

Family Assessment Outline

- Demographics
- Family's view of needs & problems
- Risks & strengths related to children
- Risks & strengths related to caregiver(s)
- Risks & strengths related to family
- Risks & strengths related to community



Standardized Clinical Measures

- Self report measures
 - ◆ Family Functioning Style Scale
 - ◆ Family Needs Scale
 - ◆ Family Resource Scale
 - ◆ Support Functions Scale
 - ◆ Family Support Scale
 - ◆ Personal Network Matrix



Standardized Clinical Measures

- Observational measures



- ◆ Child Well Being Scales
- ◆ Family Risk Scales
 - ◆ Caregiver
 - ◆ Child

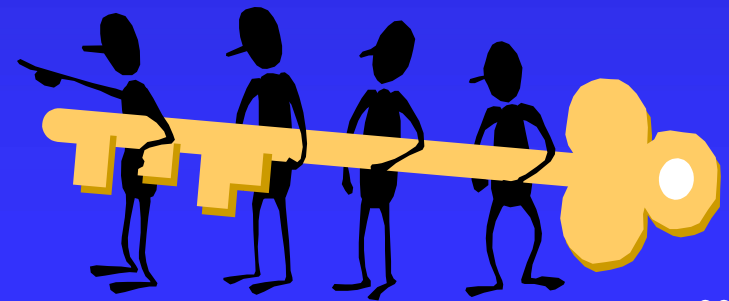
Intervention Outcomes

- Family maintenance & safety
- Family member functioning
- Family functioning
- Problem solving
- Social support
- Care of children



Selecting Interventions

- Concrete resources
- Social support
- Developmental focus
- Cognitive/behavioral
- Individual focus
- Family system focus



Case Management System

- Provides a framework for the intern to learn a practice model.
- Supports the field instructor in the management and teaching roles.
- Documents and measures the achievement of outcomes.
- Documents what services are provided.



What information do we track?

- Demographics and screening criteria
- Family needs and strengths
- Desired family outcomes
- Services that are provided
- Level of achievement of outcomes

Referrals during first 4 years



- 154 families
- Referred from schools, pediatric clinics, community centers, Department of Social Services, other organizations, self.

Caregiver Demographics

- 154 families
- 86% African American
- Mean age= 39 years old
- 98% female (151 females, 3 males)
- 58% unemployed, 19% employed full-time, 8% employed part-time, 10% in training, 5% retired
- 5% married, 65% never married, 13% separated, 10% divorced, 7% widowed
- 62% have less than high school degree

Child Demographics

- Average number of children in families = three
 - ◆ 17% have one child
 - ◆ 25% have two children
 - ◆ 27% have three children
 - ◆ 31% have four or more children
- Mean age = 9 (range 1 month to 21 years)
- 49% female and 51% male
- Relationship to caregiver
 - ◆ 78% are children
 - ◆ 14% are grandchildren
 - ◆ 8% are other relative

Risk Criteria at Intake

- Delay w/ mental health care – 32%
- Unstable living conditions – 24%
- Inadequate supervision – 22%
- Permitting maladaptive behavior – 21%
- Unsafe household conditions – 19%
- Delay w/ health care – 17%
- Unmet special education needs – 14%
- Chronic truancy – 13%
- Inadequate nurturance – 11%
- Unsanitary household conditions – 9%
- Inadequate nutrition – 9%
- Witnessing violence – 7%

Caregiver risks

- **Unemployed/over-employed – 73%**
- **Mental health problem – 25%**
- **Alcohol/drug problem – 23%**
- **Homelessness – 8%**
- **Domestic violence – 6%**

Child risks

- Behavior or mental health problem – 66%
- Physical disability – 5%
- Developmental disability – 11%
- Learning disability – 20%
- More than 3 children in home – 30%

Research Methods



- Key Research Questions
- Design and Procedures
- Preliminary Findings

Key Research Questions

1. **Is there change over time in the well-being of:**
 - **Caregivers**
 - **Families**
 - **Children**
2. **Is there change over time in the safety of children?**
3. **Does length of service affect the targeted outcomes?**



Data Collection Methods

- **Self-directed, computer-assisted interview**
 - ◆ **Administered at baseline, case closure and six-month follow-up**

- **Paper and pencil self-report measures and observational measures**
 - ◆ **Administered at 30 days; three and six months, and closure**
 - ◆ **Intern driven → integrated with intervention**

Data Analysis

Repeated Measures Analysis

- ◆ **Assess change over time**
- ◆ **Baseline → Closing → 6-month Follow-up**
- ◆ **Comparison of length of service
3 months vs. 9 months**

Targeted Outcomes

- **Caregiver Well-Being**
 - Risk Factors
 - Protective Factors

- **Family Well-Being**
 - Risk Factors
 - Protective Factors

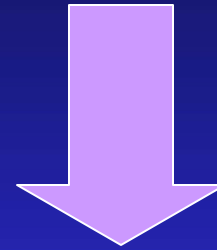
Outcomes:

- **Child Well-Being**
- **Child Safety**

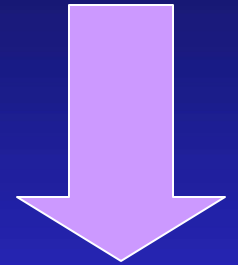
Caregiver Well-Being

Risk Factors:

- Depressive Symptoms
- Stress

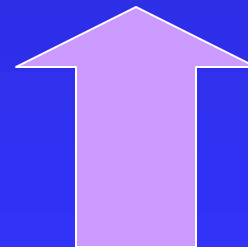


Child
Neglect

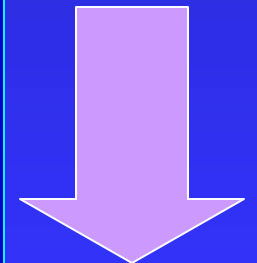


Protective Factors:

Parenting attitudes
Parenting competence



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Neglect



Caregiver Well-Being: Depressive Symptoms

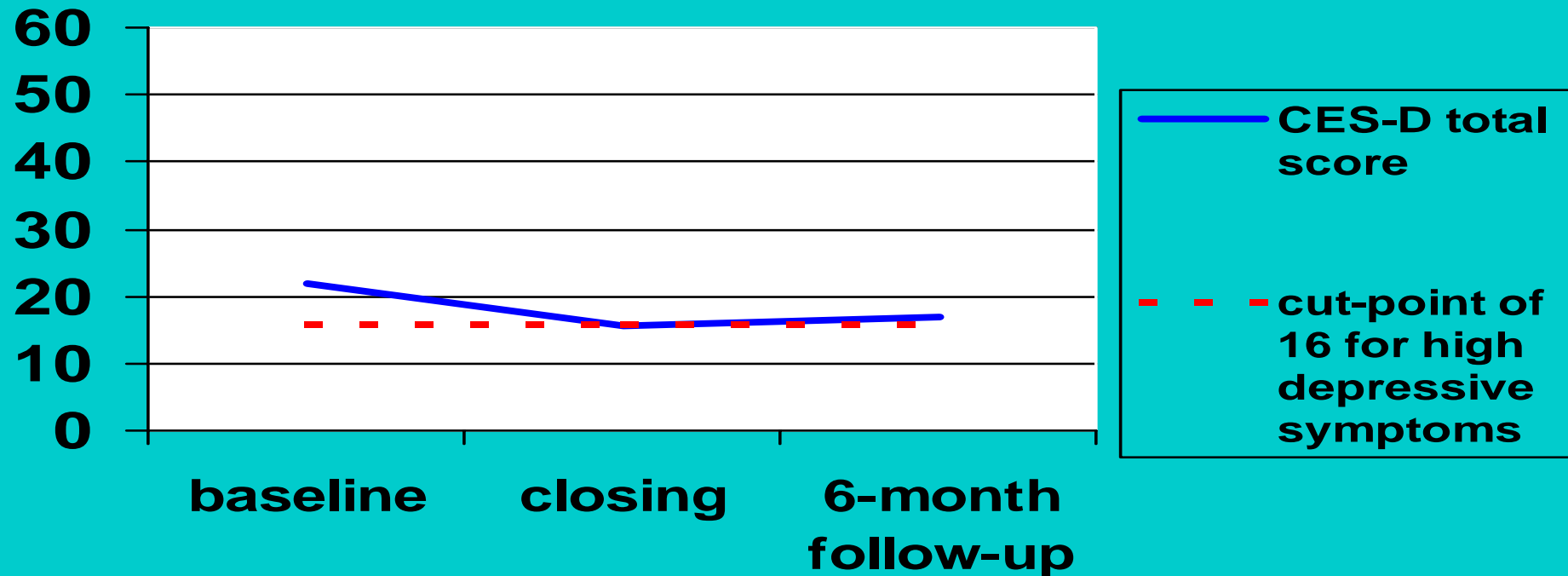
- Center for Epidemiologic Studies-Depressed Mood Scale (CES-D) (Radloff, 1977)
 - ◆ 20 items measure:
 - ◆ Feelings of guilt and worthlessness
 - ◆ Feelings of helplessness and hopelessness
 - ◆ Loss of appetite
 - ◆ Sleep disturbance
 - ◆ Scores of 16 or more = high depressive symptoms

Caregiver Well-Being: Depressive Symptoms

- **101 (65.6%)** caregivers (N=154) had a CES-D total score of 16 or higher at baseline
- **58 (42.6%)** caregivers (N=136) had a CES-D total score of 16 or higher at case closing
- **62 (45.6%)** caregivers (N=136) had a CES-D total score of 16 or higher at 6-month follow-up

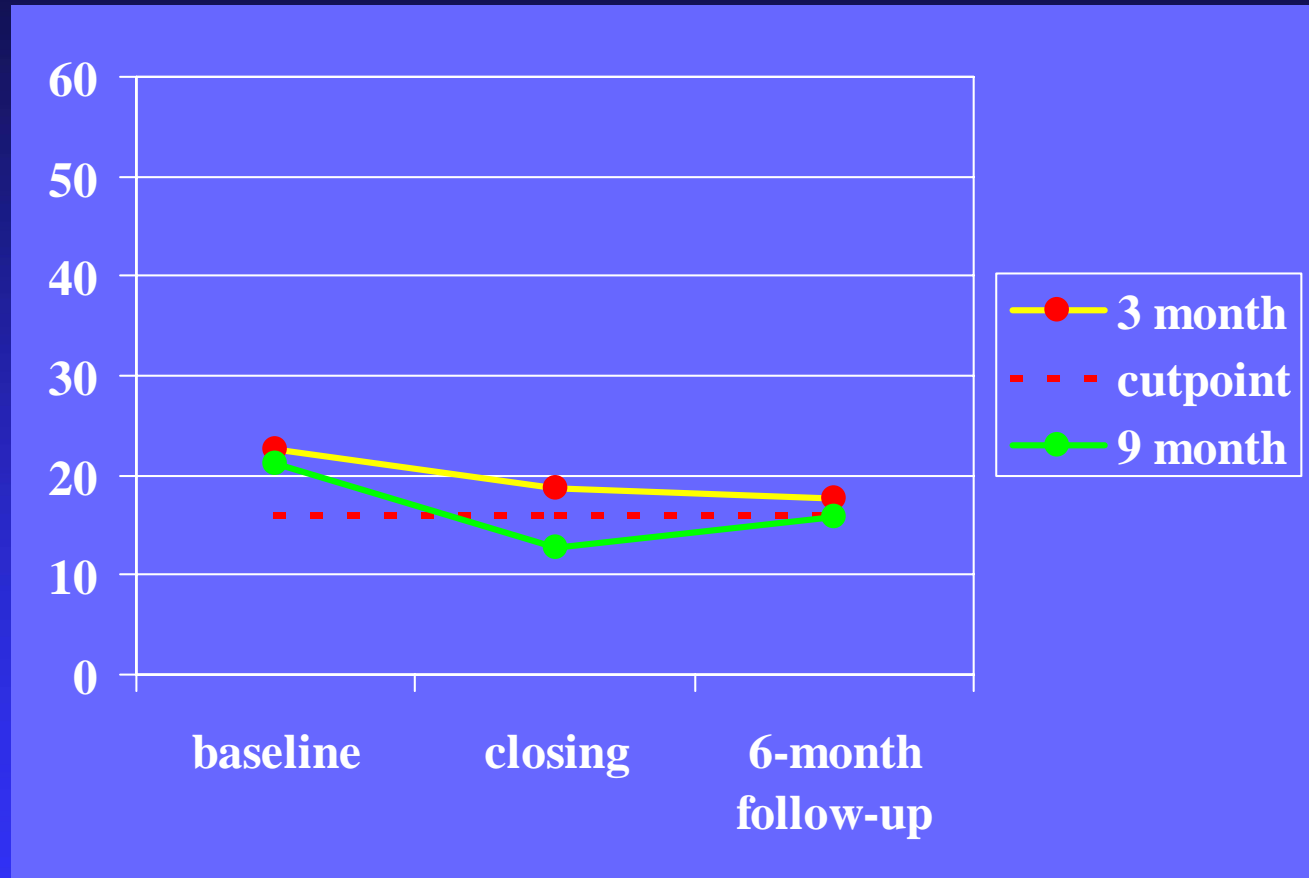
Caregiver Well-Being: Depressive Symptoms (N=125)

CES-D Total Score



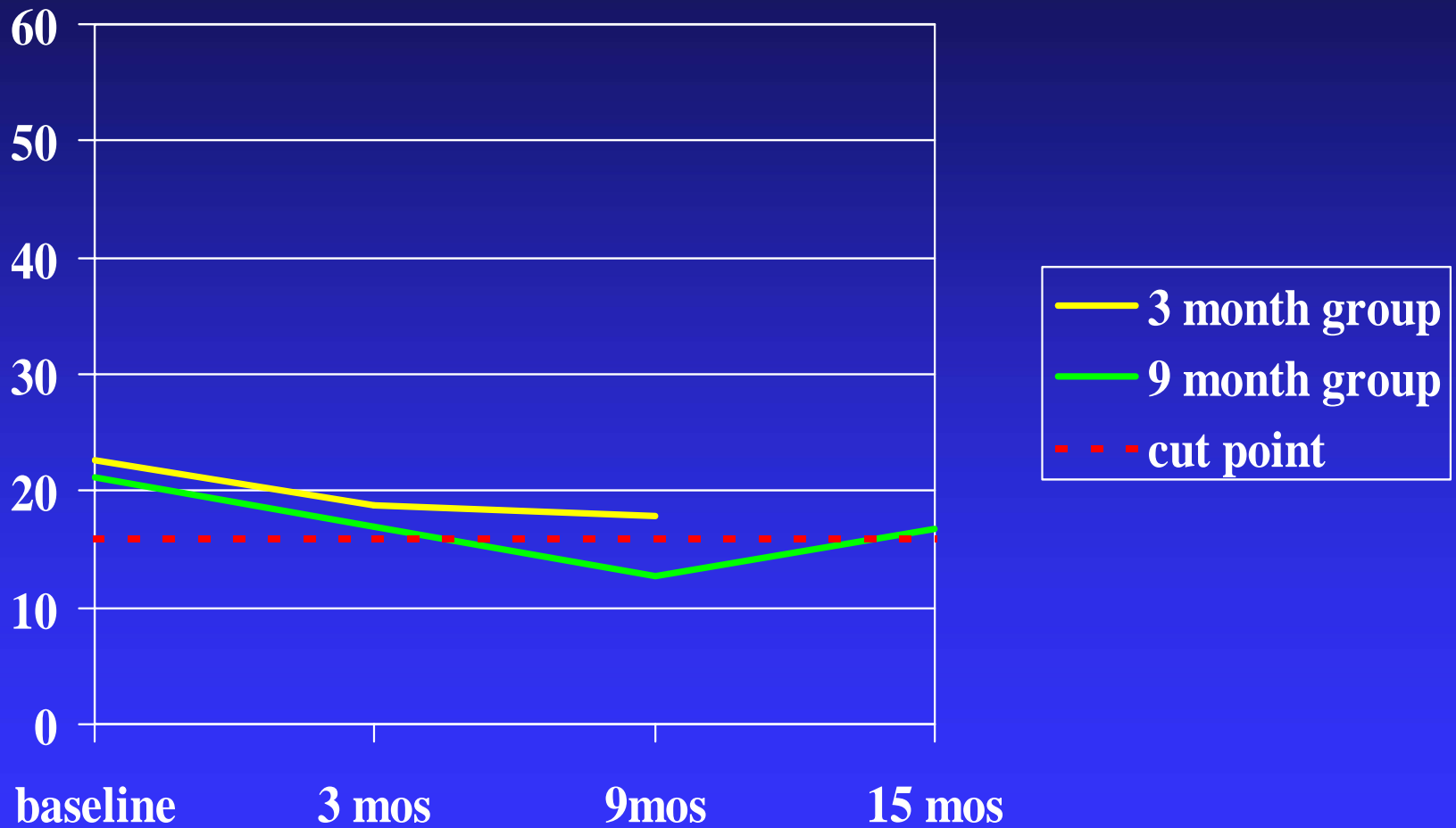
- CES-D total score decreased from baseline (M=21.91, SD=12.03) to closing (M=15.70, SD=11.35, $p<.0005$) and from baseline to 6-month follow-up (M=16.84, SD=11.81, $p<.0005$)

Caregiver Well-Being: Depressive Symptoms (N=125)



- 9 month group had larger decrease in scores from baseline (M=21.14, SD=11.44) to closing (M=12.76, SD=9.82) than did 3 month group (M=22.69, SD=12.65 at baseline and M=18.69, SD=12.08 at closing).

Caregiver Well-Being: Depressive Symptoms (N=125)



Family Connections

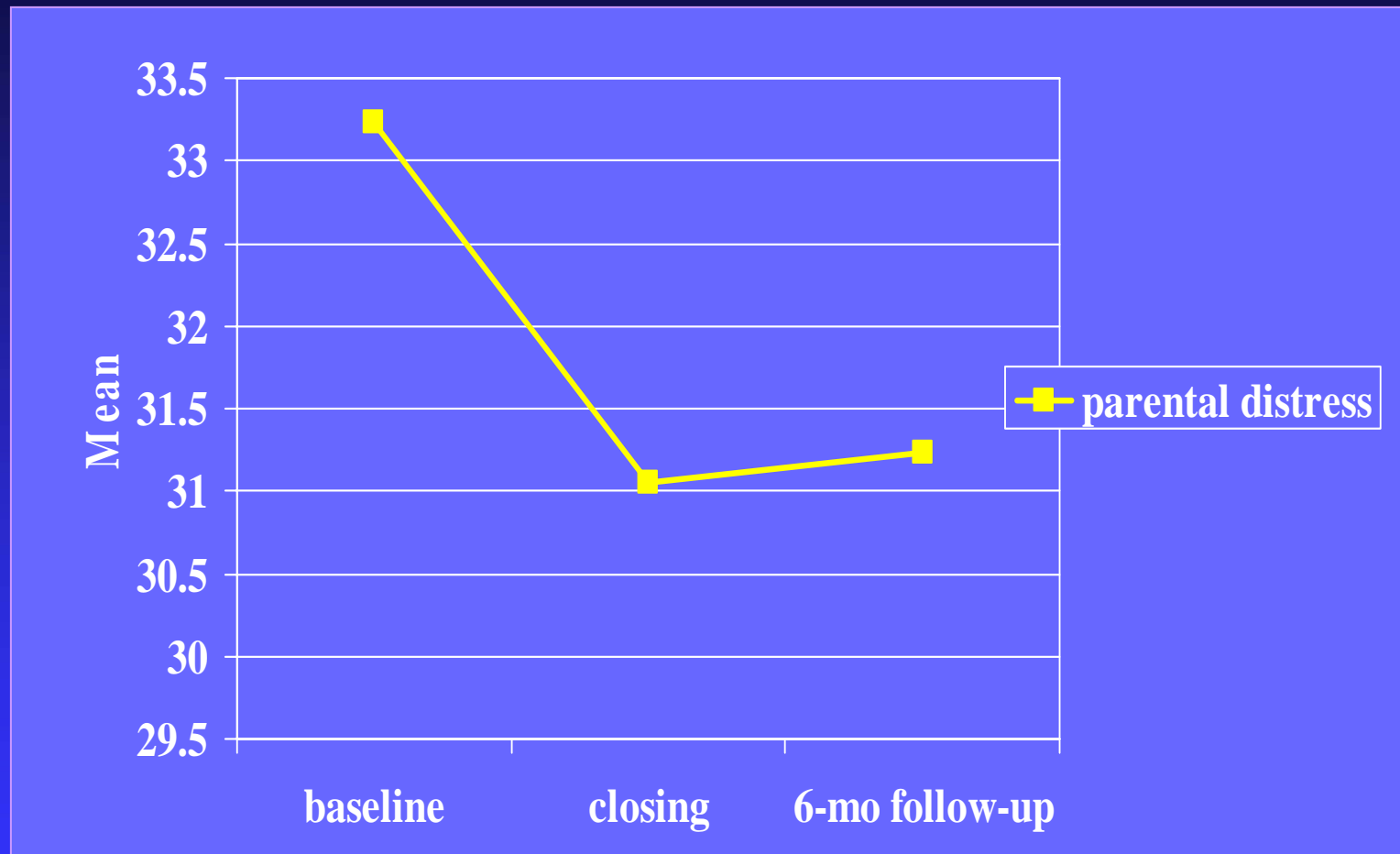
6 mo f/u
for 3 mo

6 mo f/u
for 9 mo

Caregiver Well-Being: Parental Stress

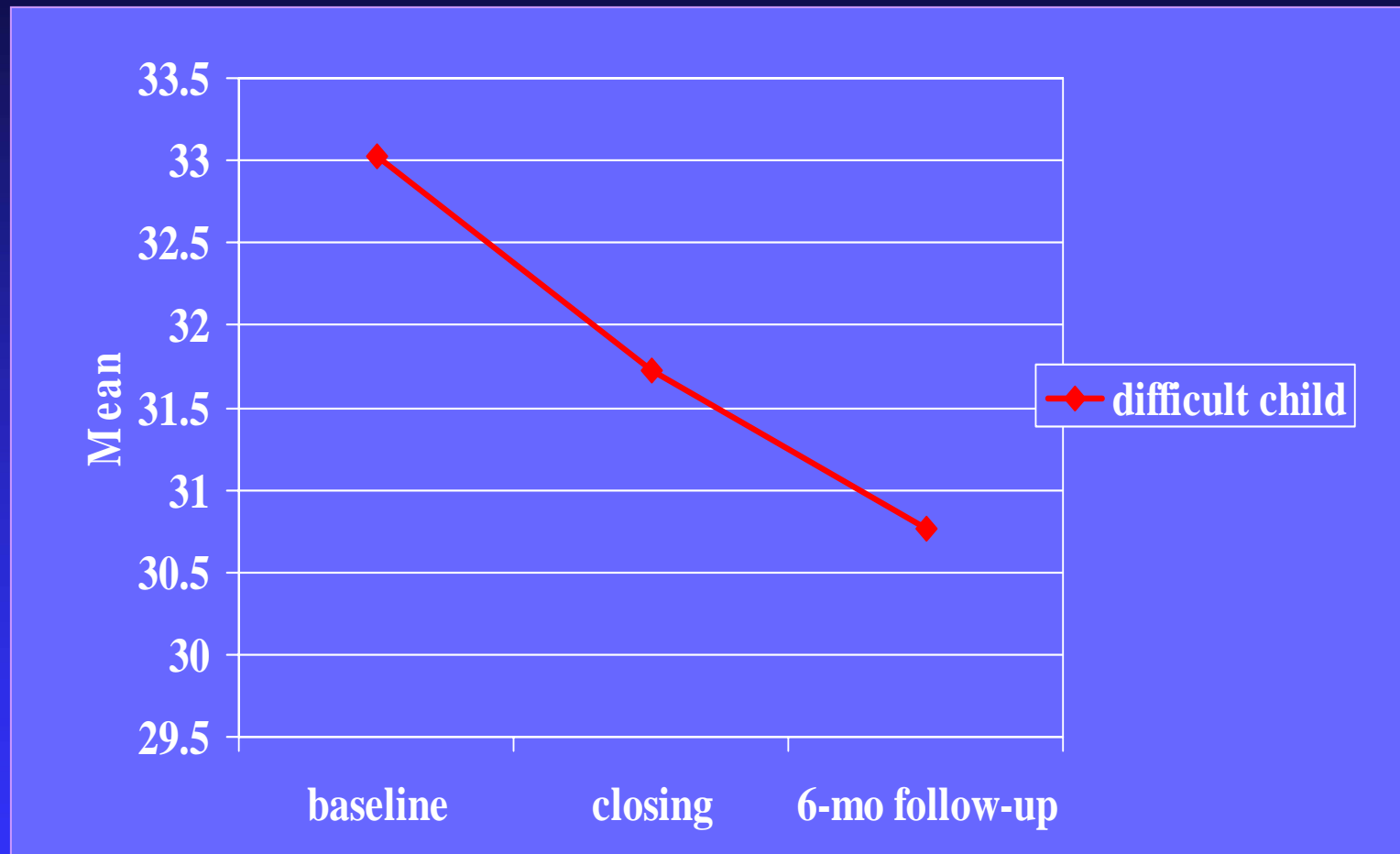
- **Parenting Stress Index (Abidin, 1983)**
 - ◆ **36 items**
 - ◆ **Three subscales**
 - ◆ **Parental Distress**
 - ◆ **Difficult Child**
 - ◆ **Parent-Child Dysfunctional Interaction**
 - ◆ **Higher scores indicate higher levels of perceived stress**

Caregiver Well-Being: Parental Stress (N=120)



- PSI parental distress subscale score reduced from baseline (M=33.23, SD=7.37) to closing (M=31.05, SD=7.59, $p < .0005$) and from baseline to 6-month follow-up (M=31.23, SD=7.51, $p = .001$)

Caregiver Well-Being: Parental Stress (N=120)



- PSI difficult child subscale score reduced from baseline (M=33.03, SD=8.22) to closing (M=31.72, SD=7.58, $p=.021$) and from baseline to 6-month follow-up (M=30.77, SD=7.88, $p<.0005$)

Caregiver Well-Being: Parental Stress (N=120)

Parent-Child Dysfunctional Interaction subscale

Baseline: Mean = 27.03 SD = 6.37

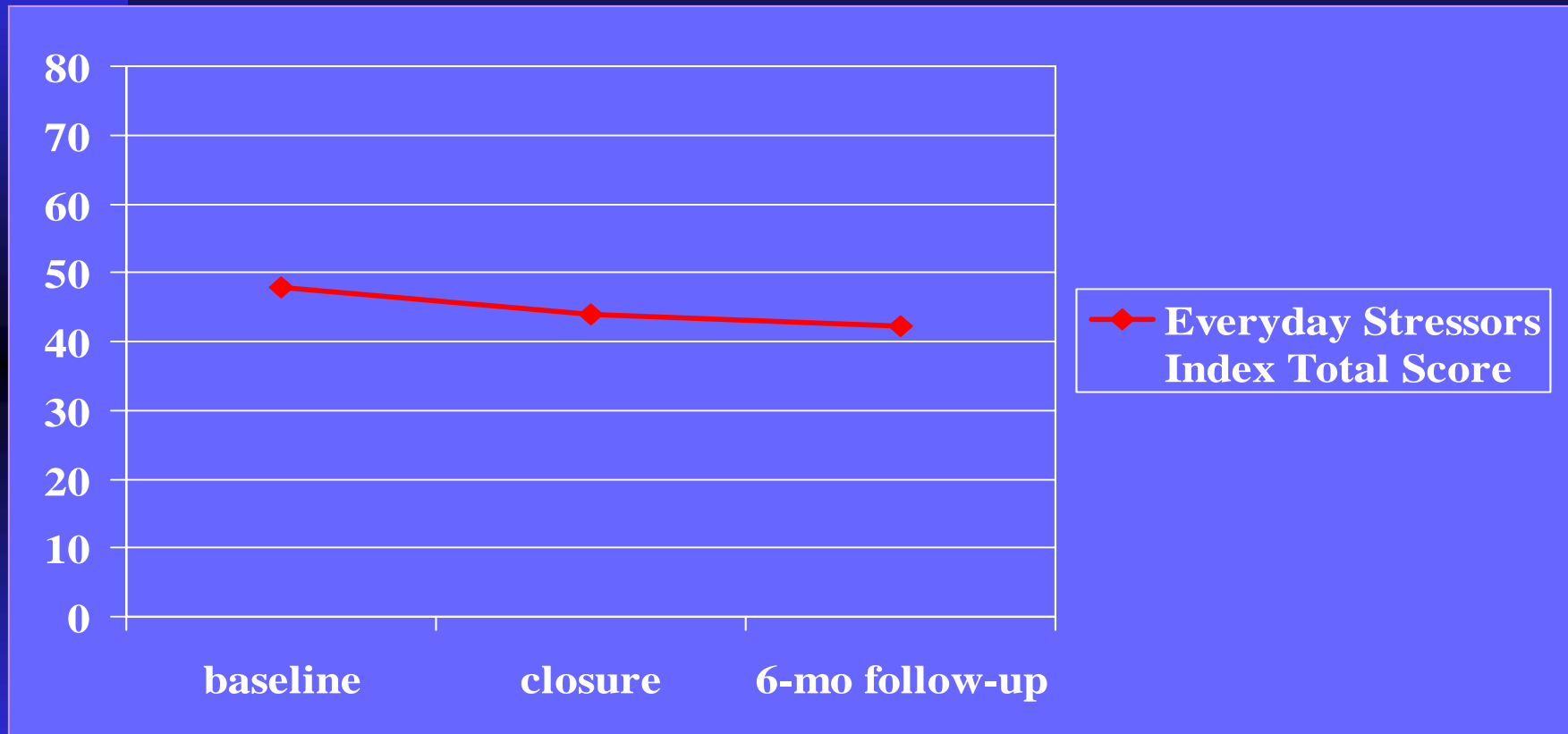
Closing: Mean = 26.24 SD = 6.61

6-month follow-up: Mean = 26.89 SD = 7.19

Caregiver Well-Being: Everyday Stressors

- **Everyday Stressors Index (Hall, Williams, & Greenberg, 1985)**
 - ◆ **20 items**
 - ◆ **Five Domains of Stressors:**
 - ◆ **Financial Concerns**
 - ◆ **Role Overload**
 - ◆ **Parental Worries**
 - ◆ **Employment Worries**
 - ◆ **Interpersonal Problems**
 - ◆ **Higher scores indicate higher levels of perceived stress**

Caregiver Well-Being: Everyday Stressors (N=125)

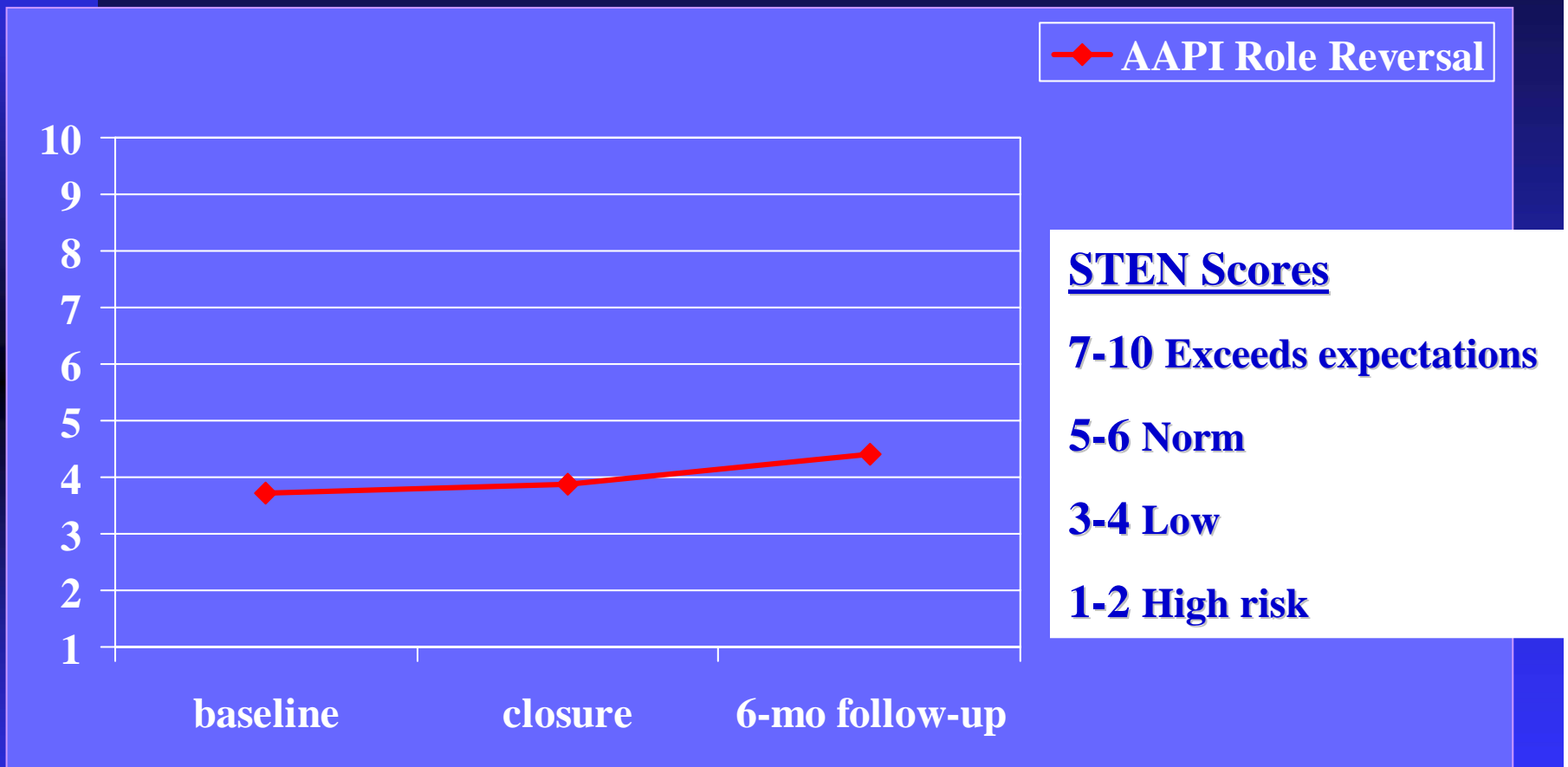


- **Everyday Stressors Index total score decreased from baseline (M=47.90, SD=10.22) to closing (M=43.88, SD=10.60, $p<.0005$) and from baseline to 6-month follow-up (M =42.23, SD=11.27, $p<.0005$).**

Caregiver Well-Being: Parenting Attitudes

- **Adult-Adolescent Parenting Inventory (AAPI)**
(Bavolek, 1984)
 - ◆ **32 items**
 - ◆ **Four constructs:**
 - ◆ **Inappropriate Parental Expectations**
 - ◆ **Empathic Awareness of Children's Needs**
 - ◆ **Parental Value of Physical Punishment**
 - ◆ **Parent-Child Role Reversal**
 - ◆ **Higher scores indicate more appropriate parenting attitudes**

Caregiver Well-Being: Parenting Attitudes (N=125)



- AAPI role reversal STEN scores significantly increased from baseline (M=3.72, SD=2.00) to 6-month follow-up (M=4.41, SD=2.10, $p < .0005$) and from closing (M=3.87, SD=2.00) to 6-month follow-up ($p < .0005$)

Caregiver Well-Being: Parenting Attitudes (n=125)

AAPI Subscale	Baseline	Closing	6-mo follow-up
Parental Value of Corporal Punishment	M=5.66 SD=1.84	M=5.88 SD=1.65	M=5.94 SD=1.69
Empathy	M=3.55 SD=2.10	M=3.42 SD=2.11	M=3.76 SD=2.15
Inappropriate Expectations	M=5.14 SD=1.76	M=5.02 SD=1.76	M=5.22 SD=1.72

Caregiver Well-Being: Parenting Competence

- **Parenting Sense of Competence Scale (Gibaud-Wallston, & Wandersman, 1978; Johnston & Mash, 1989)**
 - ◆ **17 items**
 - ◆ **Dimensions of parental competence:**
 - ◆ **Efficacy**
 - ◆ **Satisfaction**
 - ◆ **Higher scores indicate caregiver's perception of greater competence**
 - ◆ **Caregivers are asked to indicate how much they agree or disagree with statements**

Caregiver Well-Being: Parenting Satisfaction (N=125)



- Parenting Satisfaction subscale scores increased from baseline (M=31.82, SD=5.73) to closing (M=33.61, SD=6.55, $p = .001$) and from baseline to 6-month follow-up (M=34.45, SD=6.46, $p < .0005$)

Caregiver Well-Being: Parenting Efficacy (N=125)

Baseline:	Mean = 32.61 SD = 5.65
Closing:	Mean = 33.62 SD = 4.85
6-month follow-up:	Mean = 33.42 SD = 5.40

Family Well-Being

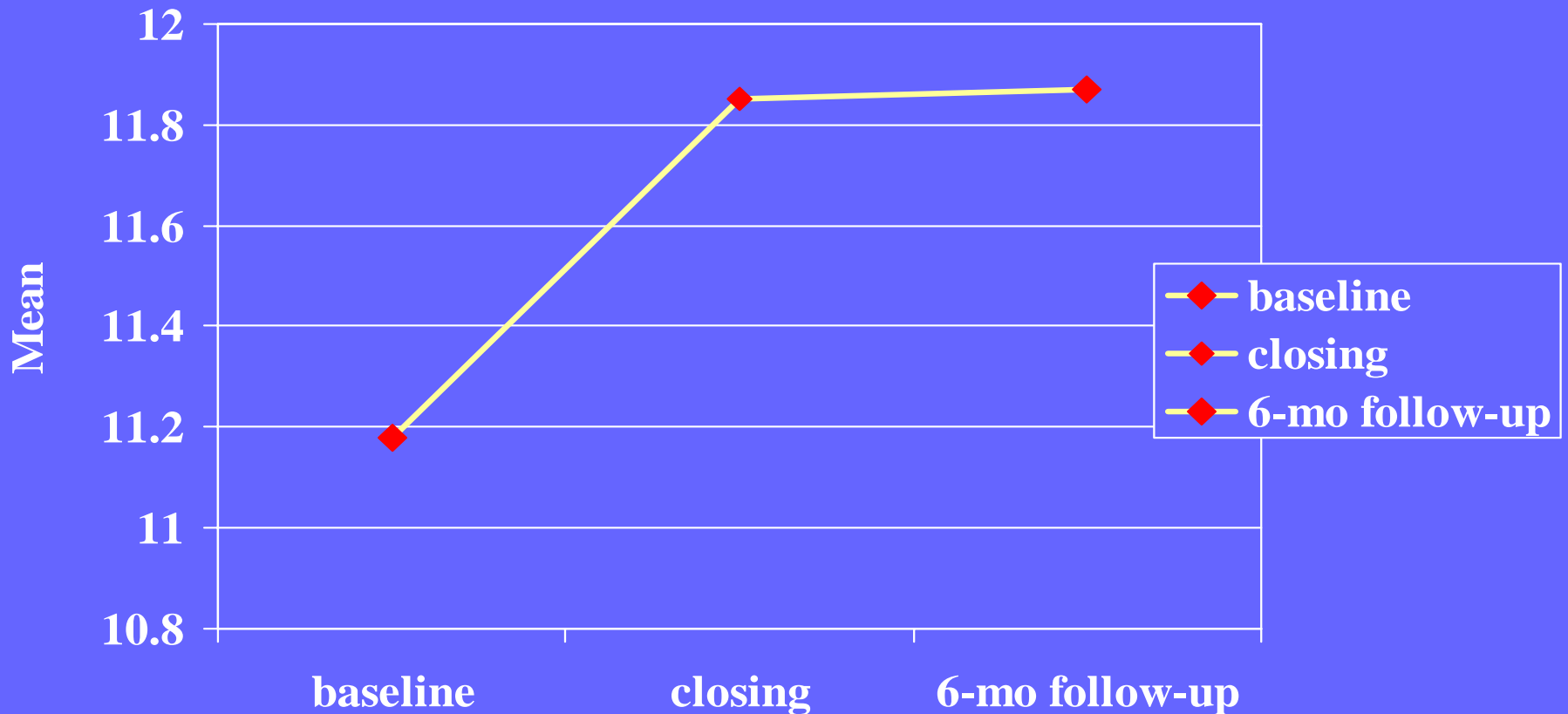
- ◆ **Protective Factors**

- ◆ **Social Support**

Social Support

- **The Social Provision Scale (Russell & Cutrona, 1984)**
 - ◆ **24-item self-report scale with 6 subscales**
- **Administered at baseline, closing, and 6-month follow-up**
- **High scores on each of the subscales indicate that caregivers were provided this support by his/her current social relationships.**

Family Well-Being: Social Support (N=125)



- Guidance subscale scores increased from baseline (M=11.18, SD=2.38) to closing (M=11.85, SD=1.96, $p=.002$) and from baseline to 6-month follow-up (M=11.87, SD=1.93, $p=.003$)

Targeted Outcomes

- **Child Well-Being**
 - ◆ **Child Behavior**

- **Child Safety**
 - ◆ **CPS involvement**
 - ◆ **Housing Conditions**

Targeted Outcome: Child Behavior

- **Child Behavior Checklist (CBCL)** (Achenbach, 1991)
 - 112-item scale measuring children's competencies and problems as reported by their caregivers.
 - Two domains of behavior:
 - Internalizing behavior (e.g., somatic, withdrawn, anxious or depressive)
 - Externalizing behavior (e.g., delinquent or aggressive)

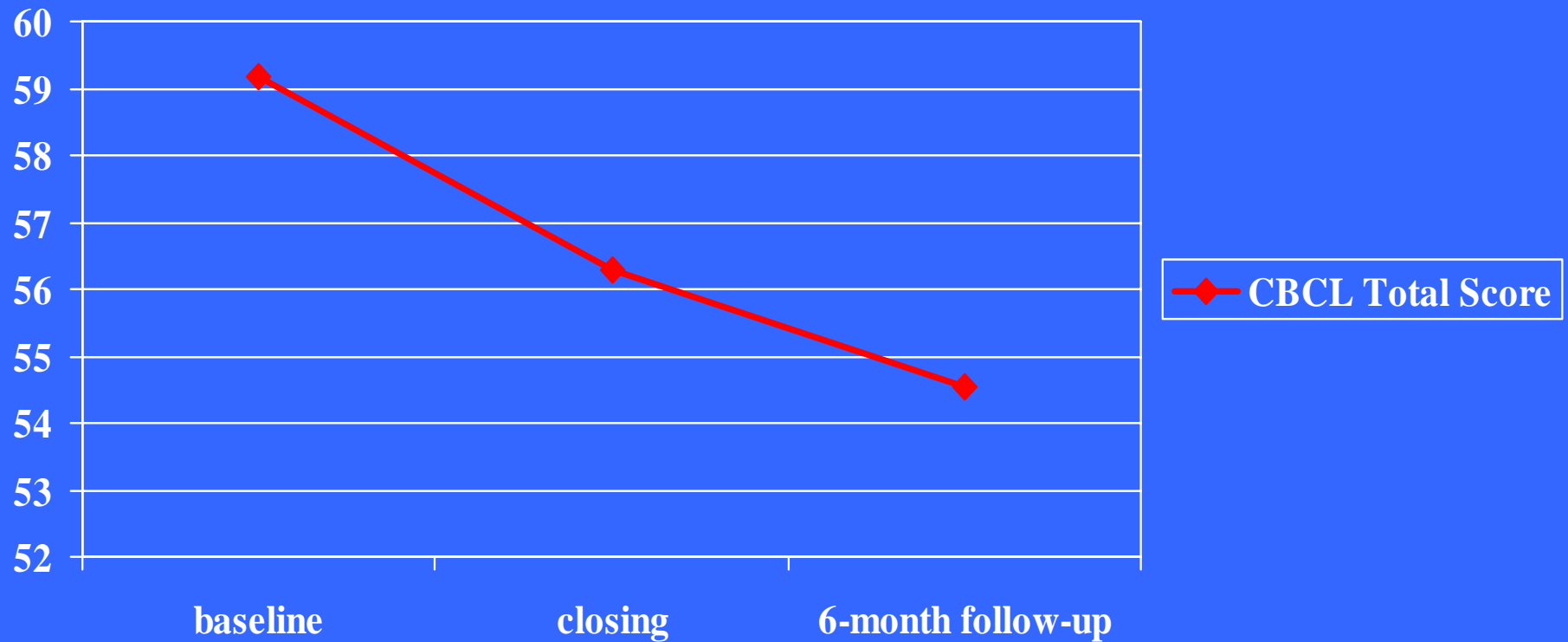
Targeted Outcome: Child Behavior

- **Score Interpretation (Achenbach, 1991)**
 - **Normal < 60**
 - **Borderline 60 – 63**
 - **Clinical > 63**

Child Behavior: CBCL Total Problem Score (caregiver report)

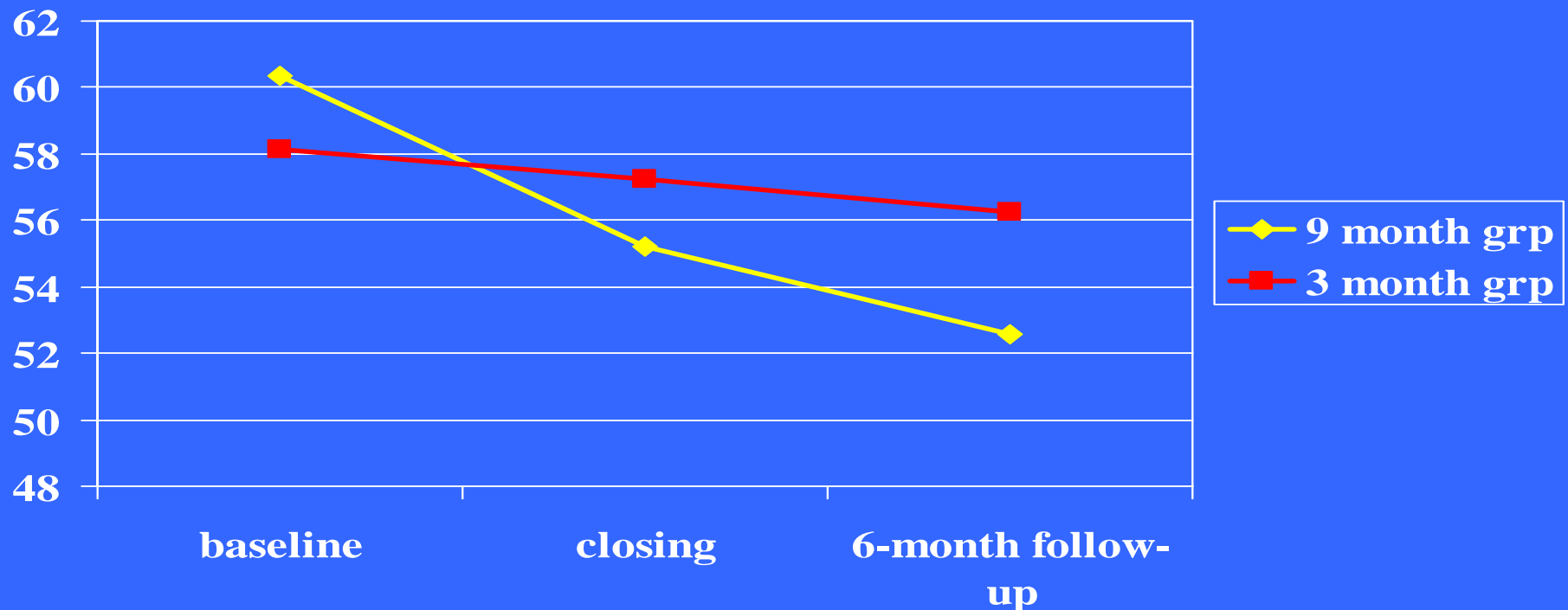
- **55 (36.9%)** children (N=149) had a CBCL total problem score > 63 at baseline
- **39 (30.5%)** children (N=128) had a CBCL total problem score > 63 at case closure
- **35 (28.7%)** children (N=122) had a CBCL total problem score > 63 at 6-month follow-up

Child Behavior: CBCL Total Score (N=111)



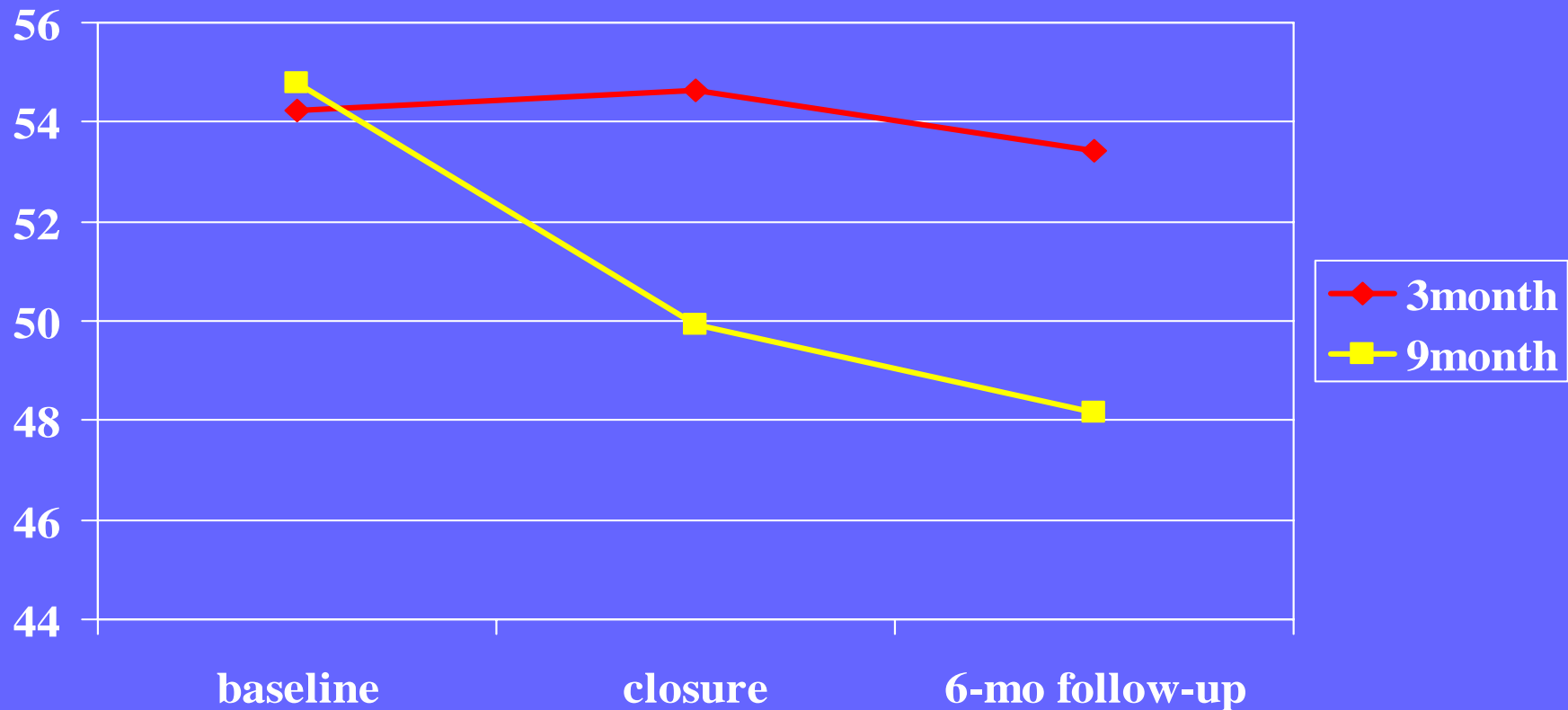
CBCL Total Problem t scores decreased from baseline (M=59.16, SD=13.65) to closing (M=56.28, SD=12.30, $p=.001$) and from baseline to 6-month follow-up (M=54.53, SD=13.53, $p<.0005$)

Child Behavior: CBCL Total Score (N=111)



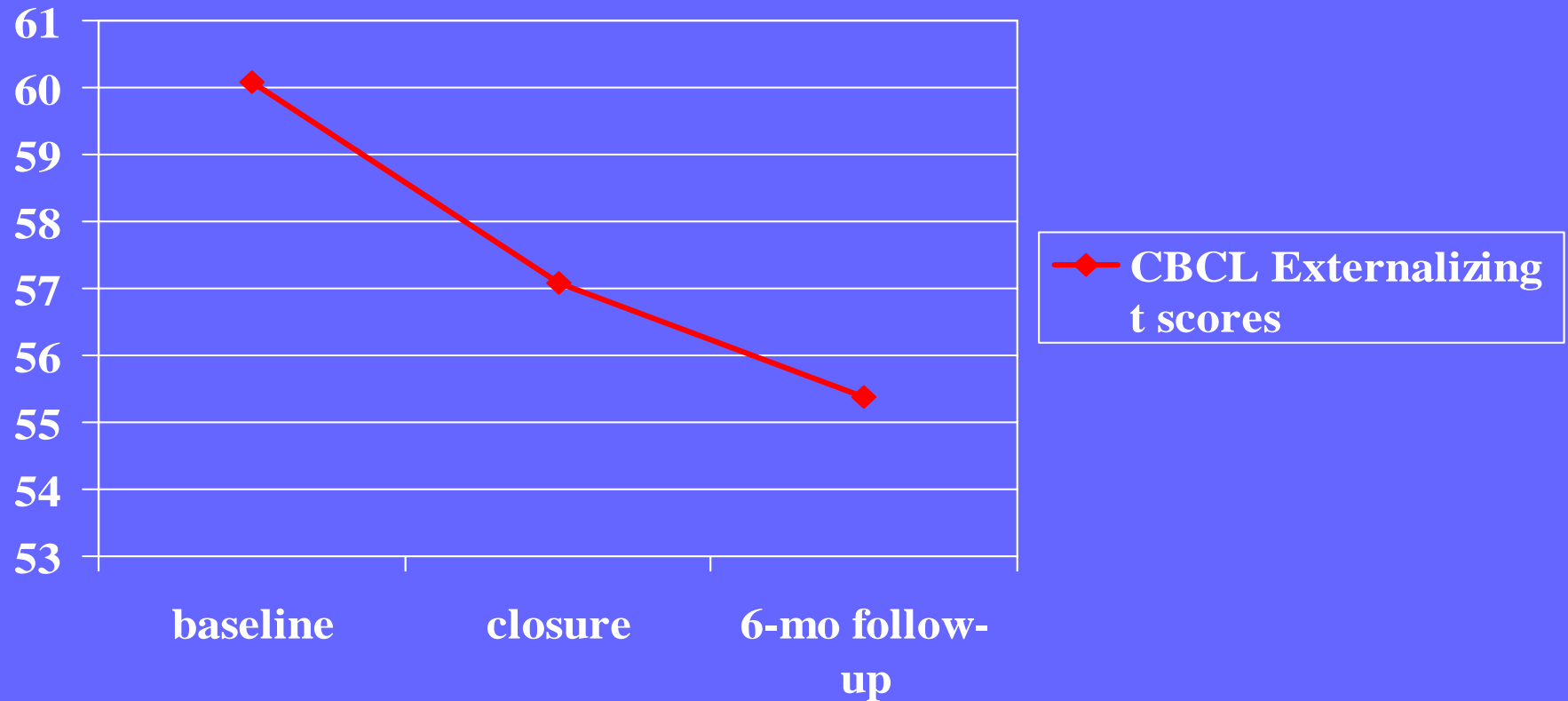
- Interaction between time and treatment group suggests 9 month and 3 month groups perform differently across time. The 9 month group had larger decrease in scores from baseline to closing and from closing to 6-month follow-up than did 3 month group.

Child Behavior: Internalizing Behavior (N=111)



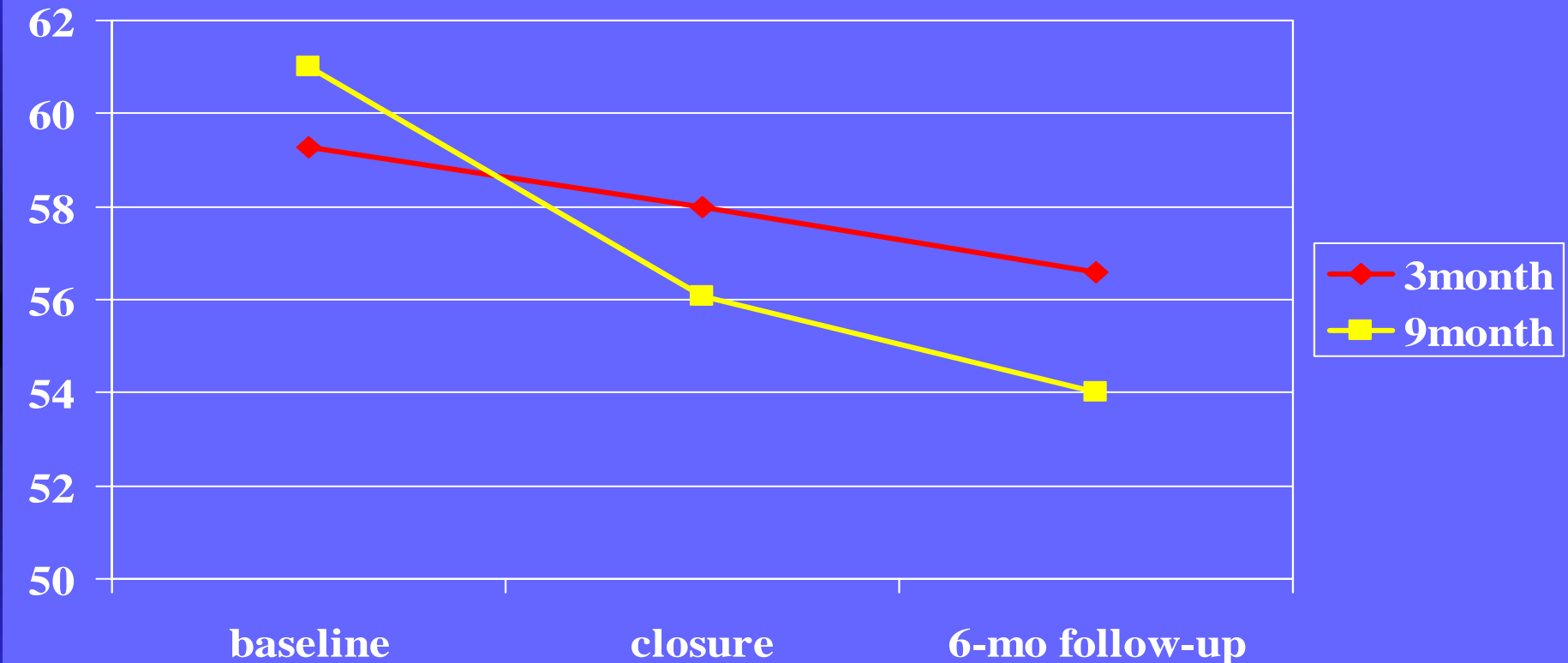
- Whereas internalizing t scores of two groups are similar at baseline, 9 month scores are lower at both closing and 6-month follow-up than 3 month group.

Child Behavior: Externalizing Behavior (N=111)



CBCL Externalizing t scores decreased from baseline (M=60.09, SD=12.92) to closing (M=57.09, SD=12.09, $p=.001$) and from baseline to 6-month follow-up (M=55.38, SD=12.69, $p<.0005$)

Child Behavior: Externalizing Behavior (N=111)



■ Whereas externalizing t scores of two groups are similar at baseline, 9 month scores are lower at both closing and 6-month follow-up than 3 month group.

Child Safety: CPS Involvement

- Based on the CPS data between 1985 and 3/31/2001
- **BEFORE (N=154)**
 - ◆ Total reports:

274 reports were made on 87 families.

 - ◆ 3 mos: 41 of 70 families (58.6%)
 - ◆ 9 mos: 46 of 84 families (54.8%)
 - ◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2=.225$, $p=.635$).*

Child Safety: CPS Involvement

■ BEFORE (N=154)

◆ Substantiated reports:

110 reports on 59 families were substantiated.

◆ 3 mos: 28 of 70 families (40.0%)

◆ 9 mos: 31 of 84 families (36.9%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = .155$, $p=.694$.)*

Child Safety: CPS Involvement

■ BEFORE (N=154)

◆ Unsubstantiated reports:

93 reports on 43 families were unsubstantiated.

◆ 3 mos: 23 of 70 families (32.9%)

◆ 9 mos: 20 of 84 families (23.8%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = .1553$, $p = .213$).*

Child Safety: CPS Involvement

■ DURING (N=154)

◆ Total reports:

24 reports were made on 17 families.

◆ 3 mos: 9 of 70 families (12.9%)

◆ 9 mos: 8 of 84 families (9.5%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = .432$, $p=.511$).*

Child Safety: CPS Involvement

■ DURING (N=154)

◆ Substantiated reports:

12 reports on 12 families were substantiated.

◆ 3 mos: 6 of 70 families (8.6%)

◆ 9 mos: 6 of 84 families (7.1%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = .108$, $p = .742$).*

Child Safety: CPS Involvement

■ DURING (N=154)

◆ Unsubstantiated reports:

11 reports on 8 families were unsubstantiated.

◆ 3 mos: 4 of 70 families (5.7%)

◆ 9 mos: 4 of 84 families (4.8%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = .070$, $p = .791$).*

Child Safety: CPS Involvement

■ AFTER (N=139*)

◆ Total reports:

11 reports were made on 11 caregivers.

◆ 3 mos: 5 of 70 families (7.1%)

◆ 9 mos: 6 of 69 families (8.7%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = .115$, $p = .735$).*

* 15 cases had less than 6 months worth of time for follow-up. These cases were not included.

Child Safety: CPS Involvement

■ AFTER (N=139*)

◆ Substantiated reports:

5 reports on 5 families were substantiated.

◆ 3 mos: 4 of 70 families (5.7%)

◆ 9 mos: 1 of 69 families (1.4%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = 1.823$, $p = .177$).*

* 15 cases had less than 6 months worth of time for follow-up. These cases were not included.

Child Safety: CPS Involvement

■ AFTER (N=138)

◆ Unsubstantiated reports:

4 reports on 4 families were unsubstantiated

◆ 3 mos: 1 of 70 families (1.4%)

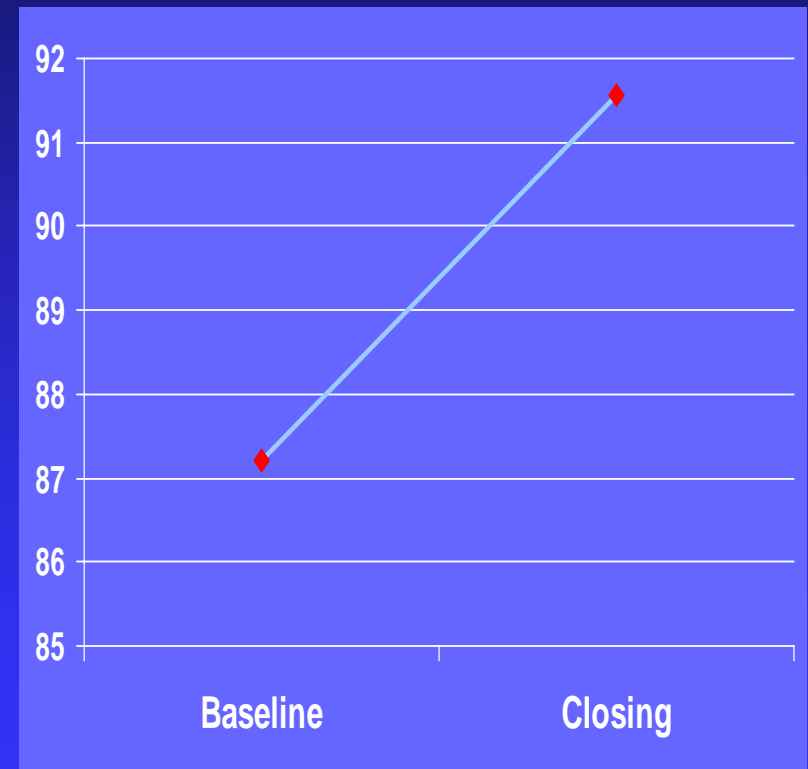
◆ 9 mos: 3 of 68 families (4.4%)

◆ *Differences in the number of reports between the treatment groups were non-significant ($\chi^2 = 1.091$, $p = .296$).*

Child Safety: Housing Conditions

■ Household Furnishings*

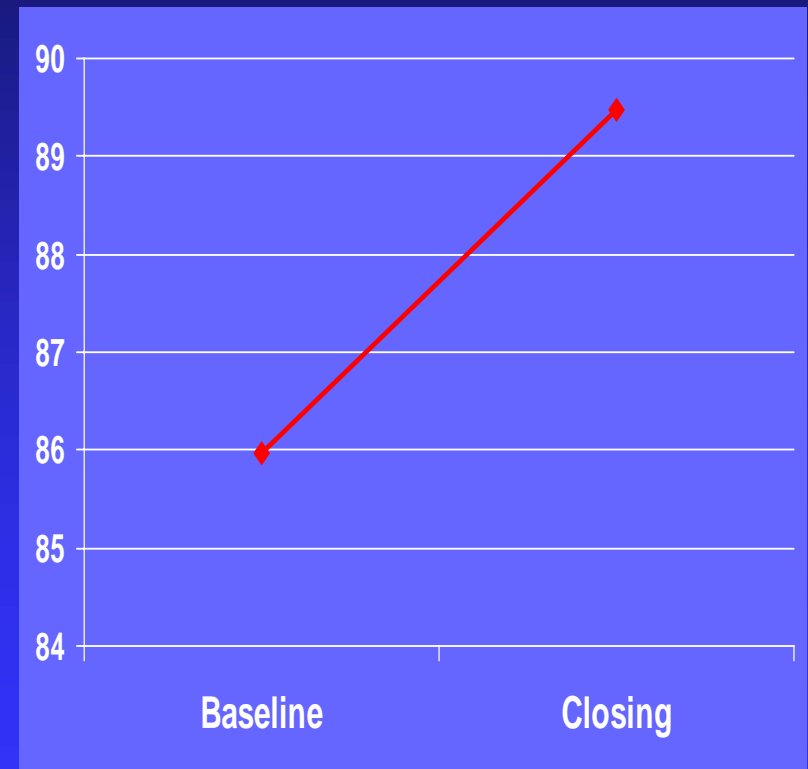
- ◆ Measure: Child Well-Being Household Furnishing subscale
- ◆ Score:
 - ◆ 100 = Adequate
 - ◆ 88 = Marginal
 - ◆ 64 = Moderately Inadequate
- ◆ Score **increased from baseline** (M= 87.2) to **Closing** (M= 91.56, p= .005)



Child Safety: Housing Conditions

■ Overcrowding*

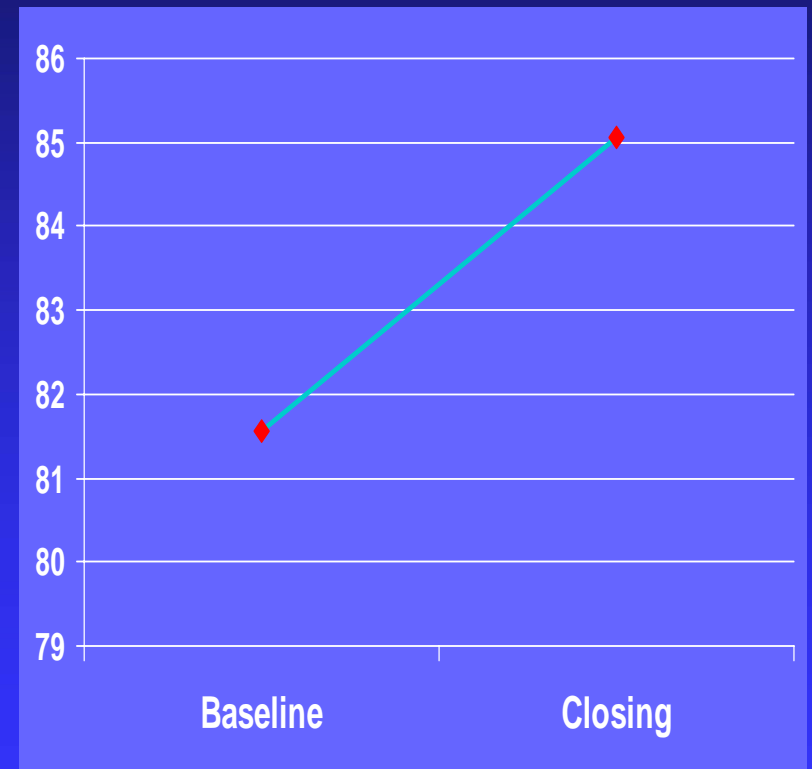
- ◆ Measure: Child Well-Being Overcrowding subscale
- ◆ Score:
 - ◆ 100 = Adequate
 - ◆ 82 = Marginal
 - ◆ 62 = Moderately Inadequate
- ◆ Score **increased from baseline** (M= 85.97) to **Closing** (M= 89.47, p= .028)



Child Safety: Housing Conditions

■ Household Sanitation*

- ◆ Measure: Child Well-Being Household Sanitation subscale
- ◆ Score:
 - ◆ 100 = Adequate
 - ◆ 71 = Marginal
 - ◆ 38 = Moderately Inadequate
- ◆ Score **increased from baseline** (M= 81.57) to **Closing** (M= 85.05, p= .038)



Conclusions

- **Preliminary analyses suggest that intervention may have an effect on:**
 - ◆ **Child Safety (fewer housing problems)**
 - ◆ **Child Well-Being (decrease in externalizing behavior, internalizing behavior)**
 - ◆ **Caregiver Well-Being (decreased depressive symptoms, reduced stress, improved parenting attitudes and satisfaction)**
 - ◆ **Family Well-Being (increased social support)**
- **Most positive effects endure six months following case closure.**

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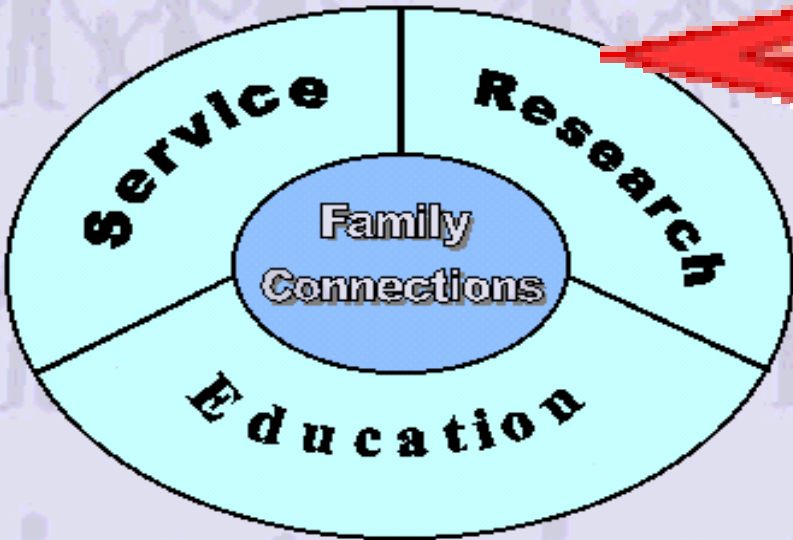
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