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THE RELATIONSHIP BETWEEN AFRICAN-AMERICAN, PRENATALLY DRUG EXPOSED SCHOOL-AGED CHILDREN'S FAMILY AND SCHOOL MICROSYSTEMS

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THE RELATIONSHIP BETWEEN AFRICAN-AMERICAN, PRENATALLY DRUG EXPOSED SCHOOL-AGED CHILDREN'S FAMILY AND SCHOOL MICROSYSTEMS

By

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ABSTRACT

THE RELATIONSHIP BETWEEN AFRICAN-AMERICAN, PRENATALLY DRUG EXPOSED SCHOOL-AGED CHILDREN'S FAMILY AND SCHOOL MICROSYSTEMS

By

Barbara Jean Jones

The purpose of this study is to explore the relationship of the family microsystem and school microsystem of prenatally drug exposed school aged children. The study involves a search for themes, subthemes, and concepts amongst the relationship of the family microsystem and school microsystem, of the prenatally drug exposed school-aged children. Additionally, educational supports of the children and their families are identified. Semistructured ethnographic interview are conducted with the families and the children's teachers. Each interview is audio taped and transcribed verbatim. The Home Observation Measurement Environment Inventory (HOME) is administered to collect data on the home and family environments. The Affective Observation Sheet is used to observe the child in their classroom environment, then behaviors are rated based on eight items. The observations are based on three transitions which included academic to academic, academics to recess, and lunch to academics. Data analysis is based on color coding of family and teacher responses and data reduction to identify themes, subthemes, and concepts.

The sample consisted of five African-American families. The family structures included biological mothers, foster mothers, and a great grandmother. The PDE children ages ranged from six to ten years old. There were two girls and six boys involved in the study.

DEDICATION

Marion Grubbs

To my adoptive mother-in-law, who was more like my mother and guardian angel. She could not wait any longer for me to finish but encouraged me to pursue my dreams and never lose hope and faith in God. She taught me the meaning of confidence and believing in myself. I miss her but I will never forget her.

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It is inconceivable to me how anyone could complete a doctoral studies program, without the support, encouragement, and love of all those around her. Just having someone in the your corner to offer an uplifting word of encouragement is rewarding. The words "Thank You" are not even sufficient nor does it begin to measure my true feeling toward those individuals who were so very supportive. My heart is filled with admiration and love toward those who gave their support and ask for nothing in return. During many occasions, the journey seemed so long and the light at the end of the tunnel was barely visible, nonetheless without the help of God, my faith in my religion, my husband and family, a very special sister, and support and encouragement of several people, I would have still been overshadowed by the fog in the long winding tunnel.

Lillian Phenice, Ph.D., Chair of my committee, guided, challenged, and supported me. She has been a fervent supporter, understanding, and providing me with encouragement. She has stood fast even during my health problems and provided me with the guidance I needed to survive this long and tedious journey. There are no words I could ever convey how grateful I am.

Thank you Robert Pernell, Ph.D. for accepting to be a vital member on my committee. I want to also give a special thanks to you Robert Griffore, Ph.D. and Carl Taylor, Ph.D., who agreed to replace two members of my committee.

I want to also give a special thank you to Paul Novak, Ph.D., a dear and close friend, who was also my coach and cheerleading team on the home front.

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CHAPTER I

INTRODUCTION

STATEMENT OF THE PROBLEM

In recent years, the media has reported a rising tide of illegal drug use, especially cocaine, among pregnant women. Studies of legal and illegal drug use or exposure are difficult because of the sensitive nature of the behavior involved. Furthermore, those who participate in these studies may not be a true representation of the population of pregnant women using illegal drugs in the nation at large. Much of the data reported has utilized quantitative or quasi-experimental research designs. These designs have been the most prevalent mode of conducting research in this area.

This study uses an exploratory, descriptive, and illustrative design to examine themes and patterns of case families in their naturalistic environment as they cope with the problems associated with their school-age children who have been prenatally drug exposed. Furthermore, it examines the relationships of the children's family microsystems and the children's school microsystems in order to understand the child's mesosystem.

NEED FOR THE STUDY

There is nationwide concern regarding drug use by pregnant women because of the serious threat it poses for the unborn child. This epidemic of drug use among pregnant women who have given birth to drug exposed children has gained national attention.

Much of the research designed to study this phenomenon utilizes quantitative methods with mothers who are enrolled in drug treatment programs. Few of the treatment programs focus on the relationship of the mother/child dyad or that of primary caregiver/child. Furthermore, studies that examine the interface and, of relationships of prenatally drug exposed children's families and school microsystems are limited or non-existent.

To study these families in their naturalistic environment a mixed design of both qualitative and quantitative method are used. The study also examines the relationships between the children's family microsystems and the children's school microsystems, which forms the children's mesosystem (Figure 1.1). The context of those environments can have lasting effects on a child's development. The adaptive patterns and themes of families with drug exposed youngsters are not available in existing research data. This study will add to

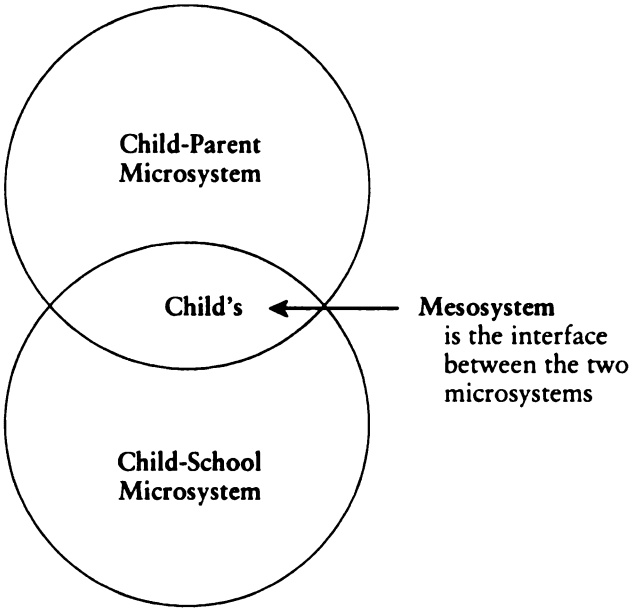


Figure 1.1. Conceptual Map

the existing literature and provide information for future intervention and treatment programs.

Purpose of the Study

Since the introduction of crack cocaine into society, many families have been affected by this highly addictive drug. Addiction has caused major health, emotional, and financial problems in these families. Furthermore, it has caused mothers to lose their children to foster care or undergo termination of parental rights.

The purpose of this study is to examine the themes and patterns that could provide the basis for understanding the relationships of prenatally drug exposed children's family microsystems to the children's school microsystems. By examining these themes and patterns, successful adaptive strategies used by families and schools can be identified which could be useful in future intervention and prevention programs for related families and school officials.

Objectives of the Study

The research objectives were as follows:

1. To examine the role of the family in the prenatally drug exposed child's microsystem.
2. To examine the role of the school in the prenatally drug exposed child's microsystem.
3. To examine the relationship between the child's family and school microsystems which forms the child's mesosystem.

4. To examine how the child's family and school microsystems enhance the successful adaptation to this particular mesosystem.
5. To examine themes and patterns that emerge from the research that may be useful in future educational and intervention programs for drug exposed children and their families.
6. To examine adaptive strategies used by PDE children in their educational development.

QUESTIONS TO BE ADDRESSED

Many of the research questions were based on a personal and close relationship with the researcher's sister, who was a foster parent who later adopted six prenatally drug exposed children. Due to the complexity of the subject matter, the researcher's sisters' great concern for the educational development of these children, and the researcher's close relationship to her adopted nieces and nephews, these research questions were generated to addressed the research objectives.

1. How does prenatal drug exposure of a child affect the primary caretaker/child interaction?
2. What is the relationship between the drug exposed child's family and school microsystems?
3. What are the emerging themes and patterns that may be useful in future educational development and intervention programs for PDE families and school officials?

4. Can the themes and patterns that emerge from examining the relationship of the family and school microsystems provide a basis for future educational development of PDE children?

Operational Definitions

For the purpose of this study, frequently used terms are operationally defined:

African-American family: An intimate association of persons of African descent who are related to one another by a variety of means, including blood, marriage, formal adoption, informal adoption, augmented or sustained by a history of common residence in America and deeply embedded in a network of social structures both internal to and external to itself. Numerous interlocking elements come together to form an extraordinarily resilient institution (Billingsley, 1992).

Appropriation: Couples without blood ties or marital ties who become part of a family unit or form a family unit simply by deciding to live and act toward others as family (Billingsley, 1992).

Augmented: Primary members of a family plus non-relatives who share the same household (Billingsley, 1992).

Blood ties: A lineage constituting the strongest elements in the African-American kinship system (Billingsley, 1992).

Formal adoption: Procedure by which Black adults, single or married, claim responsibility for a child not necessarily related to them by blood or marital ties through legal procedures sanctioned by the courts (Billingsley, 1992).

Informal adoption: Children born out of wedlock are cared for by extended families, generally their grandmothers without the benefit of legal adoption (Billingsley, 1992).

Case study: An in-depth and detailed investigation of a single unit (Becker, 1970). The unit of analysis includes individual families, organizations, and communities. The case study in social science research generates a comprehensive and holistic understanding of social events within a single setting (Aschenbrenner, 1975).

Case studies that rely upon qualitative methods are desirable when researchers seek firsthand knowledge of real life situations and processes within naturalistic settings (Burgess, 1982) and an understanding of the subjective meanings that actors give to the behaviors and events being observed and discussed (Burgess, 1984).

Culture: Learned and shared standards for perceiving, behaving, and acting. Spradley (1990) defines culture to include what people do and know and the things they make and use. Culture enables its members to behave in appropriate and acceptable ways in given cultural settings. It is believed that neither an individual nor culture can be understood in isolation. Culture influences the individual and the individual influences culture (Spradley, 1979).

Drug abuse: The use of an illicit drug that becomes an addiction and is harmful to the individual (Kronstadt, 1991).

Ecomap: An assessment tool that provides a visual overview of the complex ecological system of the family and shows its organizational patterns and relationships (Holman, 1973).

Ethnographic inquiry: Ethnographic inquiry attempts to capture an understanding of specific life aspects of a particular group. The focus of the inquiry is on obtaining full and

detailed descriptions from the participants in the study. There is an underlying concern of qualitative research regarding social organization. The research tends to focus on how people perceive one another, arrange or organize their relationships, and live together in communities and organized groups. Erickson (1986) stated that qualitative researchers are concerned about the "social aspect," the relationship between people and how people and their actions together constitute environments for one another (Spradley, 1979).

Family ecosystem: A family system in interaction with its environment. An ecosystem provides a way of looking at family processes or development (Bubolz & Sontag, 1993).

Environment: Defined in an inclusive sense and including the totality of the physical, biological, social, economic, political, aesthetic, and structural surroundings of human beings and the context for their behavior and development (Bubolz & Sontag, 1993).

Human-built environment: The alterations and transformations made by humans of the natural physical-biological environments (e.g., the creation of roads, cultivated land, urban settlements, material artifacts, and polluted air and water) for survival, sustenance, and the attainment of other ends (Koenig et al., 1975).

Natural physical-biological environment: Includes physical and biological components (e.g., atmosphere, climate, soil, water, minerals, plants, and animals) as they exist in nature (Koenig et al., 1975).

Social-cultural environment: The presence of other human beings (neighbors who organized community action groups), abstract cultural constructions (e.g., language, laws, norms, and cultural values), and social and economic institutions (e.g., the social regulatory system, agricultural industrial system, and market economy) (Koenig et al., 1975).

Genogram: An assessment tool for learning about a family history over a period of time. Based upon the concept of a family tree which includes data about three or more generations (Holman, 1973).

High risk populations: Families who are of low socioeconomic status, reside in high crime and drug areas, parents who have abused drugs with children who were born prenatally drug exposed (Mahan, 1996).

Learning materials: Primary caretaker/parent provides growth fostering materials and experiences by reading newspapers, using the dictionary, providing access to books, and establishing an area for reading or studying (Caldwell & Bradley, 1984).

Parental involvement: Participation of mother or primary caretaker in parent/teacher conferences, open houses, the signing of parent-school compacts, field trips, fund raisers, room parents, as well as attending special events and programs at school (Saginaw Public School District, 1996).

Prenatal drug exposure: Fetal exposure to drugs or alcohol through maternal use (Kronstadt, 1991).

Prenatally drug exposed children: Children who were exposed to illicit drugs while in utero (Kronstadt, 1991).

BASIC ASSUMPTIONS

1. During their pregnancies, women of childbearing age used illicit drugs.
2. Children born to mothers who used illicit drugs during their pregnancies have been prenatally exposed to drugs.
3. Drug exposure has some degree of effect on the development of these children.

4. Drug exposure has an effect on the mother/child dyad or primary caretaker/child dyad interactions.
5. Intervention and prevention programs provide some social support to these families.
6. Prenatally drug exposed children often attend public schools.
7. Prenatally drug exposed children often reside in inner cities.

LIMITATIONS

Given the nature of this type of study, limitations can be expected to affect the research plan and outcomes. A selective, snowball sampling technique was used to secure the participation of five African-American families with prenatally drug exposed school-aged children for the exploratory study. The selective nature of the sample size and the absence of randomness affected the breadth of and the ability to generalize to a target population of African-American families with prenatally drug exposed school-aged children. Therefore, selection procedure used and the criteria for participation in the study further limit the scope and generalizability of the research.

Restricted number of contact hours with respondents may limit the capacity to gain familiarity that is necessary for "centering the data gathered." Furthermore, the structural types of families differed. Families consisted of children being reared by their biological mothers, foster care mothers, and one by the paternal great grandmother.

This study entailed the gathering of data by conducting an interview of their family history. It is understood that by using a retrospective family history the information may be compromised by memory loss or informants' need to present a coherent narrative, or

their developmental changing interpretive schemes (Becker, 1970). This is the perspective of Cohler (1982), who noted that "a personal narrative, which is recanted at any point in the course of life, represents the most internally consistent interpretation of presently understood past."

Another limitation of the study was the utilization of the Middle Childhood HOME Inventory. At the time of the study, this version of the inventory was in a pilot phase. The HOME Inventory was being field tested for validity and reliability on 170 families (per discussion with the author of HOME).

Finally, the availability of respondents presented a challenge in arranging for interviews to be conducted at times that were convenient for the participating African-American family members.

CHAPTER II

REVIEW OF THE LITERATURE

INTRODUCTION

Approximately six million American women of childbearing age use illegal substances according to the National Council on Disability (1990). A recent national study suggests that as many as 375,000 infants may be affected by substance abuse each year (Gittler & McPherson, 1990). The increase in the number of women and infants affected by drug addiction in the United States is overwhelming to an already overtaxed foster care system and to health care, mental health, schools, and social service programs.

Drug exposed children and their families have special types of needs not usually found in other families; these include parents' need for long-term treatment of drug abuse and addiction and the children's need for adequate parenting and a stable environment to overcome the affects of prenatal drug exposure.

Meeting the special needs of these families requires new community resources and support. It is not clear what happens to these families when these resources are not available. What happens when PDE children enter school? How do the children's families and school microsystems relate to produce the children's mesosystem context. Needed is a context which enhances the children's successful adaptation for learning and development.

AFRICAN-AMERICAN VALUES

What is equally important to African-Americans is rediscovering and instilling the values that made it possible for families to persist and prevail in the past.

Billingsley (1992) has developed a list of values; these values include a commitment to education, a commitment to self help, service to others, a strong religious orientation, and a strong work orientation.

Sudarkasa (1992), identified basic precepts or values that have been taught to children and expected of adults in order to achieve the patterns of cooperation and self help exemplified in the extended family. The principles of respect, responsibility, restraint, and reciprocity are four of the "cardinal values" undergirding African family life that have been retained in the family life of African-Americans. Along with those four values were added reverence, reason, and reconciliation making a total of "Seven R's."

Respect is the first of the cardinal values that guide behavior within the African families and communities. It governs the behavior of children not only toward their parents but, also, toward all elders with whom they come in contact. When Africans came to America, they retained respect as a fundamental precept on which their families and communities were built.

Responsibility is the value that required members of extended African families to be their brother's and sister's keepers. African-Americans demonstrate this value by housing and feeding distant relatives, sisters, and brothers; providing for their children and caring for parents and other aging relatives.

Reciprocity is the principle that compels African-Americans to give back to their families and communities in return for what had been given them. It is a principal that will

have to be reinforced within the family if self-help is to become once again the primary instrument of African-American's survival and success.

Restraint is an important value to teach each generation. When making personal decisions, one has to consider the implications for the group as a whole. Examples of restraint and/or sacrifice in African-American communities are demonstrated when parents go without so their children might have. Adult children, in return, sacrifice their needs by putting the needs of their elderly parents before their own.

Reverence is a strong religious orientation. Among African-Americans, after the family, the church has been the strongest institution and continues to be one of the anchors of African-American communities today.

Reason is a value invoked in many African context. It reflects an ability to settle disputes or persuade parties concerned to come to a reasonable settlement.

Reconciliation is a value essential to the maintenance of social order. This value reflects the act of asking for forgiveness. Often you hear people say, when asked about disputes or dissension within the family, "We have settled the matter" (McAdoo, 1997).

The strength of these values is indicated by the fact that most of them were retained and passed on in America. Finally, the basic values and belief systems which have sustained African-American families over the years have been the foundation of family stability and achievement.

RELIGION

As they built the African-American church in America, West African traditions were still alive in the memories and instinctive desires of the African slave. The African-

American's acceptance of Jesus, the God Man on these shores, gave to the enslaved African a divine savior who meet all of his needs and to whom he could turn to for security. The African slaves developed their own beliefs, doctrines, and patterns of worship that greatly expressed their own inner feeling about the nature of God (Carter, Walker, & Jones Jr., 1991).

Robert Hill (1977) states that religious orientation is one of the greatest historic strengths of Black families. Over the centuries, the church has become the strongest institution in an African-American communities. It is prevalent, independent, and has extensive outreach. Billingsley (1982), states that there is a general consensus that the church has been a historically important institution for African-Americans. It is important to note that the church has served important functions for African-Americans, including the provision of a belief system for giving coherent meaning to life. As Frazier (1963) and DuBois (1903) have shown, the churches have provided an escape for Black people from their painful experiences.

Black churches are a unique social entity in that they were developed by an oppressed group who was refused access to the institutional life of a broader American society (Morris, 1984). In that role, churches assumed many functions of social organizations (e.g., education, social welfare, civic duties, business enterprises).

The significance of Black churches to community life may be attributed, in part, to their position as one of the few indigenous institutions in Black communities that are built, financed, and controlled by Blacks (Frazier, 1974). The Black church provides spiritual sustenance and a temporary refuge from the discrimination and racism found in broader society. Black churches serve as the organizational hub of community life; furnish outlets

for social expression, a forum for the discussion of political and social issues, and serve as a training ground for potential community leaders (Morris, 1984). The continuing significance of religion and church in the lives of Black-Americans is evident in recent research. Data indicate that religion constitutes a coping resource for handling stressful events (Krause & Fran, 1989).

Literature on coping strategies among African-Americans focus on the role of prayer and religion or religious behaviors (Chatters & Taylor, 1989). Chatters and Taylor (1989) have pointed out, prayer may be used in an attempt to seek direct intervention in a problem; it may be called upon to help change one's perspective on the problem, and/or it may help the individual manage the stresses associated with a different situation.

Black churches have also provided the organizational foundation and human resources for the Civil Rights Movement (McAdoo, 1982). Furthermore, religious institutions have traditionally played central symbolic and functional roles within the Black community. African-American individuals have engaged in comparatively high levels of formal religious organizational roles as well as private religious practices (Levin, Taylor, & Chatters, 1994). The role of the church in the life of African-Americans has been well documented (Poole, 1990). The Black church has been described as a unit of solution offering insights into life's meaning, providing its members with "a structured response for dealing with life changes, and serving as both a stabilizing force and a force for positive change." The uniqueness of the Black church as a unit of solution makes it also a potentially effective unit of practice for addressing health and social problems (Minkler & Roe, 1993).

African-American people have traditionally held spiritual values as very important. The Black church represents the vehicle for the expression of this sense of reverence and

search for transcendence over life and death. Religion and spirituality continue to be dominant values among African-Americans (Dillard, 1987). Not only have the church and religious belief system served as a source of strength, but the church also has been an organizational base for social action (Taylor & Chatters, 1991). The African-American church is the most important institution in the African-American community. It's influence is so far reaching that some scholars say that the African-American church is the African-American community (Carter, Walker, & Jones, 1991).

Blacks believe that religion was very important in their lives when they were growing up. Many still believe that the church is a very important influence in their lives and it is very important to send their children to church (Billingsley, 1992). Ellison's research further indicates that it is very important for African-American parents to take their children to church.

FAMILY

Many scholars consider the family, especially the extended family, to be the institution most responsible for the survival of African people in the United States and elsewhere in the Americas. Some might argue for the primacy of the church, because of its centrality in the lives of African-American families, but even they would have to acknowledge the more pervasive role of immediate and extended families in providing for the well-being of their members.

Not surprisingly, throughout the Americas surviving features of African family structure tend to be strongest among lower-income segments of the Black population. When we speak of extended families among African-Americans, it is referred to as

households in which family members reside such as grandparents, as well as, blood relatives or non-related individuals, who are part of the family.

EDUCATION

Blacks have always embraced the central values of society, augmented those values in response to the unique experiences of slavery and subordination, incorporated them into a strong religious tradition, and exposed them fervently and persistently. Among these values are found the primacy of family, the importance of education, and the necessity for individual enterprise and hard work have been fundamental to Black survival (Billingsley, 1992).

Among all the sources of survival, achievement, and viability of African-American families, education has played a preeminent role. The thirst for learning, like the thirst for life, crossed the Atlantic with the captives. Education has been the traditional opportunity through which Black families found their place in life. And having found it, they replicate their experiences again and again through their children.

For more than a hundred years, each generation of Blacks has been more educated than the one before. The value African-Americans place on education has always been extraordinarily high. There is a deep historical and cultural belief in the efficacy of education. Blacks have sought education in every conceivable manner and at every level. Even in the dilapidated log cabins of slave quarters the desire for education was nurtured and strengthened as an integral part of the socialization patterns and kinship networks of Black men and women in bondage (Lightfoot, 1989). When the opportunities in the

educational system were opened up briefly during the 1960s and early 1970s, Blacks demonstrated their capacity to take advantage of them.

Some Black families place a very high value on education of their children. Educational orientation is, therefore, a focus of strength for families (McAdoo & McAdoo, 1985). Black parents have always wanted their children to go as far as they could in school, at least through high school. Improvement has been noted even if it has not been steady. What must also be understood is that Black families are often so overwhelmed by survival demands that they have not been able to monitor or intervene effectively in their children's education process (Boyd-Franklin, 1989).

Lawrence-Lightfoot (1978), a Harvard University Professor of Education, has shown through her research that Black families have a passionate commitment to education and will cooperate with the schools to insure their success if given proper leadership, support, and guidance. Education for the next generation is valued. However, it is often difficult for young Black people to obtain a good education because of factors within their environment, including peers, and pressures of society, which continuously challenges the youngsters into other pursuits.

African-Americans have always valued education from slavery until the present. Therefore, many of these substance abusing mothers know that their children cannot be successful without education. They do not want their children to follow in their footsteps by getting involved in drugs. Mothers believe that education, even a high school education is very important and praise is readily given when their children enter college.

ENDURANCE

Endurance is defined as the act or an instance of withstanding hardship (American Heritage Dictionary). Endurance is a concept of resiliency, to endure is to have resiliency. Endurance is the family system's ability to adapt and survive in the face of adversity. It is also reflected in the family's ability to shape resiliency in children and other family members. When defining endurance, successful functioning in the face of adversity and the process of overcoming disadvantages are its main focus. We find endurance in children who have developed a sense of hope in spite of their environments. The common cultural patterns that have contributed to endurance in African-American families are the supportive social networks, flexible relationships within the family unit, and a strong sense of religiosity.

The African-American culture is one of resistance, essential to the struggle for group survival. In the best of times, this is a trying endeavor. But in the worst of times, with growing members of women and children who make it on their own, they go on and persist/endure despite the odds. The reasons for this endurance are many, but are most often due to cultural and experimental repertoire manifested in the nature of family relations (McCubbin et al., 1998).

AFRICAN-AMERICAN PARENTING

Most Black parents, like most parents, socialize their children to become self-sufficient, competent adults as defined by the society in which they live (McAdoo, 1992). For Black families in the United States, socialization occurs within the ambiguity of a

cultural heritage that is both African-American and Euro-American and a social system that espouses both democratic equality for all citizens and cast-like status for its Black citizens.

Within this context African-American parents have socialized their children to be aware of the many roles expected of them. Parent-child bond centers on the unconditional expression of love. The interpersonal relationship between parent and child could, therefore, be characterized by parent anger, punishment, and disappointment as well as the child's mistakes, failures, and misbehavior without canceling out the love associated with the parent-child bond (McAdoo, 1992). African-American parent-child interactions are characterized by an atmosphere or attitude that emphasizes strong family ties or orientations, unconditional love, respect for self and others, and the assumed natural goodness of the child.

Discipline techniques of Black parents have often been noted by observers of Black parent-child interactions. Many researchers have described Black parents' use of more direct physical forms of discipline. This differs from the psychologically oriented approach often preferred by mainstream families, such as withdrawal of love or approval or affection which is contingent on the child's behavior or accomplishment. The strict, no-nonsense discipline of Black parents — often characterized as "harsh" or "rigid" or "egocentrically motivated" by mainstream-oriented observer (Chilman, 1966), has been shown to be functional and appropriate when the discipline is administered by caring parents (Peters, 1981).

Many Black parents view themselves as strict because of their use of physical punishments as opposed to verbal punishments. Furthermore, these families take pride in

being of the "old school," firmly upholding such beliefs as those expressed by the maxim "spare the rod, spoil the child" (Boyd-Franklin, 1989).

Another important feature of African-American parenting is the fact that they utilize a support system. This might include blood and non-blood extended family members, church members, friends, and other community supporters. Families are not totally cut off and are not afraid to ask for help when it is needed. If a father is not involved, other men in the extended family or the broader network are utilized as male role models. Children have a sense of belonging to a family.

Prenatal Substance Abuse Issues: Drug Culture

In the mid-1980s, when crack/cocaine became easily available, it caused a tragedy of a lost generation of young African-American men. The tragedy, however, is not contained within one generation but has spilled over to young African-American women of child-bearing age and to a new generation of African-American children (Mahan, 1996). These teenage daughters of young adult women/mothers of the mid-1980s have begun the cycle of creating a new generation of tragedy. The difference is that this generation has entered the world with disabilities.

Although using crack/cocaine never became overly popular in the general population, its appeal in the majority of the nation's inner cities has endured. This culture in which mothers and their families reside is considered a subculture which has been named "crack world" (Mahan, 1996). This culture is the epitome of poverty, ethnic segregation, and polarized gender relations. It is not an aberration of life in the United States but a reflection of it (Ouellet, Wiebel, Jimenez, & Johnson, 1993). This subculture, crack world,

shows the underside of the American dream. Crack world is found in a community with problems of poverty, crime, child abuse and neglect, unemployment/underemployment, homelessness, prostitution, and drug addiction being only the obvious. Additionally, these neighborhoods suffer from poor community health care. In some cases, the churches, the press, and the family have lost power. The people exist on the economic margins, more and more dependent on the will and decision of outside forces (Mahan, 1996).

Residents of crack world have lost alternatives in the legal employment market because of structural changes in the economy. During the 1980s, poorly educated ill-prepared people in low income communities had no place in the economy of technological innovations. Along with disorganization of the community is the degradation of municipal services supporting health, housing, and education for the poor. Crack subcultures continue to be found amid the ruins of American society (Zinberg, 1984).

According to the Bureau of Justice Statistics, 1990 National Household Survey on Drug Abuse, the prevalence of illegal drug use is higher in large than in small metropolitan areas and non-metropolitan areas. This increase of crack use after the mid-1980s has been described as a symptom of ongoing, social disintegration of America's inner cities (Koester & Schwartz, 1993).

DRUG EXPOSED CHILDREN

It has been fairly clear for many years that abusing substances during pregnancy leads to higher risk for the mother, the pregnancy, and the child. Increased use of illicit drugs by high risk populations has strengthened concerns about its potential developmental effects on infants. Unfortunately, the identification of the drug abusing mother and her drug

exposed infant is not easy. Maternal admission to use of drugs is not frequent. Information about use is often inaccurate because of the fear of consequences stemming from such admission.

Effects of drug exposure vary, it depends on the type and amount of drugs used, the stage of pregnancy in which drug use occurred, the frequency of that use, and how environmental, physical, and psycho-social elements affect the mother. In many cities one out of ten babies are born with cocaine in their urine. However, not all infants prenatally exposed go through withdrawal symptoms. Effects from drugs that act on the metabolic, central nervous system, or endocrine systems functions may not be apparent until specific developmental stages later in the child's life, perhaps as late as latency or adolescence (Soby, 1994).

Children prenatally exposed to drugs constitute a vulnerable at-risk population. While the full impact of such exposure remains debatable, those who remain with such drug using parents are likely to be exposed to a number of factors that may attenuate deficits. Children prenatally exposed to drugs are at increased risk for many if not all of the characteristics associated with abused children (Coles & Finnegan, 1991). Thus, the prenatally drug exposed child and the drug abusing mother are likely to constitute a high risk dyad for abuse and neglect. The combination of a prenatally drug exposed child and a drug abusing mother can result in a non-optimal child rearing environment that may exacerbate the biological effects of prenatal drug exposure.

Illicit drug use can lead to a deviant drug-seeking lifestyle often involving criminal activities. Parent-child separations resulting from periods of incarceration further contribute to family disruption. Addicted mothers often lack appropriate role models for

parenting and dysfunctional roles learned in their families of origin can lead to a transgenerational cycle of deficient parenting. Prenatally drug exposed children who remain with their drug using parents may endure environmental factors that accentuate the effects of in utero exposure. Drug abusers are often unable to maintain an intact family, so their children grow up with only one parent and with limited economic and human resources. These children often reside in low income communities that are frequently high crime areas. Many of our ethnic/racial children in inner cities are also exposed to environments that are characterized by violence, instability, racism, and poverty.

Children affected by prenatal drug exposure are a growing concern of society, especially as these children attend school. Most research has been designed to examine the effects of prenatal drug exposure on development and has focused primarily on the neonatal period to the first two years of life (Hans, 1991). Because this is a relatively new phenomenon, few investigators have had the opportunity to follow samples of drug exposed infants to school age. Even with the limited research, it is indicated that a supportive care taking environment may do much to compensate for a child's early exposure. This leads investigators to believe that children exposed to drugs prenatally are at risk but not necessarily doomed (The Future of Children, 1993). However, questions concerning the effects of drugs on development, such as the extent of the role of the child's environment (including nutrition and care taking) and the impact of the child's exposure to violence in the home, require years of research.

It appears that children born to women who use illicit drugs are at high risk of neglect both physical and emotional, as well as sexual abuse. As described by Welschieder (1981), the disease of chemical dependency affects all members of the family. When drug

dependent women try to satisfy their drug use, the children are caught in a social economic whirlpool that continues spiraling downward in a vicious cycle.

Drs. Chasnoff and Griffith at Chicago's Center for Perinatal Addiction at Northwestern Hospital have been following a group of over 200 infants, who were born prenatally exposed to crack/cocaine as well as marijuana and/or alcohol. Their results indicated that drug exposed infants and toddlers were within the normal range in structural developmental assessments of cognitive and motor abilities. However, approximately 30 percent to 40 percent had language and/or development problems such as, lack of tolerance for frustration, distractability, and difficulty organizing their behavior (Kronstadt, 1991).

Another study conducted by Dr. Judy Howard (1988) compared prenatally drug exposed eighteen month old toddlers with a comparable non-exposed group. The research looked at intellectual functioning, quality of play, and security attachment to the parent or parent figure. The findings indicated that drug exposed toddlers had significantly lower scores on developmental tests, but fell within the lower average range in unstructured free play situations requiring self-organization, self-initiation, and follow through without the assistance of an examiner. Studies also show that drug exposed toddlers showed striking deficits, associated with problems in language development, impulsivity, less goal directed behavior, and less secure attachment to care givers (Harping, 1989).

At the Los Angeles United School District Program for three and four year old children prenatally exposed to drugs. Staff reported that the children showed high sensitivity to their environments. Noted were signs of agitation, irritability, hyperactivity, speech and language delay, and poor task organization processing. There were also

emotional problems related to difficulty with attachment and separation, passivity, apathy, aggression, and poor social skills.

The Perinatal Center for Chemical Dependence at Northwestern Memorial Hospital, followed the developmental progress of 263 prenatally drug exposed children. Data were evaluated over two years and compared with a controlled group of children whose mothers had not used drugs during pregnancy. This study indicated that drug exposed two-year-olds' scored poorest on developmental tests that measured abilities to concentrate, interact with others in groups, and cope within an unstructured environment. However, the drug-exposed children scored within the normal range for cognitive development (National Association for Perinatal Addiction Research & Education, 1990).

Studies of school-aged children prenatally exposed to drugs are important because of the need to know how drugs affect the children's capacity to pay attention, regulate their emotions, and other developmental factors (The Future of Children, 1993). Because these functions cannot be evaluated accurately in infants and young children, conclusions regarding possible lasting neuro-behavioral effects of prenatal cocaine exposure, cannot be drawn. Only through rigorous scientific studies conducted on school-aged children that our understanding of prenatally drug exposed effects on children can be validated (The Future of Children, 1993). Furthermore, due to major shifts in behavior around the time children enter school (Hans, 1991), there is a need for continued research into the school years to validate the effect of prenatal drug exposure, if any, on the developmental growth of children.

The literature shows that limited research has been conducted on school-aged children who were prenatally exposed to drug abuse and the relationship between the

children's family and school microsystems. This being a relatively new phenomenon with the drug of choice being primarily crack cocaine, current literature only includes research on infants and toddlers and less with older children. It is clear that data collected on this age group do not provide accurate and reliable data on school-aged children prenatally exposed to drugs.

Although present, we are able to identify characteristics of infants and toddlers who were prenatally exposed to drugs. Research is needed to address the effects on school-aged children. Teachers have been providing an education to children affected from prenatal exposure to drugs in the classroom all along. Yet very little has been published addressing the educational needs, successful learning environments, and instructional techniques specifying students with cocaine effects. Therefore, research needs to begin to address the effects on school-aged children. These are the data researchers lack.

Characteristics of Substance Abusing Mothers

Substance abuse is clearly a major problem in today's American society. Substance abuse is not a phenomenon attributed to a single cause or even to a small number of causes but is a multifaceted problem. This problem of substance abuse was once viewed as a man's disease. In recent years, women of child bearing age have become the primary users of illicit drugs.

In 1985, a survey by the National Institute on Drug Abuse showed that about 23 million people in the United States used illicit drugs (Abelson & Miller, 1985). A sizable portion of these drug users are young women. Frequently the same population of young women who have unplanned pregnancies. According to Abelson and Miller (1985), drug

abuse among expectant mothers is perhaps the most expensive, complex, and pernicious health care problem of this era. Since 1989, when crack/cocaine using pregnant women attracted public attention, the issue has been examined from mans perspective. There is still controversy concerning the problems of drug use during pregnancy.

Major concern of society should be the suffering of African-American women of all ages and their families from the devastating effects of the crack/cocaine epidemic. This phenomenon has besieged many African-American communities. When African-American women who are addicts become pregnant and continue their substance abuse, they place their children in jeopardy. If substance abuse continues, some mothers may respond with violent, erratic behavior, subjecting their babies to possible physical abuse and injury. Mothers may possess an intense primary commitment to drugs rather than to their children. Consequently, some infants and children become the innocent victims of their mother's neglect, abuse, and possible abandonment.

Under certain circumstances, infants are not allowed to leave the hospitals with their mothers because of possible danger to the child. This is a nationwide problem. Social workers in the child welfare placement agencies are greatly challenged by the increasing demand for out-of-home placement of PDE children. Infants are sometimes abandoned by their mothers, who cannot care for them or those who choose not to be responsible for their care. Some mothers are allowed to keep their infants provided they enter drug treatment programs and attend supervised parenting classes.

The characteristics of these mothers are very similar. Many were first exposed as children to their own parent's drug use. Almost without exception they come from families of neglect and/or abuse. Whereas, some type of traumatic event has been experienced in

early childhood which was considered the norm rather than the exception. Many of the addicted mothers often lack appropriate role models for parenting.

Studies indicate that addicted mothers are usually of lower intelligence, are more impulsive, self-centered, emotionally immature, and have low self-esteem (Mahan, 1994). Contrary to public belief, they are not teenage mothers, but in their early twenties and thirties, usually a high school graduate and in many cases in the workforce. Many of the mothers are more dependent on publicly supported programs, such as, housing assistance, Medicaid, child care, food stamps, and/or supplements such as money. Often addicted mothers with young children cannot earn enough from low minimum wage jobs to support their families and justify working outside the home.

Census data (1988) indicate that the income problems of Black single parents, are rooted in the reality that in this country, men earn more than women and Whites earn more than Blacks. Black single mothers earn the lowest of all people. High levels of unemployment and underemployment have historically plagued Black single mothers along with lower levels of education, lack of work experience, and discrimination based on race and sex (Sawhill, 1978). Even the perception held of Black single mothers have consisted of distortion, myth, and outright lies (Geiger, 1992). Their inability to earn a decent income have left them in poverty and force them to become welfare recipients.

Many Black single mothers are receiving welfare, for they lack the education and skills necessary to acquire jobs that will sufficiently support their families. Additionally, being exposed to drugs and abuse make matters even more difficult and there seems to be no way out of their circumstances. With the help of more available family oriented drug treatment programs there is hope that addicted women will be able to help themselves.

Drug Treatment Programs

Women are a minority population in the majority of drug treatment programs. Many outcome studies of addiction treatment programs omit women from their patient population. Therefore, a significant gap exists in the understanding of the characteristics and successful outcomes for women. Most treatment programs operate on a male-oriented model, most patients and treatment providers are men. There is a lack of orientation to women's particular social-emotional and medical needs. Many programs accentuate the addicted women's social isolation. Many do not address the economic barriers by providing appropriate job counseling, vocational training, housing, or parenting skills. As a result, women continue to under-utilize substance abuse treatment programs.

An important issue for women who abuse crack/cocaine is finding access to treatment programs that consider gender specific problems. In 1990, treatment programs were available to only a few of those who needed them. Despite increased need, resources for treatment began declining after 1994. According to those concerned with treatment for women at the U.S. Center for Substance Abuse Treatment, Division of Clinical Programs, Women, and Children's Branch (CSAT, 1994), the lack of access to treatment for women is serious. There are too few programs that offer appropriate and high-quality services that address the needs of women and children (Brown, 1996).

There are treatment programs recognized for drug dependent women and their children. These programs generally deliver a combination of medical and social services. The primary goals are to help mothers stop using drugs and prevent or ameliorate the negative effects of maternal drug use on children. They focus on both mother and child,

realizing that their needs are inseparable and that one cannot treat only half of the family without treating the other half.

The Institute of Medicine Committee (IOM) estimated that there are approximately 105,000 pregnant women each year who need drug treatment. Only 30,000 of these women receive any form of treatment and very few of these are in programs with comprehensive family focused programs.

Beschner and Thompson (1980) surveyed programs concerned with provision of services for drug abusing women. Nationwide twenty–five programs were found serving 547 women. Roughly half of the programs provided psychological and family counseling and a third provided skill assessments and education. There were a few outpatient and residential treatment services that accommodated women and their children. Traditionally, drug treatment programs focused exclusively on the individual's drug problem and in relative isolation from the family environment. The complex interaction of the mother's behaviors and psycho-social factors contribute to an at-risk situation for the child's development. Linked to this mother-child dyad are outcomes influenced by their social and physical environments of the human ecosystem.

Only a small percentage of addicted women ever enter a drug treatment program. Kumpfer (1985) found that in Utah about 7.3 percent of all women abusing drugs and alcohol were receiving treatment. A 1989 survey commissioned by the House Select Committee on Children, Youth, and Families reported that two–thirds of the major hospitals had no place to refer drug-dependent pregnant women for treatment. The major factor contributing to drug treatment for women, an exclusion of pregnant women from

most existing treatment programs. Furthermore, women in urban areas were much more likely to receive treatment compared to women in rural, isolated areas.

Three primary obstacles to treatments may explain why such a low percentage of women received treatment:

1. The lack of alcohol and drug treatment facilities, and specialized programs for women.
2. The lack of quality female-model (vs. male-model) treatment approaches that are sensitive to women's needs.
3. The fears and sense of isolation experienced by most drug abusing pregnant women (Kumpfer, 1991).

New federal and state initiatives are offering grants to develop new treatment services for drug and alcohol addicted women and children. Many experts believe that the most effective treatment model for pregnant, drug-dependent women is the comprehensive model program. In 1989, the Center for the Vulnerable Child at Children's Hospital in Oakland, California conducted a national search for model programs providing comprehensive services to drug-dependent women and their children. Ten model programs were identified.

One of the most comprehensive programs nationally is Operation PAR (Parental Awareness and Responsibility) in St. Petersburg, Florida. Operation PAR is an alcohol and drug treatment and parent education agency. The agency developed a comprehensive service by providing a "one-stop shopping" for pregnant and drug abusing women. Another model for pregnant, drug abusing women is run by Amity, Inc. in Tucson, Arizona. This programs also offers comprehensive services. Another more recent national

program, the Odyssey House, offers residential comprehensive services for drug abusing pregnant women. Another comprehensive residential treatment program is Hope House, located in Volussia County, Florida.

Many states are beginning to provide help and supportive services to drug addicted mothers and their children. Every long-range solution to these problems ultimately rest within the community systems including social services, family, health care, education, and employment. The focus of these comprehensive programs are on the addicted mothers and their children.

Criminal Prosecution

Due to the controversy concerning criminal statues such as those prohibiting delivery of drugs to minors and their application to pregnant women who use drugs, many mothers fear reprisal from the legal system and do not seek medical help during their pregnancy. These mothers are truly concerned about how the court system applies child abuse and neglect laws to pregnant women who use illegal drugs. Many lower courts have ordered termination of parental rights or temporary loss of custody based on the mother's conduct during pregnancy. However, the Supreme Court rejected the decision that upheld the use of drugs during pregnancy as grounds for terminating parental rights (The Future of Children, 1993).

There is a need to rectify this criminal process. The legislature has tried to pass special crime bills for pregnant women who use illegal drugs. Thus bringing about the attention and effort necessary to expand access treatment programs by addiction of pregnant women and their children.

For more than a decade, law enforcement personnel, judges, and elected officials nationwide have sought to punish pregnant women for their actions for possibly effecting the developing fetus. Pregnant women are being committed or jailed, and new mothers are losing custody of their children (The Future of Children, 1993).

Many researchers have shown that the problems posed by crack addiction and pregnancy are significant (Zuckerman et al., 1989). In 1990, an estimate 375,000 infants born in the United States each year are affected by their mother's cocaine (Fallon, 1990). By 1992, the estimate had shifted to more than 400,000 crack exposed infants born annually in the United States (Metch, McCoy, & Weatherby, 1996).

The criminalization of substance abuse was the one intervention which had the strongest impact on minority addicted pregnant mothers. This approach frightens addicted mothers away from needed care. Mothers are reluctant to seek treatment if there is a possibility of punishment. Strategies used by addicted pregnant mothers included delivering their infants at home or they are not communicating honestly about their addiction problems.

Public policy, in the form of procedures and laws were designed to control women who used drugs during their pregnancy. These can be classified into three types: narcotics law which prohibits against possession and distribution to pregnant women, criminalization law which defined fetal endangerment and fetal abuse, and informant law which takes away the rights of addicted mothers. All three types of laws focus on punishing the mother for drug abuse in order to protect the fetus (Mahan, 1996). Controversy exists about unborn fetuses status. For example, at the district level, some courts of appeals have held that a child abuse statistic does not include fetus and,

therefore, the defendant cannot be prosecuted for child abuse based on introduction of drugs into her own body during gestation (State vs. Gethers, 1991). Furthermore, most states do not recognize fetal abuse as child abuse (Kartrowitz, 1989).

Controversy, continues to arise when prosecutors in various states have sought to apply criminal laws regarding whether an addicted pregnant women is in fact delivering drugs to minors. Some states have held special legislative sessions to create new criminal laws and penalties specifically applicable to pregnant women who use drugs, but this effect has been unsuccessful. Although there have been over fifty criminal prosecutions filed in various states against women who have used drugs during pregnancy, many of these have been dropped, dismissed before trial, or overturned by the court of appeals. On the civil side, only a handful of state legislatures have passed legislation clarifying even the most basic questions hospitals and social services workers must struggle with daily.

Some courts have ruled that the use of drugs during pregnancy is by itself a sufficient basis to trigger a child abuse report and to support juvenile court dependency jurisdiction (Sagatum, 1993). Such cases, however, seldom are upheld on appeal. For example, the Court of Appeals of Ohio decided that the juvenile court has no jurisdiction to regulate the conduct of a pregnant adult for the purpose of protecting the health of her unborn child (Cox vs. Court of Common Class, 1988). Another court case in Michigan held that the use of cocaine by a pregnant woman, which may result in postpartum transfer of cocaine through the umbilical cord to her infants, is not the type of conduct that the legislature intended to prosecute under the delivery of cocaine statutes (People vs. Hardy, 1991). A New York court also held that a defendant cannot be charged with endangering the

welfare of a child based on acts that endanger the unborn (People of New York vs. Melissa A. Morabitos, 1992).

A large number of criminal actions against cocaine abusing pregnant women originated in Florida, reflecting a punitive approach to crack mothers. There are more pregnant women in prison in Florida than in any other state, and a number of babies are born while their mothers are incarcerated in the state (Maguire & Pastore, 1994). However, Florida has also been a state in the forefront for offering drug treatment for pregnant mothers.

In 1986, one of the first criminal prosecutions for actions during pregnancy was brought against Pamela Rae Stewart. California used a criminal child support statute for "failing to follow her doctor's advice." The case was dismissed. On the grounds that the legislature never intended the child support statute to be used as a mechanism for regulating a pregnant women's conduct.

On July 1989, Jennifer Johnson was convicted in Florida, for delivering cocaine to her newborn daughter through the umbilical cord. However, in July 1992, the Florida State Supreme Court overturned the conviction. Criminal and civil laws have been overturned because the law is clear about the legal conception of a "person" which does not include a fetus (Spitzer, 1987) and the Supreme Court has ruled that no state of development of a fetus is a "person" with legal rights separate from those of the mother (Paltrow, 1990).

Critics against criminal prosecution believe punitive approaches are insufficient and counterproductive. Punishing women who become pregnant while addicted to drugs is not an effective way to get women to stop using drugs or to protect the health of their

developing babies. Furthermore, punitive approaches undermine medical care services, because mothers no longer tell the truth about their drug use nor would they seek prenatal care. Punitive approaches fail to resolve addiction problems and they ultimately undermine the health and well-being of women and their children. Punitive approaches are unconstitutional because women are losing their children and their rights based on unfounded interpretation of laws never intended to apply to their conduct during pregnancy (Paltrow, 1991).

Additionally, critics believe that education and drug treatment programs designed for women would be more beneficial than incarceration. Criminal prosecution needlessly destroys the family by incarcerating the mother when alternative measures could both protect the child and stabilize the family (Spitzer, 1987). For these reasons, public health groups and medical organizations uniformly oppose measures that treat pregnant women with substance abuse problems as criminals.

Court rulings against substance abusing pregnant women have been overturned because these punitive measures are counterproductive and/or run contrary to public sentiment. It is believed that these punitive approaches threaten the health of women and their pregnancy and seriously erode the women's right to privacy.

FAMILY CHARACTERISTICS: GRANDMOTHERS AS CARE GIVERS

This section of the literature review focuses on the role of African-American grandmothers, who are raising their grandchildren, as a direct consequence of the crack/cocaine epidemic.

Approximately, 12 percent of all Black children in America today live with their grandparents (U.S. Bureau of the Census, 1991a). In some predominately Black inner-city areas, these rates may be considerably higher. In parts of Detroit, New York, and other cities with large, low income African-American populations, public school principals are acknowledging rates between 30 percent to 70 percent of the children in their public schools are living with grandparents or other relatives.

Grandparents play an important role in extended families. There were some 1.2 million children living with grandparents in 1989. Altogether some 465,000 or 30 percent of these children were being reared by their grandparents with neither of their parents present. Approximately 56 percent or 691,000 of these children have a mother present (Billingsley, 1992).

The role of the grandmother is of importance in Black families. It can also be one of the most complex and problematic. Grandmothers are frequently called upon for economic support and play a crucial role in child care. Many Black children raised in informal adoption situations are raised by grandparents (Hill, 1977). The term "informal adoption" or "childkeeping" (Stack, 1974) refers to an informal social service network that has been an integral part of the Black community since the days of slavery. It began as, and still is, a process whereby adult relatives, friends, and especially grandmothers "took in" children and cared for them when their parents were unable to provide for their needs.

The extended family system among Black-Americans has long been recognized as an important feature of past and current Black family life (Billingsley, 1968; Gutman, 1970) and occurs at a higher rate compared to whites across all economic status (Taylor, 1988). In the past, the Black grandmother was a viable, contributing force in the preservation and enhancement of the Black family and community. Her role in modern society has become that of caregiver, in terms of giving financial and emotional support to her drug exposed grandchildren. Black grandmothers continue to be the major source of strength and security for many Black children.

Hill-Lubin (1986) identifies the grandmothers in both Africa and America as having been significant forces in the stability and continuity of the family and community. Campbell (1987) states that, historically African-American women have always been responsible for the care and nurturance of their families. Landner and Geuirdine (1984) view the role of grandmothers as surrogate mothers for others and infants, as a role that is assumed with minimal reservation. Frazier (1939) identifies grandmothers as "guardians of the generations" who, in their role as heads of the maternal family household, somehow kept generations together and tenaciously watched over the destiny of their family members. Staples (1973) states that African-American women have always been known for two basic qualities: their mothering and their care giving abilities.

These resourceful, energetic, courageous, hard working women have been a significant force in the stability and continuity of the Black family. One of the major and primary role of grandmothers has been to preserve the family at all cost and in many instances to create a family (Hill-Lubin, 1991). Grandmothers are seen as culture-bearers

of literary traditions, transmitter of spirituality, and now mothers to their grandchildren, whose mothers can no longer care for them due to drug addiction.

Burton (1989), states that grandmothers taking care of grandchildren is not new because they have historically been primary caretakers in African-American family life and structure. What is new, are the conditions of drug addiction and alcoholism in their daughters that led to their assuming "parenting" responsibilities in their later years. Furthermore, the role of the Black grandparents (typically grandmothers) has been described as more active and direct (Cherlin & Furstenburg, 1986) and as an integral part of the kinship system (Hill, 1972). The greatest instrumental role carried out by grandmothers is consistent with the female-centered kin networks among low income Blacks (Stack, 1974). These networks provide a way for families to survive the hardships of poverty by sharing resources (Cherlin & Furstenberg, 1992) and care giving.

An extensive review of literature indicated limited references made concerning African-American grandmothers as primary Care givers to their crack/cocaine exposed grandchildren. The few references that do exist focus only on a few case studies of grandmothers raising their crack/cocaine exposed grandchildren (Mahan, 1994). The literature emphasizes the stresses, hardships, and financial woes related to this added burden (Mahan, 1994) as well as grandparents assuming parenting responsibilities for daughters who are adolescent mothers (Colletta & Lee, 1983).

FOSTER CARE

While drug abuse cuts across all socio-economic, racial, and cultural lines, children and families hardest hit by the drug epidemic are disproportionately found in impoverished, ethnic/racial communities. The child welfare system is increasingly called upon to address their complex, interwoven, and multiple needs (U.S. Advisory Board, 1990). Special service agencies have always had a great deal of power in poor Black communities. As evidence to this power is the number of Black children who are disproportionately over-represented in foster care homes and facilities (Hill, 1977). While exact numbers are elusive, child welfare providers are now confronting increasing numbers of toddlers and preschoolers affected by drug exposure and/or by devastating postnatal environmental factors related to parental chemical involvement.

While it is difficult to establish a casual relationship, drug use has become the dominant characteristic in child protective services (CPS) caseloads in twenty–two states and the District of Columbia (Gall, 1990). The Adoptive Assistance and Child Welfare Act of 1980, the current child welfare law, mandates agencies to make "reasonable efforts" to prevent a child's placement in foster care and to unite the family during specific time periods if foster care is necessary. However, critics argue that the system and its laws do not meet the needs of the new generation of drug exposed infants, toddlers, and young children.

The child welfare system consists of child protection, foster care, and adoption programs. These programs are engaged when a parent voluntarily submits to them or more often when the state involuntarily intervenes due to some perceived parental unfitness that places the child at risk of harm. The issue of prenatal drug use as a grounds for involuntary

state intervention has been controversial while drug abuse cuts across all races and socio-economic strata, the legal challenges are hardest felt by low income single parent mothers. These mothers are reported to child protection at rates disproportionate to the overall drug abusing population (Chasnoff, 1990).

While drug exposure per se does not dictate the need for foster care, many crack/cocaine infants are abandoned at birth and appear to face no alternative. Many infants born to drug abusing mothers do not remain with the parent and their placement outside the home excessively burdens the resources of the nation's foster care provider agencies. PDE children are having a profound impact on the child welfare system, increasing both the number of referrals to child protective services and the demand for out-of-home care (foster home placements). The need for out of home care has out paced availability of foster homes.

A survey by the American Public Welfare Association and the American Enterprise Institute reveals an overall 29 percent increase in foster care placements over the past twenty–four months. The author notes that most of the increase has been experienced in communities hardest hit by crack/cocaine (Besharow, 1990). This is largely attributed to substance abuse. Drug-exposed infants, toddlers, and preschoolers endangered by chemically involved parents are the fastest growing foster care population (Feig, 1990).

In Portland, Oregon, the number of children who spend part of their earliest years in foster care is growing. In 1989, 10,067 children were in foster care statewide, with 3,162 in Multnomah County alone. This represented an increase of nearly 31 percent in a four year period (Oliver, 1990). According to a July 1990 article in the *Oregonian*, almost

two–thirds of suspected drug abusers and about half of all foster children will never return to their parents.

One New York study found that 60 percent of the babies discharged from a hospital to foster care were still in care three years later (Besharow, 1990). It is well recognized that once in foster care, drug exposed children tend to remain there. It has been estimated that as many as 80 percent of all identified drug-exposed infants of untreated, chemically dependent mothers will be placed in foster care during their first year of life (Jones et al., 1992).

The shortage of foster parents willing to accept children and especially drug exposed children has made it necessary to place more children in each of the available homes, in shifting from one home to another, or in the frequent separation of siblings. Furthermore, due to the shortage of licensed African-American foster care homes, an option receiving increasing attention is to place chemically involved infants, toddlers, preschoolers, and other children with relatives, extended family members, or friends into their homes but usually not for long periods of time (Smith, 1995). Approximately half of the cocaine-exposed newborns are discharged from hospitals directly into the care of maternal grandmothers (Office of Inspector General, 1990).

The Interface between the Family Microsystem and the School Microsystem

The microsystem is the immediate setting in which the child is an active participant. Bronfenbrenner's (1989) speaks of the microsystem as a context of interactions experienced by the developing person. The child influences and is influenced by the microsystem. Look around you and see where the children are. They are at home, in the

neighborhood, and in schools. Each of these places has a set of roles and relationships; parents/children, leaders/followers, and teachers/students. The setting of a school is very different in June than it is in September for the same children, who, of course, are themselves not the same as they were at the beginning of the school year.

The child's microsystem becomes a source of developmental risk when it is socially impoverished. The child's development suffers whenever the microsystem is limited, be it because of too few participants, too little reciprocal interaction, or some combination of the three (Garbarino, 1992).

The mesosystem is the relationship and the interface between two or more settings in which the child is an active participant, such as the school and the home/family. The stronger, more positive, and more diverse the links between settings, the more powerful and beneficial the resulting mesosystem will be as an influence on the child's development. When the microsystems work in concert the child benefits from a strong mesosystem. The home/school mesosystem is strongly positive for some children. There are many connections, and there is mutual support between the two settings. The child's parents are interested and involved in the school. The home works with the school's basic activities. However, when microsystems are weak or work in isolation the child is at risk. Such as when school and home views on culture or child rearing practices differ.

The home-school mesosystem is one of the most important in a child's life. When it is strong and positive, it provides the child with the opportunity to develop intellectually and socially and become a more actualized human being. When it is weak and negative, it burdens the child with conflicts of values, styles, and interests.

The connection between parents/families and schools has deep roots in American education. One of the most powerful ways of defining the family-school relationship is by gaining family support (Kagan & Weissbourd, 1994). Understanding this, schools encourage parents to participate in school activities by involving parents in a home/school partnership. The key to parental involvement is through open communication, schools use a variety of forms to build this relationship such as: open houses, parent-teacher conferences, telephoning, writing notes, school visits by parents, home visits by school personnel, and parents' signing children's completed homework.

However, there are those who criticize the involvement approach to parent-school relationships. For example, Lightfoot (1978) contends that "Parent-Teacher Association meeting and open house rituals at the beginning of the school year are contrived occasions that symbolically reaffirm the idealized parent-school relationship, but rarely provide the chance for authentic interaction" (p. 28).

SUMMARY

Chapter II provided the literature review of topics directly related to the prenatally drug exposed school-aged children family and school microsystems. The literature review included discussions of the biological and foster mothers and grandmothers as the primary caregivers for these children. Furthermore, the chapter reviews treatment programs, incarceration, African-American familial and social issues as variables in caring for these children.

The methodology section is presented in Chapter III. This methodology is used to answer the main question dealing with the relationship between prenatally drug exposed

school aged children, family, and school microsystems. The use of an exploratory, descriptive, illustrative case study approach provided the basis for examining this topic.

CHAPTER III

RESEARCH METHODOLOGY AND DESIGN OF THE STUDY

INTRODUCTION

The current study uses an exploratory, descriptive and illustrative case study approach by examining emerging themes of these families. Data were collected in their naturalistic environments and of interest was the question of how these families cope with problems associated with their school-aged children who were prenatally drug exposed.

The study utilizes a mixed design of both qualitative and quantitative methods. The study examines the relationships between the children's family and school microsystems. The purpose of this study is to examine the themes and patterns that emerge in order to provide an understanding of the relationships of prenatally drug exposed children's family and school microsystems.

SELECTION OF PARTICIPANTS

The participants for the study were selected using a snowball sampling method. The basic idea of snowball sampling is to obtain sufficient information from a known instance of the phenomenon as well as to be able to identify and locate subsequent instances for observation (Jorgensen, 1989). This method is useful when the phenomenon of interest is obscured, hidden, or concealed from the viewpoint of the outsider. This method has been

utilized with studies in areas such as crime, deviance, and drug dealing, and is applicable for the design of this study as well.

This is a study of five families whose children attended two inner-city elementary public schools in a Michigan community with a population of 69,512. The two schools were located in the northeast and southeast parts of the city, known for high drug trafficking and high crime rates. Included are children who received a general education, and others who received special education. Families had low social-economic status and received some form of governmental assistance, such as children qualifying for free or reduced breakfast and lunch. The selection of these children and their families reflect the majority racial makeup of the schools.

The principal and his staff, the school social worker, psychologist, and teachers, were given a synopsis of the study along with the criteria for the participants. The criteria for this study included:

1. Participants were prenatally drug exposed children and their primary caretakers.
2. Participants were children, six to ten years of age, with a confirmed history of prenatal drug exposure and their primary caretakers.
3. Participants were prenatally drug exposed (PDE) children attending public school, preschool to fifth grade, and their primary caretakers.
4. Primary caretakers were given written consent.

Additional criteria included:

1. Primary drug of choice crack/cocaine.
2. Children currently between the ages six to ten.

School personnel identified some of the families, while others were identified by other case families. There were a total of ten families identified. However, problems arose with the selection of families based on the criteria. Two families were excluded because they did not meet the criteria based on the primary drug of choice, which in their case was alcohol. Two other families refused to participate. They stated to the researcher, "This was a mistake. My children were not prenatally drug exposed." Finally, another mother refused. She did not want to be a part of the study because of the information included on the consent form related to the reporting of child abuse and neglect. Five families remained who were willing to participate in the study. Due to the nature of this type of study which includes use of ethnographic interviews of participants, observations as well as teachers, psychologist, and social work data, taken during home visits, in school sites, and quantitative assessment of the participant, five cases were deemed adequate.

METHODOLOGY

In order to provide a basis for understanding the effects of prenatal drug exposure on mother–child interactions and relationships between the family/child and the school, the theoretical frameworks of Human Ecology, Family Ecology, and Social Learning Theory, were identified to guide the development of this research study.

As recently as fifteen years ago, alcoholism and drug abuse were viewed primarily as "men's diseases." However, in the last few years increasing attention and concern have been given to women's substance abuse and their effects on their family ecosystem.

The theoretical frameworks best suited for this design are the Bronfenbrenner Human Ecological Model, the Family Ecosystems Model by Bubolz and Sontag (1993) and

Bandura's Social Learning Theory (1977). These models provided the foundation for a description and understanding of the ecological relationships of prenatally drug exposed children in the microsystems of the family and the school.

Bronfenbrenner refers to his models as a "person–context model." In the "person–context model," the characteristics of both the person and the environment are taken jointly in the study of development. Bronfenbrenner describes ecological niches as the regions in the environment that are especially favorable or unfavorable to the development of an individual's particular, personal characteristic. This explanation of person context fits well into this study. Characteristics of their families and environments were taken into account together in order to describe and explore how PDE children adapted. It was reasonable to assume that this "person–context model" would enable the investigator to carry out this research with the minimal possible negative effects on the children and their families.

According to Bronfenbrenner, there are four sources of influences on an individual's development. The first source is interaction within the immediate and most powerful setting; for these children they are the family, day care, and school (Figure 3.1). Bronfenbrenner defined the level of organizational influence as that which affects the living organisms, in this case the drug exposed child.

The second source is interrelations among the major settings containing the child such as between family and school, which are called the mesosystem. Then there are formal and informal social structures that affect the child such as the media, neighborhood, and other agencies forming the ecosystem. Lastly, the macrosystem encompasses the ideological patterns of the culture and subcultures of the setting in which the individual functions

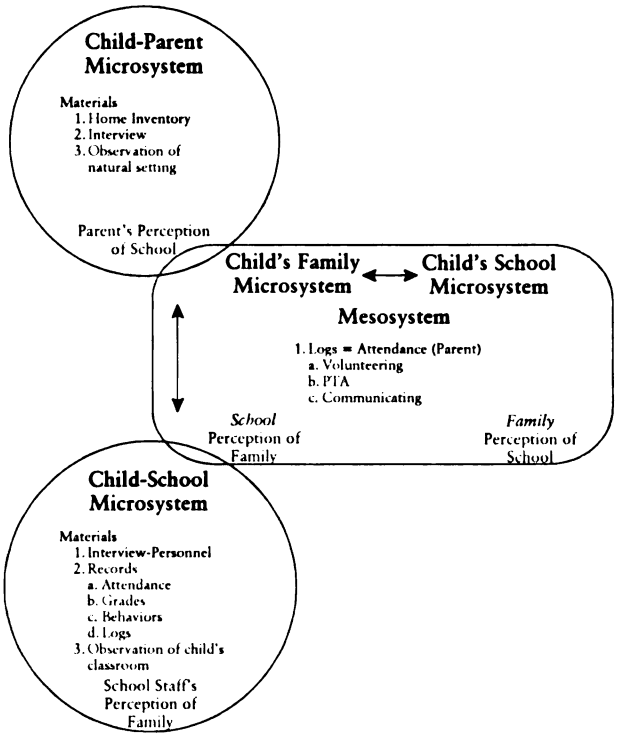


Figure 3.1. Ecological Measurement of Variables

(Bronfenbrenner, 1989). Bronfenbrenner use of these four levels of organizational influences helps to delineate the boundaries of the participant's contexts.

Since contextual conditions are very important in determining the influences they have on the developing child, the use of the family ecosystem approach enabled this researcher to investigate the relationships of the child's family microsystem in which the child is embedded. This model also focused on the progressive, mutual adaptation of the organism and environment and recognizes that the systems' interactions are interdependent and, therefore, important to the social context of the organism.

An ecological perspective on drug abuse directed the researcher's attention to two kinds of interaction. The first was the interaction of the child as a biological organism with

the immediate environment as a set of processes, events, and relationship. The second was the interplay of social systems in the child's social environment. Garbarino (1992) hypothesizes that it was this dual mandate that allows research to look at both outward forces that shape social contexts and the inward forces that take into account the day-to-day interactions of the child in the family.

Furthermore, Bronfenbrenner's model allows for examining of the context of drug abuse and exposure within the family microsystems. It also helps to identify challenges that affect child development when there are patterns of abuse, neglect, resource deficiency, and stress within the microsystem. According to Garbarino (1992), the child's microsystem becomes a source of developmental risk when it is socially impoverished with too few participants, too few reciprocal interactions, and psychologically destructive patterns or a combination of the three. Garbarino (1992) also suggests that at least one source of imbalance in a child's microsystem may be found in the life histories of the parents (Garbarino, 1992). A parent's substance abuse may cause great difficulty in acting in the best interest of the child. Deep unconscious forces may drive the parent and this can disrupt the child's need for stability within the family.

The quality of the child's family microsystem depends upon its ability to sustain and enhance development and to provide a context that is emotionally validating and developmentally challenging for the mother and child. The ability to enhance the family microsystem depends on what Vygotskii (1979) called "the zone of proximal development," what the child can accomplish alone and what the child can do when helped.

Mesosystem:

The mesosystems are relationships between microsystems in which the individual experiences reality. This system is measured by the richness in the number and quality of its connections (Garbarino, 1992). A quality relationship between the family microsystem and the school microsystem is crucial for the healthy development of the child. These two microsystems are two of the most important contexts and here is where the child spends most of his or her time. These are the systems where most of the child's socialization takes place.

A greater potential developmental risk factor arises when there is an absence of connections or a minimal relationship in the interface between the child's family and school microsystems. When there are conflicts of values between the family and the school microsystems, there is a potential for greater risks. For example, when the school assigns homework and the family does not value the completion of homework. Therefore, the child may or may not complete the homework but in most cases the child does not.

Exosystem:

Bronfenbrenner's third level of organization is called the exosystem.

The exosystems settings that have a bearing on the development of the child but in which the child is not an active participant, such as other institutions in the community. In the exosystem, there is a prevalence of prenatal drug abuse, poverty, and a drug-infested urban neighborhood. Other drug dependent parents also live in this context of poverty-stricken and drug-ridden neighborhoods with no hope of escape. Parents unintentionally affect their children because of their feelings of despair and hopelessness. The microsystem

they share with their children affects the family's day-to-day experiences including drug treatment programs and other support systems if they are involved. The systems do not provide funding for health services in high risk communities (Garbarino, 1992).

Within the exosystem, greater potential for risk also develops when the parent is unable to actively participate in the child's microsystem in a nurturing, responsive, and reciprocal manner. A critical example of this is when drug use affects the parent's ability to obtain employment to support the family. The child interferes with the parent's ability to function to their fullest potential in the exosystem; this results in frustration for the parent, indirectly and adversely affecting the child.

Macrosystem:

The final level of organization is the macrosystem (culture). The meso and exosystem are set within a broad macrosystem, which is made up of ideological, demographic, and institutional patterns of a particular culture or subculture. Potential for risk factor lies in the macrosystem when policy decisions are made that adversely affect the child's day-to-day experiences. For example, laws and legal practices that enable the use and selling of drugs and limit the police force ability to keep drug dealers behind bars. The policies and practices at the macrosystem level illustrate the failure to eliminate the availability of highly addictive illegal drugs. Provisions for adequate treatment programs for drug dependent mothers and their children are also limited.

FAMILY ECOSYSTEM

When Bubolz and Sontag's (1993) family ecosystem approach is added, to this already complex problem, further examination reveals considerations of three conceptually distinct environments, the natural or the physical–biological, the social cultural, and the human built are necessary.

Families are influenced by their social-cultural environments, which involves relationships within the family, school, community, support group, and society, including peer groups, social workers, teachers, other people in the school setting, and relatives. Viewing drug abuse from an ecological perspective allows all the influences to become visible, even those factors the parent brings into the family setting influences the family microsystem (Belsky, 1981).

Human built environment includes the family setting, the neighborhood in which the family is located, the school, and other agencies such as those providing health care and social services. Also included are the artifacts within these human constructed environments.

The natural physical–biological environment of the family refers to the geographical location, natural resources, climate and seasonal elements as well as the other living organisms that affect the contextual conditions of the family and school.

In an ecological framework, the environmental learning processes and strategies used by case families are influenced by the interactions, information, and perceptions held by family members. Their adaptation is the consequences of their relationships with the socio-cultural, natural physical–biological, and human built environmental conditions of their ecosystems.

SOCIAL LEARNING THEORY

The final theory, social learning theory, was proposed by Bandura (1977) in an attempt to explain human behavior in terms of a continuous reciprocal interaction between cognitive, behavioral, and environmental determinants. Social learning theory emphasizes the prominent roles played by vicarious, symbolic, and self-regulatory processes in psychological functioning. Bandura (1977) maintains that by observing the consequences of someone else's behavior, an individual can learn appropriate actions for particular situations. A major concept of social learning is self-regulation. Self-regulation is the capability of individuals to regulate their own behaviors by internal standards and self-evaluation assessments. In the process of self-regulation, individuals make self-rewards (and self-punishments) contingent upon the achievement of some specific internal standard of performance.

Self-regulation is important to the problem of drug abuse. Drug abuse is a self-regulating behavior deemed problematic by society and the family. Drug abuse is seen as regulated around the consumption of drugs. The person's behavior is not random or unpredictable but is purposeful and goal-directed. The high degree of self-regulation is clear when consideration is given to the amount of time and effort needed to obtain the drug, use the drug, conceal its use, interact with other users, and recover from its effects (Thombs, 1994). The concept of self-regulation does not imply healthy behavior but provides a means of understanding its use in reference to drug abuse.

Another important concept in social learning theory is reciprocal determinism. Bandura (1977) defined reciprocal determinism as a person, behavior, and environment continually engaged in a type of interaction. Individuals are capable of reassessing their

behavior, its impact on the environment, and the environment's impact on themselves and their behavior.

Summary

Taken together, Bandura's Theory provides a useful basis for examining the transactual and developmental relationships that emerge as the child and family interact in the family microsystem and the child and school microsystem interact to interface with the other to form the mesosystem. The Human Ecological Model by Bronfenbrenner describes the interrelatedness of the person, the setting, his/her history, and the context in which the person embedded a model for examining the relationship between the child's family and the school microsystem. The Family Ecosystems Model helps to explain the developing person within the context of the family as it manages its resources in the form of inputs, throughputs and outputs. The Social Learning Model explains how substance abuse behaviors influence the social development of the child through continuous reciprocal interaction between cognitive, behavioral, and environmental determinants. This review of the three theories forms the basis of the conceptual framework for this study and help the researcher examine the relationships between the family and the school microsystems.

Research Design

The design for this study is exploratory, descriptive, and an illustrative case study approach using both qualitative and quantitative research methods. The process of this research includes interviews (including the use of open-ended questions), observations of the home and the school environments, Affective Observation Form, family ecomaps,

family genograms, reviews of children's school records, reviews of family histories, and administering of the HOME Inventory of Caldwell and Bradley (1984).

The rationale for carrying out a mixed qualitative and quantitative design was based on the need for gathering more information concerning what actually happens in the microsystems. At the time the research was being conducted, data used were only estimations and had no specific accounting of mothers who exposed their growing fetuses to drugs. Often the addicted mothers continued to use drugs after the birth of the child and were also very mobile. This made it difficult to know much about the family microsystem of drug exposed children.

Under these conditions, the researcher preferred the use of a qualitative inferential method for this study. This allowed the researcher to:

1. Get an in-depth picture (holistic) of what occurs within the home environment for children prenatally exposed to drugs.
2. Get an in-depth picture (holistic) of what occurs within the school environment for children prenatally exposed to drugs.
3. Describe the relationship between the home and the school microsystem for the drug exposed child.
4. Become aware of patterns in the microsystems that are successful and those that are not.

Because of widespread interest in and concern about the effects of drug use during pregnancy, few investigators have had the opportunity to follow samples of drug-exposed infants to school age (Hans, 1991). Many of the studies that have researched drug abuse in women of childbearing age and the effects on their children have been mostly quantitative.

Many of the studies were developed around the intervention of treatment programs and few, if any, studies have occurred in the home environment. This allowed the researcher to describe families in their naturalistic environment and investigate the many questions that arose concerning the lives of drug exposed children and their families.

The use of the qualitative ethnographic method provides an in-depth case study of families affected by prenatal drug exposure. The case study in social science research generates a comprehensive and holistic understanding of social events within a single setting (Aschenbrenner, 1975). The design captures and provides first-hand knowledge of the complexity of real-life situations and processes within naturalistic settings, and an understanding of the subjective meanings that actors give to the behaviors and events that are observed and discussed (Burgess, 1982). By following Yin's (1982) perspective on case studies, answers to the "how" questions rather than the "why" questions are investigated.

Furthermore, ethnographic inquiry focus on obtaining full and detailed descriptions from the participants in the study. There is an underlying concern of qualitative research regarding social organization. The research tends to focus on how people perceive one another, arrange or organize their relationships, and live together in communities and organized groups. Erickson (1986) states that qualitative researchers are concerned about the "social aspect," the relationships between people and how people and their actions together constitute environments for one another (Spradley, 1979).

PROCEDURES OF THE STUDY

The families that consented to participate in the study were observed and interviewed in their natural setting. The choice of school was based on availability of participants. Permission for the study was requested from Michigan State University Human Subjects Review Committee, and the elementary school principal and staff including the social worker and teacher.

The initial contacts were conducted at the children's schools. Once the families agreed to meet with the researcher, initial introductions were made by the school staff, such as the principal, the social worker, or the teacher. During this contact, the potential participant was given information about the study, its purpose, the potential benefits to educate and families, the family's role as participants, and matters of confidentiality and informed consent. After the informed consent was signed, an appointment was arranged to meet with each family for a three to four–hour time frame to draw an ecomap and genogram, adequately conduct an in-depth, face-to-face taped interview consisting of open-ended questions, and to administer the HOME Inventory. Along with the signing of the informed consent, permission was given to school personnel to provide this researcher with related school information on the children. Additionally, the researcher made herself available in person and by phone to the participants.

As stated by Gilgun, Daly, and Handel (1992), "Establishing relationships with one or more participants through interviews are fundamental in qualitative studies of family experiences" (p. 41). In-depth interviews are used to generate highly descriptive and expressive data of the actual thoughts of the participants. A set of open-ended questions serve as a basis to explore and reconstruct the individual's meaning of her/his present

situation. They are used to generate the disclosure of their stories because, as Seidman (1991) said, "...stories are a way of knowing" (p. 1). They provide the skeleton for the interviews.

Upon arrival to the home visit appointment, the researcher again explained the issues of confidentiality and anonymity and the use of pseudonyms, informed consent, and a second chance was offered to agree or decline participating in the study. Once the family agreed to continue to participate, the study was explained to the children and an assent form was read to the children to provide them with an opportunity to agree or disagree to participate. Upon agreement, this researcher initialed the assent form.

The first phase of each family interview focused on the drawing of an ecomap and genogram. This required sixty to ninety minutes. Some drawings took longer because these families were able to share a wealth of information while doing the task. The genogram and ecomap were drawn with the help of all family members, including the children chirping in when the parents gave a wrong date or name. During this process, the families saw an overview of their family's ecosystem, including the families organizational patterns and relationships, and the network of the relationships between the family and their environments. By working together to complete the family ecomap and genogram a trusting relationship was formed between the family and the researcher.

The second phase of the home visit involved the interviews of the primary caregivers with open-ended questions. These interviews varied in time from 90 minutes to 120 minutes. All the interviews were tape-recorded, with permission from the participants to insure accuracy and reliability. The tapes were transcribed immediately after each interview to maintain the accuracy, consistency, validity, and reliability of the responses.

To further insure accuracy and reliability, with consent from the case families, a second transcriber was included who was instructed on the importance of maintaining confidentiality of participants as well as the ethics involved. The fact that this researcher is African-American allowed rapid access to the participants based on common culture, and a sense of common history was felt from the first meeting, opening the arena to intimate and private family experiences.

The same open-ended questions were asked of all participants throughout the interviews, to provide this researcher with an instrument that would serve as an equal denominator among the participants. Each participant answered all questions, however, if a question was refused it was noted in the reflective journal along with any reason given for refusal. Some participants elaborated quite extensively on some questions which led to other questions, while other participants responses were brief. As with all open-ended questions, not all the participants offer the same quantity and quality of responses. If a response to a question was refused, the researcher asked if the participant could elaborate on the reason for refusal. I also allowed participants to bring up any issues about which they wanted to talk about. Although there is always going to be a sense of hierarchy in this type of relationship, this researcher tried to maintain a friendly and egalitarian relationship with the participants.

In addition to interviews, the researcher kept a set of field notes in which I described the interview situations and relevant aspects of the family context immediately after leaving. Additional documentation about the non-taped conversations was entered into the field notes. Moreover, this researcher kept a reflective journal, which included all the steps undertaken in the study, recorded personal reactions, conversations, and interactions with

the participants. The journal contains inferences, emerging questions, assertions, and notes that were taken during and after the interviews to document non-verbals, feelings experienced, descriptions of the participants and the environments, and any other information pertinent to the study.

The third phase of the home visit time varied between sixty and ninety minutes. This phase involved the observation and administration of the HOME Inventory (Caldwell & Bradley, 1984). The inventory is an observational instrument to evaluate the home environment. Some items of the inventory were observed directly while others required indirect questions or statements in order to record the responses. The participants provided a tour of the homes, which included the children's bedrooms, play areas, and areas set aside for homework.

The next step of the study involved identification and contacting the children's teachers. Introductions of the teachers were made by the principal or the social worker. After presenting the teachers with information on the study, they too were presented with an informed consent form which required their agreement and signature. Following the signing of the informed consent by caregivers and teachers, scheduling of classroom observations of the children were made, which included these times; academic to academic, academic to recess, and lunch to academic. Additionally, appointments were made with office staff to review the children's CA60 files for school related history.

The second set of interviews consisted with the teacher directly involved with the education of the prenatally drug exposed children. The interviews varied between thirty and forty–five minutes. The interviews consisted of seventeen open-ended questions and were tape recorded with the consent of the teachers. The same open-ended questions were

asked every PDE teacher to provide an equal denominator for the teachers. The teachers answered all questions. A couple of teachers were somewhat guarded in their responses in the beginning, but became more at ease as the interview continued. While other teachers were very open and elaborated on certain questions. Additionally, after the interview, the teachers provided copies of report card grades, attendance, parent participation logs, and suspension. Further, psychological and/or social work evaluations/reports and any other records were reviewed in the children's CA-60 files.

Finally, a second set of observations included those of the children in their classrooms. The children were observed over a period of two months, October and November 1997, to document their behaviors during three transitional periods. These transitions were denoted by transitional periods which consisted of: academic to academic, academic to recess, and lunch to academic. The observations of academic to academic and academic to recess occurred during the morning, while lunch to academic occurred in the afternoon. Under some circumstances, it was virtually impossible to maintain the exact time frame for each student's observation. This researcher utilized an Affective Observation Form to rate each behavior performed during the observation.

Confidentiality was maintained by handling all data in an anonymous manner. Actual names were encoded and not used in any of the reported data, reflective journals, or transcribed notes. All information was secured in a locked filed cabinet in my home.

INSTRUMENTATION

Data were collected using the Home Observation for Measurement of the Environment Inventory (HOME). HOME Inventory is designed to sample certain aspects

of the quantity and quality of social, emotional, and cognitive support available to young children within their homes. The HOME Inventories consist of sections for: Infants and Toddlers (birth to age three), containing forty–five binary-choice items clustered into six subscales; Early Childhood (three to six years) containing fifty–five items clustered into eight subscales; Middle Childhood (six to ten years) containing fifty–nine items clustered into eight subscales; and Early Adolescent (ten to fifteen years) (Caldwell & Bradley, 1984).

The items in each subscale of each inventory are scored individually with a "yes" or "no." The variables of the HOME Inventory are measured at the nominal level. Its reliability is determined through internal consistency and test-re-test reliability. Reliability ranges from .44 to .89 for subscales on the Infant and Toddlers Inventory and is .89 for the total score (Caldwell & Bradley, 1984).

The HOME Inventory was chosen because the researcher needed a way of measuring the children's home environments. Furthermore, it was chosen because the inventories have moderate to high correlations concurrently and across time (Gibbs & Teti, 1990). Studies which used the HOME Inventory during middle childhood obtained low to moderate correlations between HOME subscale scores and school performance among eleven year olds (Bradley, Caldwell, Rock, Hamrick, & Harris, 1988). A separate analysis of eight to ten year old Black students revealed that Parental Responsibility and Emotional Climate had the most consistent relationship, while Parental Responsibility, Learning Materials, Active Stimulation, and Physical Environment showed the strongest relations (Bradley et al., 1988). Furthermore, several studies have indicated that the HOME

Inventory is a good predictor of various measures of cognitive ability assessed during the early childhood period.

The Middle Childhood inventory was used for this study. This is still in an experimental phase and, therefore, the version used is a pilot inventory. The norm of the Middle Childhood Inventory was derived from an economically diverse group of White and Black-American families (Caldwell & Bradley, 1984). The eight subscales included: (a) Learning Materials, (b) Parental Involvement, (c) Parental Responsivity, (d) Physical Environment, (e) Active Stimulation, (f) Emotional Climate, (g) Encouraging Maturity, and (h) Family Participation. Reliability ranges from .52 to .80 for subscales. Although this is the experimental version, reliability for the total score is .90 (Caldwell & Bradley, 1984).

Table 3.1
Means, Standard Deviations & Coefficients for Middle School HOME Inventory

HOME Scales	*Mean*	*SD*	*Reliability Coefficient*
Parental Responsivity	8.4	2.3	.80
Physical Environment	6.8	1.7	.76
Learning Materials	5.2	2.0	.68
Enrichment	3.4	2.2	.72
Encouraging Maturity	4.8	1.6	.65
Acceptance	6.0	1.6	.60
Parental Involvement	2.4	1.2	.57
Family Participation	4.1	1.4	.52
Total Score	41.6	9.0	.90

Taken from Caldwell, B. & Bradley, R. (1984). *Home observation for measurement of the environment inventory*. Little Rock, AK: University of Arkansas.

Ethical Issues

"Although all researchers face ethical dilemmas, the kind of issues that qualitative family researchers face are unique in that they actively have chosen to enter a personal relationship with participants" (Synder, 1992). In this relationship, the researcher gets information about feelings and thoughts of the participants. It is possible that conflict and abusive events occur. It was important to reassure the participants throughout the study that only pseudonyms would be used when referring to them. For example, one biological mother participant raised a very personal and sensitive topic. The researcher asked if she would like me to stop and/or eliminate the information from the genogram, after pausing for a few moments she stated, "no." Seconds later, she asked if there were any way people would find out their names, once again I explained to her that all information given to me could not be traced to a single person and that her identity throughout the study was confidential.

Data Analysis

Although qualitative researchers typically rely on the first-hand accounts of their participants for data, a wealth of meaningful data lies in school records, such as teacher logs, report cards, attendance records, suspension reports, awards, extra-curricular activities, and/or school social worker and psychological evaluations and reports. When available, this type of data was provided by school personnel on all the children in the study. The data obtained helped to substantiate and provide additional data concerning the child.

According to Synder (1992), "In ongoing dialogue between data collection, identification of significant themes and patterns, and subsequent coding and analysis is a hallmark of qualitative research.... Ideally, these processes occur simultaneously in a pulsating fashion over the course of the research." These identified processes occurred throughout and after completing all interviews with the five families and the children's teachers. The transcripts are the original words of the participants. The researcher inserted the punctuation, which was difficult because many participants spoke with few pauses. The exact spelling of some grammar words used Black dialect. The data included all memos written after the interviews, as well as notes written throughout all stages of analysis. These notes included ideas for themes and patterns, issues to be reviewed in the literature, tentative outlines of the chapters, things that had or had not worked in the interviews, observations, and drawing of the ecomaps and genograms.

This use of multiple methods of data collection including open-ended questions, interviews, and observations resulted in data being collected through field notes, audio tapes of time spent with the families and staff, diagrams of the families' use of time and space, as well as multiple sources of information, such as school records. Furthermore, multiple methods of data collection provided checks and balances on potential threats of reliability and validity (Spradley, 1992).

The analysis of the qualitative data consisted of data reduction by generating prevalent categories, themes, and patterns. Similar items from the children's family and school microsystems were color coded according to the respective categories, themes, and patterns. The tape recordings were transcribed as soon as possible to maintain the accuracy, consistency, validity, and reliability of responses. Several hard copies were made

of all the transcripts from the interviews. The hard copies were read and reread a minimum of five times. The open-ended questions served as a guide for the coding of responses made during the interviews with the participants and teachers. Each family's responses to questions were coded by printing them on different colored paper. Family One (F1) responses were printed on light blue paper. Additionally, Teacher A, B, and C responses for Family One (F1) were recorded on the same colored paper, light blue. The responses from Family Two (F2) were recorded on yellow paper therefore, the responses from Teacher D coordinated with that of Family Two (F2). Family Three's (F3) and Teacher E and F responses were printed on light pink paper. The responses for Family Four (F4) and Teacher G and H were recorded on light green paper. Finally, Family Five (F5) and Teacher I responses were printed on light orange paper. Then each family's and each teacher's color-coded responses were cut and pasted to each related question on posterboard. This process allowed the researcher to get a holistic view of each family's and each teacher's responses. After reviewing each family's response to the question, general themes were developed. By reviewing this process a second time, an over-arching theme and five subthemes were identified. The major theme identified was African-American parenting, religion, education, life goals, and work issues (Figure 3.2). In reviewing the transcripts a third time, concepts related to each of the subthemes were identified. African-American parenting concepts which emerged from the data were obedience/respect, affection, endurance, and discipline. Concepts related to religion included church, social life, and belief. Concepts for education were parental involvement, perception of parental support, perception of school-based support, and non-parental support. Concepts related to life goals included issues in education, family, and job. Finally, concepts related to work

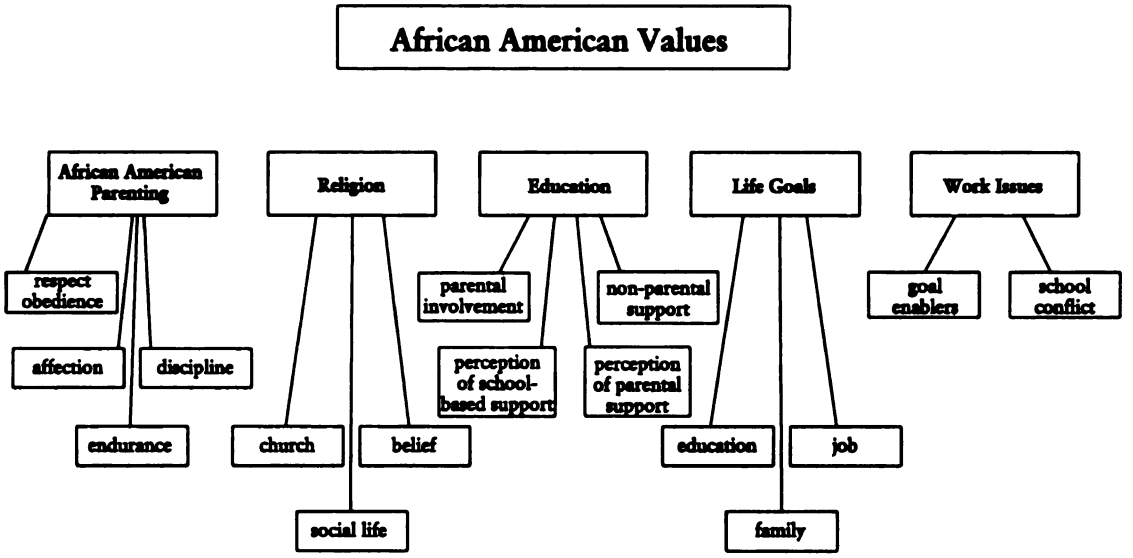


Figure 3.2. Examples of Coding Classification

issues were associated with goal enablers and school conflicts.

The same process was followed with the data from the teacher interviews. The completed interviews were read and re-read a minimum of five times. The open-ended questions served as a guide to identify supportive or non-supportive data related to the major theme and subthemes identified from the parent interviews. Teacher's responses were similarly color coded as parent participants responses to the questions by printing them on different colored paper. Next, a letter and number were attached to correspond to the teacher's student and family. Then, each teacher's response was cut and pasted to a corresponding parent subtheme to determine whether there were similar support and validation of the parents response.

The following assessment and collection of data by the HOME Inventory on each child (who is the unit of analysis) and family environment will be compared to the mean and standard deviation of the HOME Inventory.

SUMMARY

Chapter III provided the methodological issues related to this study. Sampling method, research design, the procedure of the study, instrumentation, ethical issues and data analysis were addressed.

Chapter IV includes the discussions. A description of the sample, as well as the home and school environments are provided. Additionally, the results from the HOME Inventory, school observations, and school records are included.

CHAPTER IV

FINDINGS

Descriptions of the families' demographic environmental characteristics are included in this chapter. The demographics information of the case participants are SES, approximate age, number of children, marital status, and employment status, community, and extended family support. Information about children included are description of children ages, grade level, type of educational services, school-related services, and health factors (Table 4.1). The environmental characteristics involved any identifiable support from the parents in their children's education.

A variety of approaches were used for data analysis. Included are lists of recurrent word patterns, themes, concepts; reflective journal, observations of home and affective behaviors within the school environment, review of school records, and results of HOME Inventory. A second analysis of data was performed to clarify the meaning of words used, to identify major themes, subthemes, and related concepts. The major themes, subthemes, and concepts were identified from skeletal interview questions. Interview quotes from parents and teachers were included to support the themes, subthemes, and concepts identified.

Table 4.1. Educational Services and Medication Distribution

		Ritalin	*Special Education*		*Regular Education*	*Social Work Services*	*Psychological Services*
			Categorical	*Resource*			
F1	F1-C2	yes			yes	yes	
	F1-C3			Learning Disabled yes		yes	yes
F2	F2-FMC1				yes	yes	
F3	F3-GGMC1	yes			yes	yes	
	F3-GGMC2				yes		
F4	F4-C2		Learning Disabled yes		mainstreaming		yes
	F4-C4				yes		
F5	F5-FMC2	yes	Emotionally Impaired Learning Disabled yes		mainstreaming	yes	yes

DESCRIPTION OF SCHOOL

Only one urban school is finally identified for the study. Two weeks prior to the start of the study Family Two (F2) moved into the same school area as the other families. The school is located on the southeast side of a Michigan community with a population of 69,512. The school is located in a predominately high crime and drug infested African-American neighborhood. The school has a fence around the back and sides. Additionally, the school is located next to a one way street, which is extremely busy. It is not uncommon for students to hear gun shots being fired in this neighborhood. The school has pre-K to fifth grade, with approximately 398 African-Americans, Hispanics, Caucasians, and Bi-racial students, the majority are African-American. The school has two floors; the first floor is for pre-K through second grade and the second floor has third grade through fifth grade. Those students on the first floor eat lunch at 12:20 p.m., while students on the second floor have lunch at 11:35 a.m.

The school has a teaching staff of seventeen, three African-Americans, two Hispanics, and twelve Caucasians. The principal and social worker are African-Americans, and the school psychologist is a Caucasian. The majority of the lunch room staff and custodians are African-American.

DEMOGRAPHIC AND ENVIRONMENTAL CHARACTERISTICS OF PARTICIPATING FAMILIES

Pseudonyms used to identify the case participants are as follows:

Family One	F1
Family One-Mother One	F1-M1
Family One-Child One	F1-C1
Family One-Child Two	F1-C2

Family One-Child Three F1-C3

Family One-Child Four F1-C4

Family Two F2

Family Two-Mother Two F2-M2

Family Two-Foster Mother Two F2-FM2

Family Two-Foster Mother Child One F2-FMC1

Family Two-Child Two F2-C2

Family Three F3

Family Three-Great Grandmother Three F3-GGM3

Family Three-Great Grandmother Child One F3-GGMC1

Family Three-Great Grandmother Child Two F3-GGMC2

Family Three-Great Grandmother Child Three F3-GGMC3

Family Three-Grandmother Family One Mother F3-GMF1M

Family Three-Great Grandmother Family One Child Two . F3-GGMF1C2

Family Three-Great Grandmother Family One Child Three F3-GGMF1C3

Family Four F4

Family Four-Mother Four F4-M4

Family Four-Child One F4-C1

Family Four-Child Two F4-C2

Family Four-Child Three F4-C3

Family Four-Child Four F4-C4

Family Five F5

Family Five-Mother Five F5-M5

Family Five-Foster Mother Five F5-FM5

Family Five-Foster Mother Child One F5-FMC1

Family Five-Child One F5-C1

Family Five-Child Two F5-C2

Family One (F1)

At the time of interview Family One (F1) consisted of a single African-American mother, never married, in her late twenties. F1-M1 did not complete high school. She lived with her paternal grandmother after her parents were unable to care for her and her siblings due to drug abuse by both parents. F1-M1 began using drugs and stealing in her early teens to support her habit. She left her grandmother's home to live on her own and later became pregnant with her first son. Her first three children are by the same man. She has four biological sons. However, only three sons reside with her in a residential drug treatment program. The children are ten years–F1-C2, seven years–F1-C3, and five months–F1-C4 (Figure 4.2). F1-M1 identified all three of the boys residing with her were prenatally drug exposed. Only the oldest two children residing with F1-M1 were

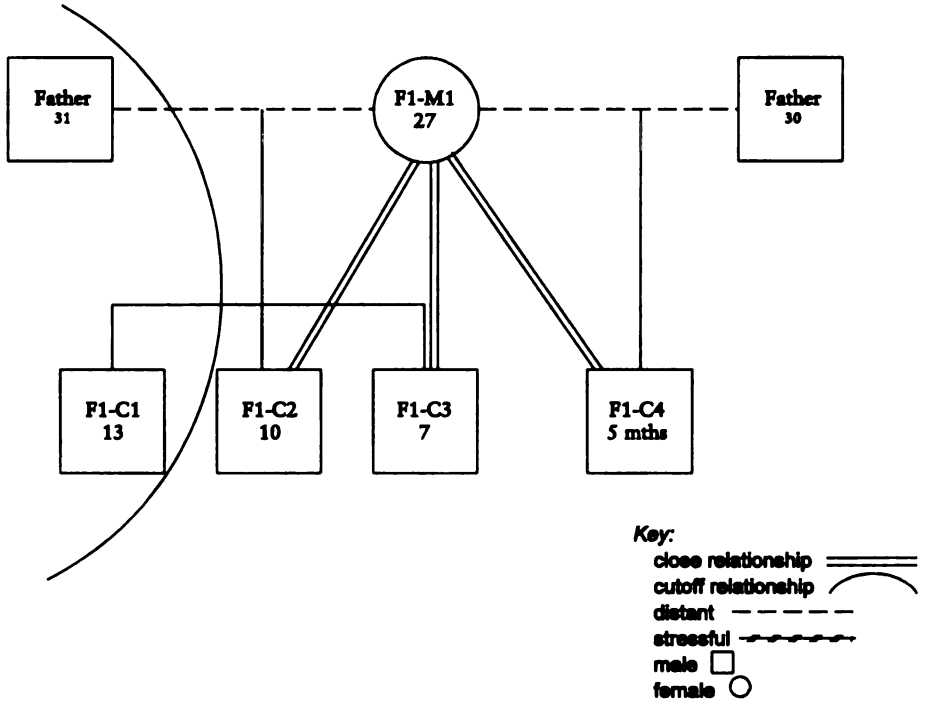


Figure 4.2. Family One (F1) Genogram

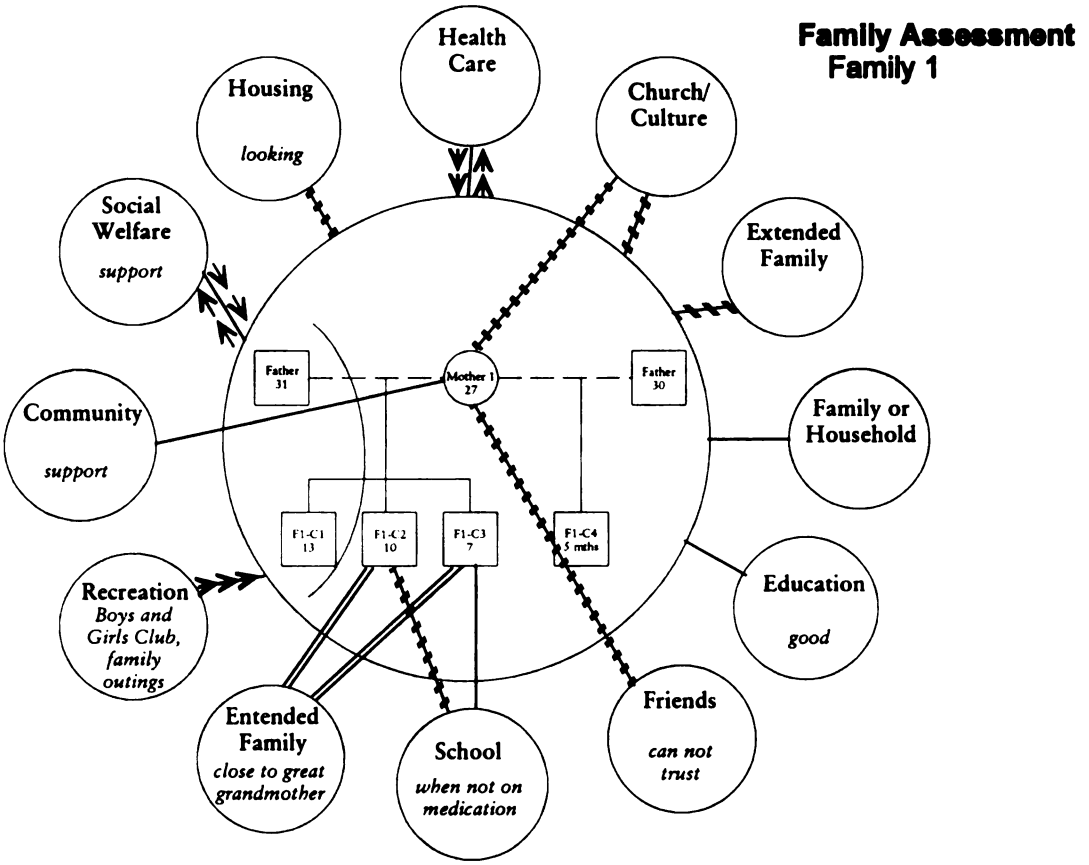
represented in the study. Both qualified as participants based on the criteria of their school age and being prenatally drug exposed.

Prior to August 1997, F1-M1 did not have custody of her two older children. The children were living with their paternal great grandmother, the same grandmother who raised F1-M1. In August 1997, custody of her two children were returned to her along with that of her newborn. This arrangement was made provided F1-M1 enter a residential drug treatment program.

F1-M1 stated she has not seen her oldest son since he was seven years old. F1-M1's ex-boyfriend kidnapped him. The other two children know their father has their brother. During the interview, the other two children ask why their father only took their brother and not them? Child F1-C2 stated that their father only liked their brother, even when the entire Family One was living together.

Family One's (F1) living quarters located upstairs, consisted of two bedrooms. F1-M1 identified one bedroom as hers and the baby's and the boys' shared the other bedroom. The beds were made and the bedrooms were neat. F1-M1 displayed pictures and school papers on the walls in her room as well as the boys' room. She also had pictures of her missing son. Downstairs, which is a commons where everyone gets together, is a room for the boys to complete their homework, watch television, and play games.

F1-M1's extended family maintains limited contact with her and her sons (Figure 4.3). One reason she gave was because the majority of her extended family are still using drugs. F1-M1 has not seen her father in years, she believes he is still using drugs along with some of her aunts, uncles, sisters, brothers, and cousins. F1-M1 and her sister used



Note: The nature of connections is illustrated with a descriptive word or drawing different kinds of lines:
——— for strong, - - - for tenuous, ~~~ for stressful, ═══ close relationship
Arrows are drawn along lines to signify flow of energy, or resources:
→ →

Figure 4.3. Family One (F1) Ecomap

drugs together and during this time the paternal grandmother was caring for the sister's children. Her sister has lost all parental rights to her children.

F1-M1's children still maintain close contact with their paternal great grandmother (F3-GGMF1) and their young cousins. However, there is not a close relationship between F1-M1 and the grandmother F3-GMF1 because of the drug abuse, stealing, and abandonment of her own children. While F1-M1 lived with her grandmother she attended church. She does not attend church now, but makes sure that the boys attend. She believes and has faith in God.

F1-M1's children attend the urban public school included in this study. The oldest son, F1-C2 is husky built and normal in weight and height for a ten year old. He has a dark complexion, black hair, and brown eyes. F1-C2 is in the third grade, receives regular education services, but takes ritalin for behavior and attention span problems (*see* Table 4.1). F1-C2 was identified by his doctor as having ADHD-Attention Deficit Disorder with Hyperactivity. He had difficulty focusing in school and was not completing classroom work. His grades were not good and he was suspended for behavior problems. He displayed violent outburst at home and school. At school, he is a patrol boy and plays basketball. He has friends and is doing better in school. F1-M1 says her son is a typical ten year old child. F1-C2 says he wants to become a police officer.

F1-C3 is small for a seven year old. He is very slender with medium brown complexion and dark brown hair and eyes. F1-C3 receives special education services in a resource room, ten hours per week and twenty hours per week in regular education (*see* Table 4.1). He was not identified as hyperactive but is easily distracted. His prognosis for special services is considered as learning disabled with deficits in reading and math calculations. Additionally, he receives speech and language services for thirty minutes, twice a week and social work services for thirty minutes, twice a month. F1-C3 was also retained in first grade. F1-M1 stated an IEPC-Individualized Educational Planning Committee are going to remove him out of special education for math calculations and will only be going to special education for reading. F1-C3 said he wants to become a teacher.

F1-C4 is a tiny baby. He receives extra health care and nutritional supplements because of his fragile condition and inability to keep down formula. So far, F1-C4 this is

the only medical problem associated with prenatal drug exposure. Doctors are not sure what other developmental or cognitive problems may develop over time. F1-C4 did not meet the criteria for the study.

F1-M1 is nearing the completion of her program and must find separate living arrangements. She will be moving to transitional-type housing for six months, prior to the six months she must find living quarters for her and the children.

Family Two (F2)

This family is comprised of a single foster care African-American mother in her late twenties, who has never been married. F2-M2 graduated from high school. She works as an associate in a store that makes and sells bagels and her uncle helps with income. She

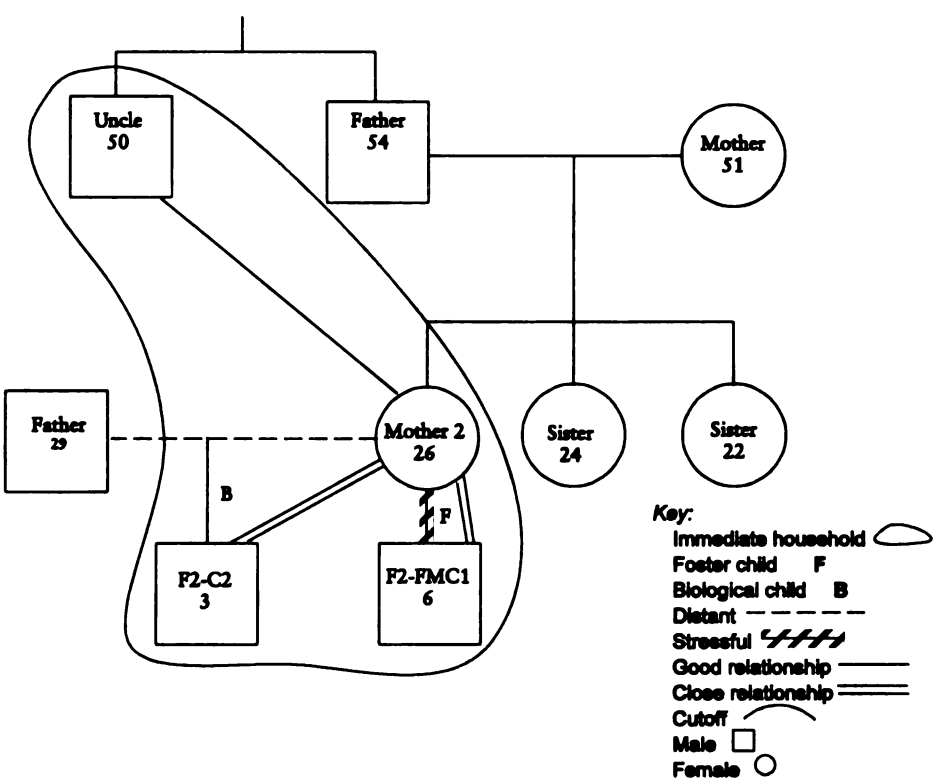


Figure 4.4. Family Two (F2) Genogram

receives monthly stipends as F2-FMC1's foster mother. She resides in a single two-story home with her biological son, F2-C2 age three years, her foster son, F2-FMC1 age six years, and her paternal uncle (Figure 4.4).

F2-M2 has cared for her foster son since he was four months old. She received F2-FMC1, her foster son, when he was removed from the biological mother because of failure to follow the orders of the court. A year later, the biological mother's parental rights were terminated. F2-M2 explained that F2-FMC1, was prenatally drug exposed. Her foster son is related to her on her father's side but she is unsure how. She is sure that he is her cousin, but he calls her mama, and she wants to adopt him.

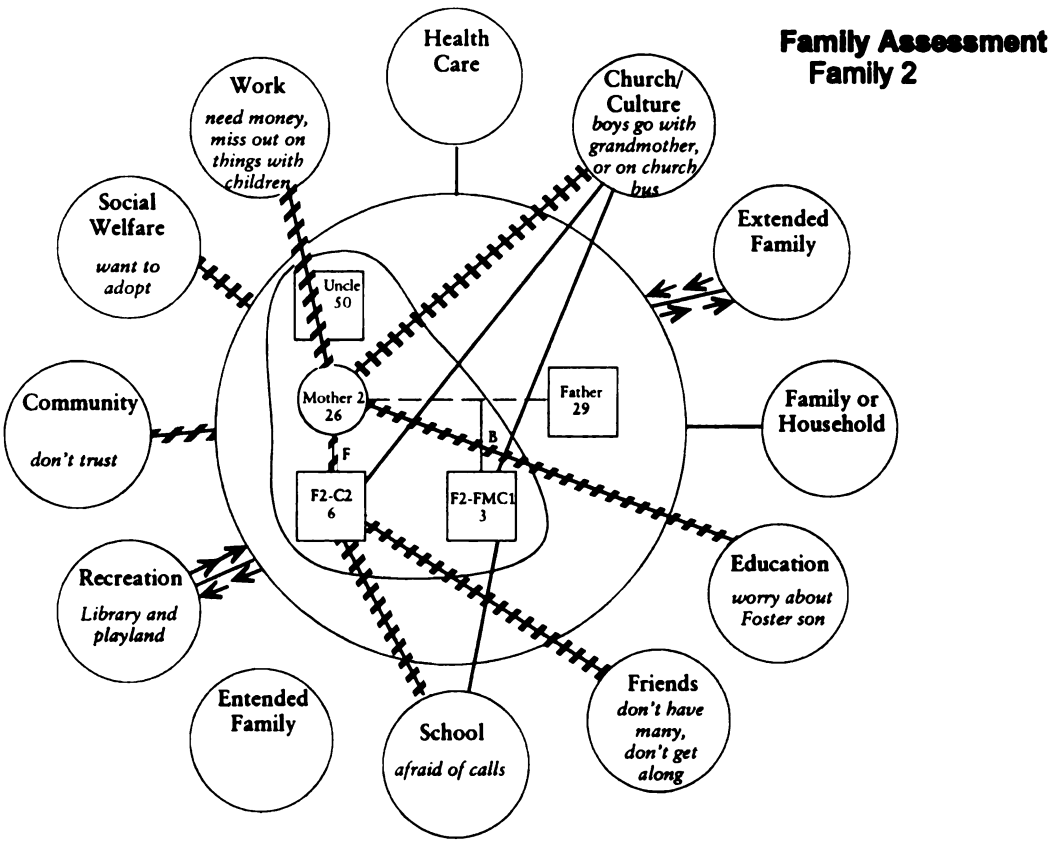


Figure 4.5. Family Two (F2) Ecomap

F2-M2's parents and extended family reside in the same city and maintain close ties with their daughter and boys (Figure 4.5). Both boys spend time with their grandparents, but F2-FMC1 spends most of his time with F2-M2, even when F2-C2 goes to visit or spend the night. F2-M2 has not had contact with her foster son's biological mother or father. F2-M2 was later informed by foster care services that they had also removed the other children from the home of F2-C1's biological mother.

F2-M2 attended church when she was younger and lived with her parents. However, she does not attend church now. She does make sure the boys go to church. F2-M2 sends the boys to church with either her aunt, their grandparents, or on the church bus.

The home is very neat and nicely decorated. F2-M2 stated that she had decorated F2-FMC1 and F2-C2's bedroom, but because of F2-FMC1's destructive behavior, she has not redecorated it. Additionally, she had to remove F2-C2 out of the shared bedroom because of F2-FMC1's aggressive behavior toward his brother. The bedroom had everything removed from the walls. There were writings and drawings were on the walls, along with holes. The bed was broken down and dresser drawers were torn off. F2-M2 stated that when F2-FMC1 becomes upset he tries to destroy everything in his room and then tries to hurt his brother.

F2-M2 stated that F2-FMC1's behavior is cyclical between good behavior and aggressive tendencies. She said, he has five to six months of good behavior, then the behavior becomes very aggressive. During this time, F2-FMC1's eating and sleeping habits change. He eats until he regurgitates, but still complains that he is hungry. His sleeping cycle also increases, he sleeps longer but he is still constantly tired. It's during this time, F2-FMC1 uses profanity, pushes his younger brother around including down the stairs,

punches him, destroys his room, sets the closet on fire, hits F2-M2, and many other events that endangers the lives of other family members and himself. She has to keep him occupied with different activities such as working with him on his homework at the dining room table.

F2-FMC1 is a normal six year old. He is slender and average height. He is light brown complexion with brown eyes and light brown curly hair. He attends public school in the kindergarten. However, before attending kindergarten he was identified as pre-primary impaired (PPI), because he was prenatally drug exposed. After re-evaluation, he was found to be no longer eligible for PPI under the umbrella of special education (*see* Table 4.1). He now attends regular education classes.

F2-C2 did not meet the criteria for this study for prenatally drug exposed.

Family Three (F3)

Family Three consisted of a single African-American paternal great grandmother, who is currently raising her three prenatally drug exposed great grandchildren. Furthermore, she also raised the mother of these great grandchildren, while the children's parents were abusing drugs. F3-M3 has been a widow for several years, when her husband died at the age of eighty–four. She has a significant other residing with her and the children (Figure 4.6). Until August 1997, she was also raising two other great grandchildren. These children were returned to their biological mother.

At time of the interview, F3-M3 was seventy–three years old caring for F3-C1 age ten, F3-C2 age six, and F3-C3 age four. She has cared for her great grandchildren since F3-C2 was six years old. She has been their legal guardian since her granddaughter relinquished

her parental rights six years ago. The older two children previously lived with their biological mother, however, F3-C3, the youngest child was placed with F3-M3 right after delivery.

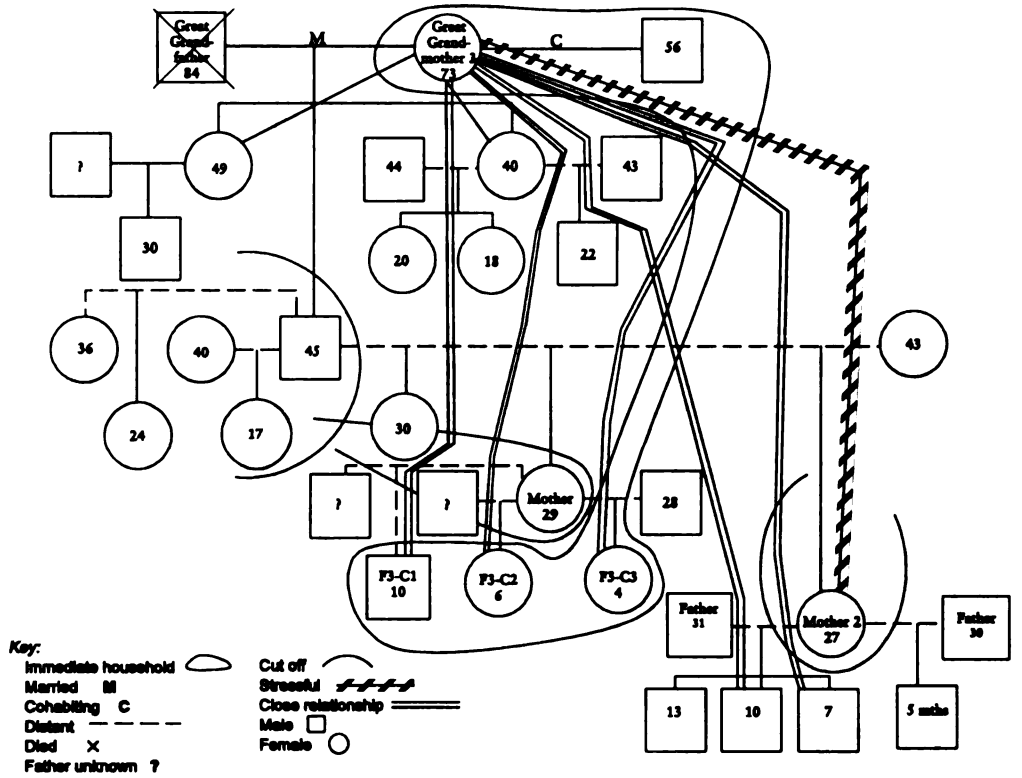


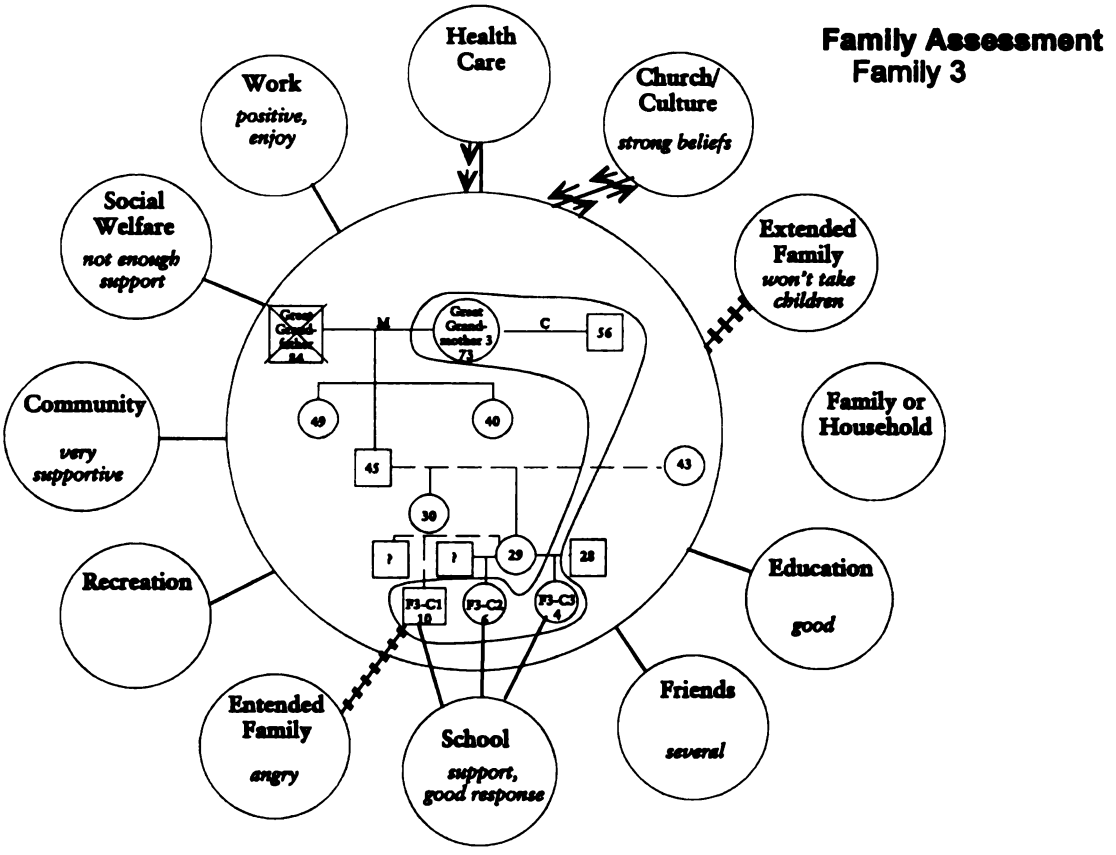
Figure 4.6. Family Three (F3) Genogram

The family resides in a two–story home. It is large enough to accommodate a family with five children. F3-C1 has his own bedroom, that has twin beds and a chest. The bed was neatly made while books and papers were laying on the floor. There was homework papers hanging, some framed pictures, and pictures of basketball and football players hanging on the wall.

F3-C2 and F3-C3 shared a room with twin beds. The girls' room also had pictures and school papers hanging on the wall. The beds were made and there were two dolls in

the corner of the room next to the window. The children had a room for watching television, along with a play area where there were lots of toys. The dining room was used for completing homework and meals that were eaten together as a family.

F3-M3 works part-time at a cleaners. She does not receive financial support from Family Independent Agency because these children are her relatives. She does receive social security and her husband's pension. Additionally, she receives food allotment and medical insurance for the children. The community and the church provides her with some support (Figure 4.7).



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Arrows are drawn along lines to signify flow of energy, or resources:
→ →

Figure 4.7. Family Three (F3) Ecomap

F3-M3 attends church on Sundays and even during the week. She also makes sure the children attend. Sometimes they attend with her or she sends them on the church bus. On some occasions she attends with them on the church bus. She says the church provides them with guidance.

F3-C1 has a slender build and is tall for a ten year old. He has medium brown complexion with dark brown hair and eyes. He attends regular education (*see* Table 4.1) in the fourth grade. His doctor identified him with Attention Deficit Hyperactivity Disorder (ADHD). F3-C1 takes the medication ritalin, for his attention disorder and disruptive and aggressive behavior. Prior to ritalin he was constantly in trouble, being sent out of class, suspended from school, talking back to teachers and students, fighting, and failing his academic subjects. F3-C1 receives social worker services thirty minutes, twice a month, to help him adjust and deal with his aggressive behavior.

F3-C2 is very small for her age of six. She is light complexion with reddish brown hair and brown eyes. She constantly bites her fingernails. She has problems related to inability to gain and retain her weight. She is on extra nutritional supplements for this problem. She is in a regular educational program but is going to be tested for special education (*see* Table 4.1).

F3-C3 is also extremely small for her age of four years. Her skin complexion is medium brown with brown hair and eyes. She attends Head Start. F3-C3 also has a problem with an inability to gain weight and takes extra nutritional supplements.

Family Four (F4)

The fourth family is comprised of a single biological African-American mother, never married with four children, but only three reside with her. She has a daughter, who is the oldest, and three boys. F4-M4 is in her mid-thirties and completed high school. F4-M4 resides with her parents, her mother and stepfather, F4-C1 age fourteen, F4-C2 age eight years, and F4-C4 age six years (Figure 4.8). Not residing with the family is her seven year old son, F4-C3, who was adopted when F4-M4's parental rights were terminated. F4-M4 stays in contact with her son and his adoptive family and he visits her and the other children on a regular basis. Prior to moving in with her parents, she was cohabiting with a significant other, who was two and a half times her age.

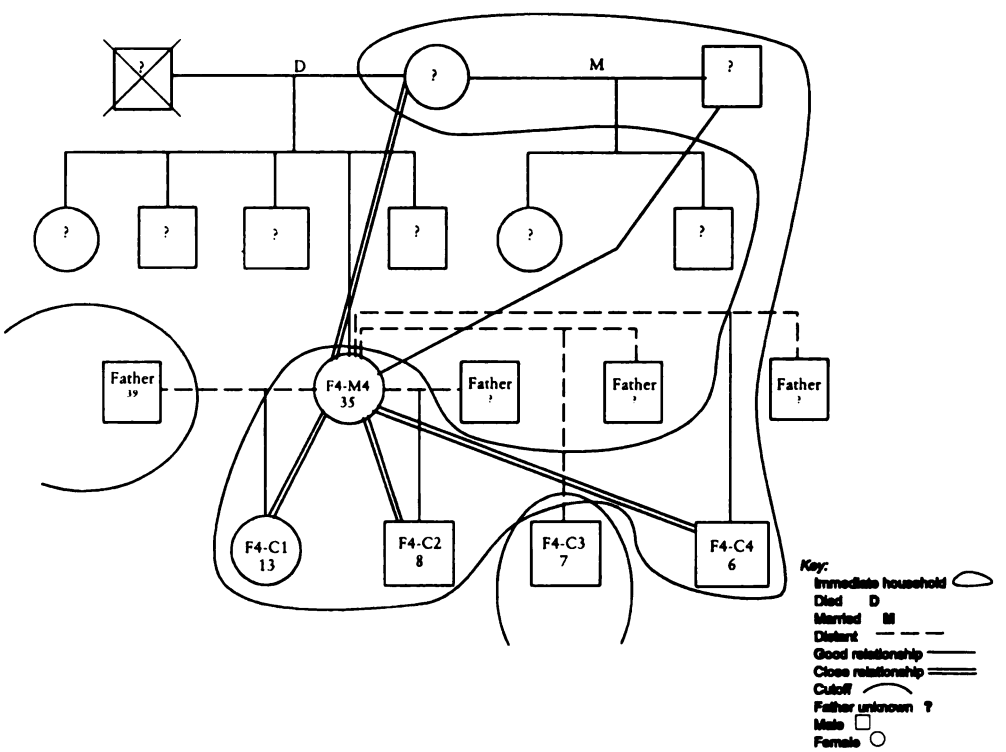


Figure 4.8. Family Four (F4) Genogram

F4-M4 only knew the father of her daughter but not her sons. She has been with several different men during each pregnancy and she could not identify the biological parents. She was high on crack cocaine every day and did not remember or know the men. F4-C2 and F4-C4 were both prenatally drug exposed along with F4-C3.

F4-M4 did not work outside the home, but did attend a training program and provided child day care services for other family members. Because she and her children resided with her parents, living space was limited. All of their belongings were kept in the same bedroom. If they wanted to relax they used the same bedroom. Another room was converted to become one of their bedrooms. She had pictures of the children, including the child that was adopted. Classroom work was displayed on the walls and the dresser. She also had a folder that she kept other school work inside.

F4-M4's parents attend church every Sunday. They are Baptist with a strong religious background. The entire family attends church, but F4-M4 attends church on a monthly basis and the children attend with her. There are some months when she attends more frequently, but she attends at least once every month. She attends the same church as her parents. On some occasions the children would attend church without her and go with their grandparents (Figure 4.9).

F4-C1 weighs about 180–190 pounds and approximately 5'6". She has a dark brown complexion with black hair and brown eyes. She is in special education, but is not part of the study because she did not meet the criteria for the study. She has been in special education since she was in the first grade. She is currently reading at second grade level.

F4-C2 is small and slender. He wears glasses and needs them in order to see. His complexion is medium brown with dark brown hair and brown eyes. F4-C2 receives

special education services. He is identified as learning disabled to receive ten hours per week for special education services in the area of reading and math calculation/reasoning. F4-C2 was re-evaluated two months later and placed in special education full time (categorical) due to emotional behavior problems (*see* Table 4.1). These emotional problems were related to withdrawal and frustration to extent of uncontrollable crying. He is very emotional when things do not go his way or he has to do something he does not want to do or if it is too difficult for him. F4-C2 receives social work services to deal with his behavioral problems.

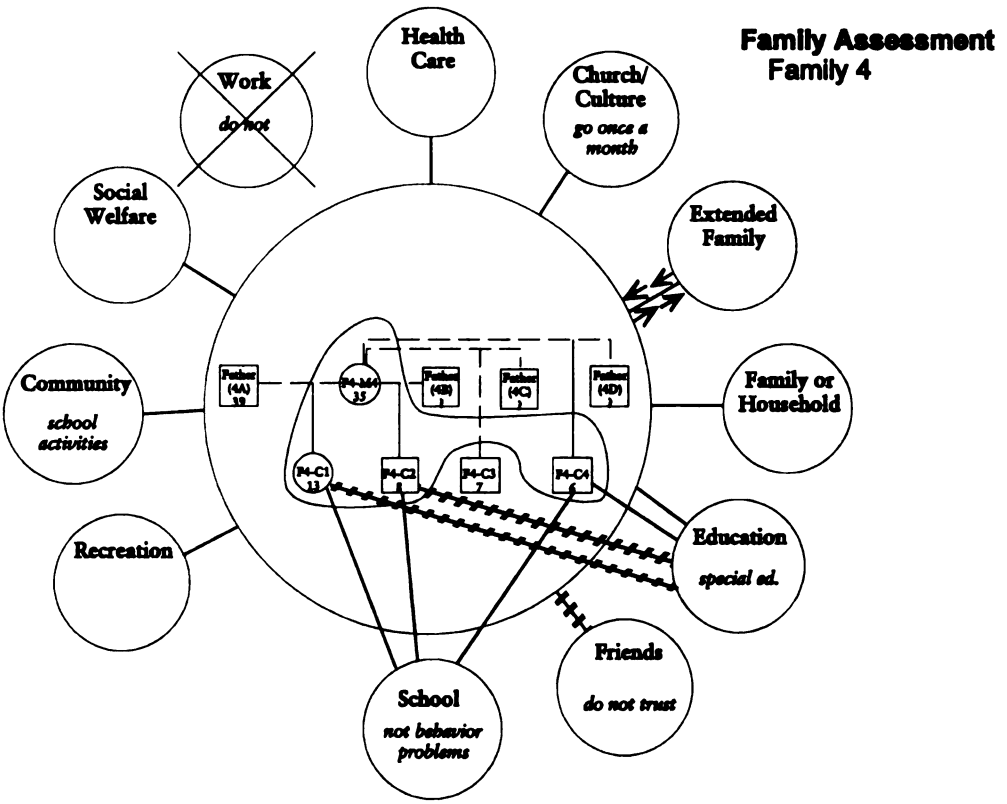


Figure 4.9. Family Four (F4) Ecomap

F4-C4 is also a very small boy for age six. He has some unusual features, such as an enlarged head and he wears very thick glasses. He has medium brown complexion with dark brown hair and brown eyes. F4-C4 receives regular education services and does not qualify for special education services (*see* Table 4.1). F4-C4 does not receive any social work services.

Family Five (F5)

Family Five consists of a single cohabiting African-American mother in her early forties, who had attended college for two years. She has one biological son and daughter and a foster daughter. F5-C3, the biological daughter, is two years old and F5-FMC2, the foster daughter, is nine years old. Others who reside in the home include the mother and

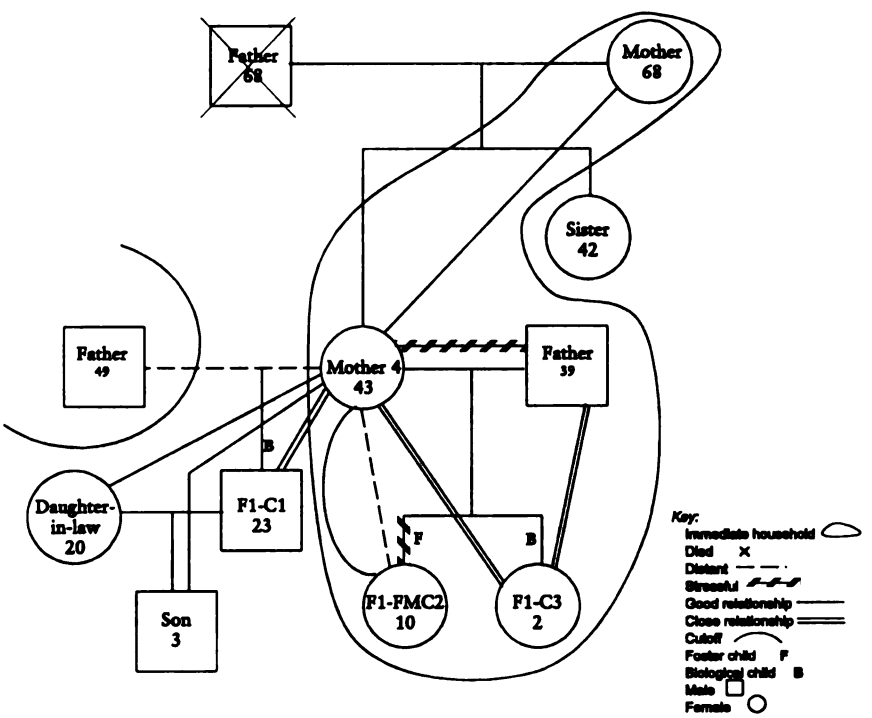
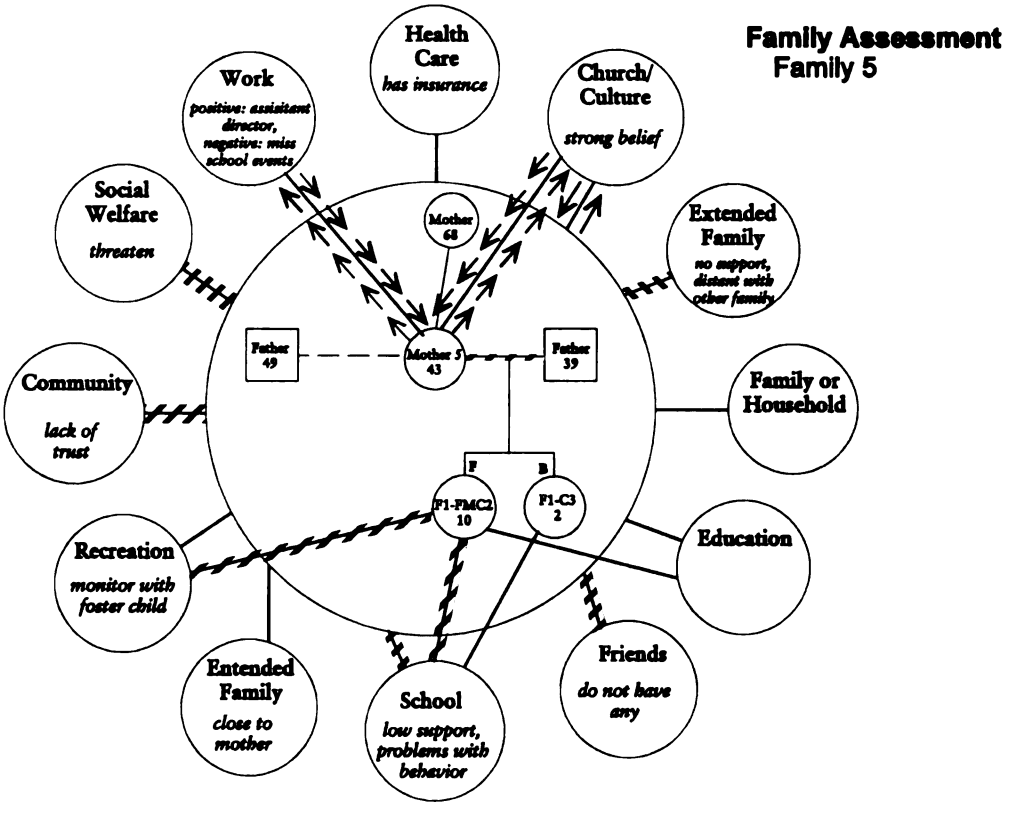


Figure 4.10. Family Five (F5) Genogram

the significant other of F5-M5. Although, F5-M5's significant other resides in the home, F5-M5 is the person who deals specifically with the child rearing/disciplinary practices for child F5-FMC2. The family resides in a four bedroom, single–dwelling home (Figure 4.10).

The home is decorated nicely with pictures hanging on the walls. F5-FMC2 has her own bedroom, which is decorated with pictures she had drawn and some school work. She has a desk in her bedroom where she works on her homework, if it were not completed at the kitchen table.

F5-M5 has a full-time position as assistant director of a day care center (Figure 4.11).



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Arrows are drawn along lines to signify flow of energy, or resources: ⟶ ⟶
F = Foster child B = Biological child

Figure 4.11. Family Five (F5) Ecomap

She receives some financial support for the care of F5-FMC2 and support from her mother's social security and disability insurance, since she cares for her. She has a visiting nurse, who comes daily to check on her mother. She receives financial support from her significant other.

F5-M5's maintains regular contact with her son, his wife, and her grandson, but not with the rest of her extended family. F5-M5's mother, who is a diabetic and has circulation problems, resides with her. F5-M5 does not maintain contact with other members of the extended family (Figure 4.11).

F5-M5 attends church frequently but not every Sunday. She takes the children and her mother to church on a regular basis. Her mother is from the south and never wants to miss church. Sometimes, F5-M5 was unable to go every time her mother wanted because F5-M5 works during the week.

F5-FMC2 was placed with F5-M5 since she was two years old. Prior to that, F5-FMC2 was shifted from one foster care home to another. Finally, F5-FMC2's biological mother's parental rights were terminated due to continued drug use, neglect, and failure to adhere to the courts' recommendations.

F5-FMC2 is nine years old and is of average height and weight. She has dark brown complexion with black hair and dark brown eyes. F5-FMC2 receives special education services in a categorical classroom. She has dual eligibility for special education services involving services for the emotionally impaired and learning disabilities. She is on medication, ritalin, for extremely aggressive behavior and attention span disorders. She receives outside counseling and school social work services (*see* Table 4.1). F5-FMC2 has

been sent from class for fighting, use of profanity, instigating fights, disrupting the class, lying (about her foster mother and her teacher), and stealing.

F5-C3 is two years old and is small with light brown complexion. She has light brown hair and brown eyes. She attends day care, therefore, she does not qualify for the study.

Similar Characteristics

The five families had certain common family demographic environmental characteristics. All the families resided on the northeast side of the city. The children attended the same school. The families were headed by single African-American females. These families were of low socio-economic status. Extended family was identified as a strong support system. Another common feature was related to work. All case parents worked or attended a job training program.

Interviews

The two sets of questions used in the interview process are presented in Appendix C. Where similar factors were assessed for parents and teachers, the parent's perception on a given subtheme or concept are reported first, immediately followed by the information obtained from the teacher.

In this section the researcher tries to capture the exact words used by the interviewees. This is done to acknowledge the richness of the process to understand these families. After each subtheme, evidence will be provided from the five families as to their expression of this value.

SUBTHEME: AFRICAN-AMERICAN PARENTING

Value: Obedience/Respect:

Three out of five families identified obedience/respect.

F1-M1

"I wont dem to be very obedient."

F2-M2

"I believe dey should always listen to what I say and other adult as long as it don' hurt or harm'em."

F5-M5

"I wont her to mind me an her teacher too. Stop being so hard headed."

Note: Most parents emphasized obedience. However, obedience was not viewed negatively, it was an important issue, often of special significant to a parent. Parents said that they believed obedience "will make life easier for my child," "means respect," "is equated with my love," or "is necessary if my child is to achieve in school" (Peters, 1981).

Value: Affection

Five out of five mothers identified affection as a part of African-American Parenting.

F1-M1

"I let dem do thangs, we play games and stuff together. I give dem a dollar. Kiss'em. Hug'em. Tell'em I love 'em."

F2-M2

"I say like oh my goodness, who did dat? Boy you are so smart. Den I say give me 5 and he give me 5. I say what you wont to do today? I do let him know he did a good job. At the same time, when you get out of line, you step out of line. I'm alway huggin, kissin, and holdin dem as big as they is. I just like huggin and kissin all day long. I tell'em I

love'em. Dey the best kids in the world. Dey special from God just for me.

F3-M3

"I hug'em tell'em dey do a good job. Take'em out."

F4-M4

"A dollar or somethang to keep doin better. Love. Kisses."

F5-M5

"I tell them they do good. I don't try to buy my kids.... If you done did good, OK. Then you deserve that purse. But as far as sayin, I'll give you $10 if you keep your room clean. No. I don' believe in that."

Note: The realm of feeling and affect and the cognitive processes from interpersonal relations may have important implication for Black people. There is evidence to suggest that Black people are a very emotional people.

Value: Endurance

Two out of five mothers identified endurance as part of African-American parenting.

F4-M4

"I alway tell dem never say cain't. Dat's simple and short. Dey be sayin no especially F4-C2, I cain't."

F5-M5

"Well, I talk to them, let them know that no one is perfect. You gon have mistakes and you gonna run into good and bad times. But you don' give up."

Note: The African-American culture is one of resistance, essential to the struggle for group survival. In the best of times, this is a trying endeavor. But in the worst of times, with growing members of women and children who make it on their own they go on and

persist and endure despite the odds. The reasons for this endurance repertoire manifest itself in the nature of family relations (McCubbin et al., 1998).

Value: Discipline

Five out of five families identified discipline as part of African-American parenting.

F1-M1

> "No, no physical punishment. Well, um, a certain way you do it. Like here, here you not suppose to hit your child. Yo cain't hit your kid. Um, only time you can spank'em on the butt with yo hand if they put demself in danger or someone was in danger."

F2-M2

> "I was spank when I was brought up, but wasn' beat. I was spank and wasn' spank for any reason at all. It had to be for somethang I did and it wasn' everytime I step out of line, I got in trouble. I keep a warnin dem but its like goin in one ear out da other. I really spank dem and let dem know dis is why you got to spank dem. Dey do git spank with a belt, but I don' abuse and leave marks or stuff like dat."

F3-M3

> "I just punish. Maybe stand in da corner or you cain't play for a while or go to bed. When I was younger, I use to whip dey butts but um too old now being 73."

F4-M4

> "If I have to spank. I use it when I have too."

F5-M5

> "I spank butt." "Not all the time. I try to say you know and talk to them, give them learning. You know. If it happens again, I'm going to tear yo butt up. You know give them a choice."

Note: Many Black families take pride in being of the "old school," firmly upholding such beliefs as those expressed by the maxim "spare the rod, spoil the child" (Boyd-

Franklin, 1989). McGoldrick (1982) points out that there are often good reasons for this response by Black parents. The belief of Black parents is to use strict discipline in childrearing as a way of protecting them from the severe consequences of acting-out behavior, particularly as adolescents.

Black children usually are given very strict guidelines for behavior on the bus or in public because loudness and boisterousness could make white people feel that all Blacks are that way (Hale, 1994).

SUBTHEME: RELIGION

Value: Church

Five out of the five families identified concept church from religion:

F1-M1

> "Dey go to church, it very important. I went when I live with my grandmother, she made use go. Da boys go on da church bus, I don' go."

F2-M2

> "Da boys go. Mostly with my aunt. I was brought up in church. I was made to go Monday, Wednesday, Friday, and Sunday. So when it got to da point as old as I think I am, I I didn't go anymore. My mother still tell me to go. My sisters they constantly at me. That's my defense, when ya'll leave me alone then I'll go. Child 1 tell me all da time would I come to church. I make sure they go to church either with my aunt or with they grandparents."

F3-M3

> "Yea dey catch da church bus.... I take'em with me sometime and I go with dem sometime."

F4-M4

> "Yea at least once a month and but usually moe, like twice a month. I send da kids with dey grandparents."

F5-M5

> "Yea, when I go to church they go to church. I don't go every Sunday, but I go frequently cause I take my mother too."

Note: A secondary analysis of data from the National Survey of Black-Americans found that an overwhelming 84 percent considered themselves religious. A substantial majority of 76 percent indicated a belief that religion was very important in their lives when growing up. An even greater majority indicated a belief that it is important to send children to church (80 percent) (Billingsley, 1992).

Value: Social life

Three out of five families identified social life as part of religion.

F1-M1

> "I let them go to dat church out in _____ cause dey have thangs for kids to do. It set up for kids and da boys like goin and dey learn bout God."

F2-M2

> "When da boys don' go to church with my family, dey catch da church bus. Dey pick'em up in da week and got thangs for them to do at dey age."

F3-M3

> "Da kids like da church dat send da bus. I just don't like dey type of church. I like it for da kids cause dey come by during da week and take dim. Jus like I would for hamburgers and dey go play up at Burger King.... Dat church up dere is very concern bout youth dan my church. You know, dey concern of da kids and den dey got patience with kids. Our church all dey do is go dere and sit and dey don, dey ain't gettin

> enough out of it. So dis way dey have little Sunday school classes and dey bring little bible. Da have thangs for dim to do during da week to keep'em out of trouble."

Note: The church is the hub of social life. The church provides a kind of extended family fellowship that provides other significant adults to relate to the church, and it also provides materials and human resources to the family (Hale, 1986). Robert Hill (1972) cited "A strong religious orientation," as a strength of Black families and is important on two levels. The first is that the church serves as a kind of extended family providing materials, human, and ideological support in the socialization of children. Second, religious conceptualizations form a unifying thread through the culture of a people because it gives their ethos form and substance.

Value: Beliefs

Four out of five mothers identified beliefs as part of the subtheme religion.

F1-M1

> "I wont dem to alway be honest and tell me da truth. I was alway taught as long as you do a good job, you will be rewarded in da end. It might not be den and dere but eventually when its time for you to receive yo blessin from God, you will receive it."

F2-M2

> "He got mad one day, just shot his wall. I ask him who did it and he say he didn know who did it. Well, you not goin to git a spankin, cause you git spank for lyin. God don' like it when you lie. I was tryin to git him to tell me da truth. Alway tell me da truth. You try to instill in dim alway tell da truth and no lyin what so ever."

F3-M3

> "Well, I believe da Lord will help me with da greats like he help me with da others. He alway provide a way."

F5-M5

> "My hopes and beliefs is dat dey love and trust in each other. Dey need to love and trust in Jesus. Know dat anythang is not too bad for you to come to me."

Note: The ability to keep on believing in the future is one of the strengths and the most powerful survival skills of Black people. The philosophy of hope and the belief in a better future for their children have empowered many Black parents to tell their children that they can be anything they choose to be. Sometimes this takes the form of a very deeply ingrained spiritual belief system (Boyd-Franklin, 1989).

SUBTHEME: EDUCATION

Value: Parental Involvement (Table 4.2)

F1-M1

> "I go up to da school all da time to see how dey are doing. Yip, I call up to da school and help'em with homework."

Teacher A-F1-C2

> "Child's 1B great grandmother participated in the candy sales and his great grandfather chaperoned a field trip. I had about five parent teacher conferences right off concerning his behavior. He turned in completed homework 99% so far this year. Even though his mother regained custody, his great grandmother still continued to attend all school activities. His mother attended some of the school activities and all the school conferences. She called about his medication making sure he was OK."

Teacher B-F1-C3

> "She attended some of the school activities and conferences. The great grandmother continued to attend school activities and check on his progress."

Teacher C-F1-C3

"His great grandmother attended all of the school activities even when the mother was back with the children. The mother did attend conferences and called. I would call his mother to give her reports."

F2-M2

"Um really not active or involve in da school,...conferences, behavior yeah. I will for Christmas programs or any other program."

Teacher D-F2-FMC1

"She work's in the morning and has to take time off from work, but I'm sure that if needed she would be available. She did attend his conference and scheduled some meetings to talk about his progress and behavior. She always turned in homework."

F3-M3

"I stay at out in da school. Um alway dere when it conference and lot of time when it is not. Alway when dey have a progam. I be dere, make phone calls, check on grades how dey doin."

Teacher E-F3-C1

"She has never volunteered in my class but his grandmother is at all assemblies and conferences. I had about 4 to 6 conferences twice in September when he was having behavior problems. His homework was turned in almost always."

Teacher F-F3-C2

"She volunteered once in my class. She attended all the school activities and conferences. She turned in homework and I talked to her about Child 2's slow progress and slow working pace."

F4-M4

"Alway go to da student of da month, conferences, when dey send a letter, I go to program."

Table 4.2. Parental Participation from Teacher Reports

	Open House	*PTA*	*Parent/Teacher Conferences*	*Awards Assembly*	*Room Mother*	*Thanksgiving Program*	*Christmas Program*	*Black History Program*	*Parenting Classes*	*Field Trips*	*School Volunteer*	*Unannounced Visits*	*Read-a-Thon*
Family 1													
F1-C2	+	-	+ (2)	+	+	-	+	-	-	+	-	+ (1)	-
F1-C3	+	-	+ (2)	+	+	-	+	-	-	-	-	+ (1)	-
Family 2													
F2-FM1	+	-	+ (2)	-	-	-	-	-	-	+	-	+ (3)	-
Family 3													
F3-GGMC1	+	-	+ (2)	+	-	+	+	+	+	-	+	+ (1)	+
F3-GGMC2	+	-	+ (2)	+	+	+	+	+	+	+	+	+ (1)	+
Family 4													
F4-C2	+	-	+ (2)	+ (1)	+	+	+	+	-	+	+	+ (1)	+
F4-C4	+	-	+ (3)	+ (1)	+	+	+	+	-	+	+	+ (1)	+
Family 5													
F5-FMC2	+	-	+ (2)	-	-	-	-	+	-	-	-	+ (1)	-

Key:
+ Participation
- Non-Participation

Teacher G-F4-C2

> "She attends conferences, school activities, and sometimes field trips. She helps him with his homework. I did have two conferences about his behavior."

Teacher H-F4-C3

> "Mother comes to pick him up and have attended conferences, parent meetings, student of the month tea, other programs and field trips

F5-M5

> "As often as I can as long as they let me know ahead of time. Child 1 has a notebook. She brings home a notebook tellin me what she did in school and how her day went. If I have any comment I put that in the notebook. Usually I try to come to school each year she has a new teacher and let them know how they have to be firm with her. And that they have a problem if they don't take heed in what I ask and say to do."

Teacher I-F5-FMC2

> "F5-FMC2 homework is completed almost always and her mother has had an active involvement through written notebook and telephone conversations. Her mother only participated in one school activity, she sent information about African-Americans. But she does attend conferences and meetings when we schedule them around her work schedule."

Note: Parental involvement programs have identified several strategies to categorize parental participation/involvement. there are a variety of dimensions exemplified by the many types of strategies that have been developed to promote such involvement (Chrispeels, 1991). The categorization of parental involvement include proximal strategies which focuses on formal learning and teaching. This would involve learning activities at home, including those directed toward development of skills in problem solving, critical thinking, or conversation; provision of facilities that help school learning; supervision of homework; work with children on mathematics, language arts, music, art, and so on.

Parent involvement in instruction at school (for example as a teacher aide) (Kellaghan et al., 1993).

The second categorization is intermediate, which involves activities that do not relate directly to teaching and learning but to supporting these activities. Examples of intermediate strategies involve the communication in schools and parents regarding school programs and children's school progress (for example, notes meetings). Additionally, assistance in school with non-instructional activities, such as field trips, library work, and playground and lunch supervision (Kellaghan et al., 1993) are part of the intermediate categorization.

Distal categorization focuses on more remote activities. One example of distal strategy would be basic provision for health, nutrition, safety, and general well-being of children. Furthermore, parental involvement included the governance and advocacy on behalf of the school (for example, in a parent-teacher association or on a school management board) (Kellaghan et al., 1993).

Value: Perception of Parental Support

Nine out of the nine teachers identified perception of parental support in education as being positive.

Teacher A-F1-C2

> "Education is very important. His great grandmother wants him to take care of himself when he gets older. She make sure that his homework is completed and turned. She make sure he makes up work when he is absent. His mother also believes that education is important. She lets me know most of the time if he is absent."

Teacher B-F1-C3

"Mother and great grandmother thinks education is important. Wants him to at least graduate from high school. Mother is concerned about his education. But even though she knows it is important she is still a little lacked in turning in his homework, nor did she send an excuse when he is absent. She does attend some activities. His great grandmother thinks education is very important for him. She tries to make sure homework is completed. When he was with his great grandmother, she would call or send an excuse if he was absent. His great grandmother attended all school activities."

Teacher CF1-C3

"I first met F1-C3 through his great grandmother. She seemed very concerned about his education. I would see her all the time at school checking on the children. She was in attendance at all the school events. She showed these children so much affection. I do not know how she kept up with them at her age. When mom received the children back, I got the impression she wanted them to get a better education than her. Sometimes she would call when he was absent, other times she did not. But I do not hold that against her, because she is involved in a drug program. She is putting up great effort to change her life and that of her children."

Teacher D-F2-FMC1

"Mother is very concerned about his behavior and education is very important. She wants to make sure he is learning and she works with him. He missed 5 days since beginning of school this year so far for illness."

Teacher E-F3-C1

"Very concerned about his education, wants him to do well. She is very supportive of teachers and reinforce measures taken at school at home. In the times, I have talked with F3-C1's great grandmother, I had the impression that school is a top priority at his house. He seldom missed school and when he does it is usually for a doctor's appointment. He doesn't miss an entire day, just the time needed for the appointment."

Teacher F-F3-C2

> "I believe the great grandmother wants a good education for her. She worries about her health and getting through school, so she can take care of herself. I told her that F3-C2 will probably need to be referred for special education evaluation because she is falling behind in her work. But I do feel that education is important for her survival."

Teacher G-F4-C2

> "She is concerned about the educational development of her son. It seems to be a top priority and she seeks out all the help she can for him. He would only be absent for illnesses but he could be out of school for weeks."

Teacher H-F4-C4

> "F4-M4 always seem to be concerned with her children's education and welfare. But sometimes her behavior was somewhat different. She helps him with his homework and make sure its turned in. She attended many of the programs and conferences."

Teacher I-F5-FMC2

> "F5-M5 thinks education is a high priority. She has an older son who went to college. The F5-M5 has also had some college courses, so I truly believe education is a top priority with her."

Note: African-American parents have always been concerned about the educational development of their children (Billingsley, 1992).

Value: Perception of School-based Support

Four out of five families identified perception of school-based support as being positive.

F1-M1

> "Doin a good job. When um when um, I first got dem back (children) I call up to da school to tell dem dat I be comin to git dem out da school to transfer dem. I, dey, dey are doin good."

F2-M2

> "I think dey doin a pretty good job with him. He did excellent on his report card. His teacher started to notice a change in his behavior...."

F3-M3

> "Grandkids went here and da greats goin. I think dat will alway kinda help when I need help with da kids behavior. I alway been able to find somebody dat can talk to and dey tell me what to do or how we can kind of work together if dis child don' behave or finish homework...and da principal was nice for helpin me. When you go dere to check on grades, all dey can fill you in on is dey behavior, if a little behavior has occurred."

F4-M4

> "I do got a problem with my daughter. She got all A's an one B. Den dey send a letter home dat she readin at second grade and doin math at second grade an doin math at third grade level. I don understand why she should have all A's and readin at dat level and she in da seventh grade. Make me think dey just given grades to git'em all out da way. Dey doin a good job with da boys. F4-C4 is smart, he doin real good."

Value: Non-Parental Support

Four out of five families indicated non-parental support for their children, based on school records. According to Table 4.1, all parents/primary caregivers indicated the school system offered non-parental support to their children such as psychological services. Several parents identified social work services.

SUBTHEME: LIFE GOALS

Value: Education

Five out of five families identified education as a life goal.

F1-M1

> "To make a better life for dem. F1-C2 what did you tell me you wont to be?" "I never ask F1-C3. What you wont to be?"

F2-M2

> "...They'll finish school. Child 1 alway tellin me he want to play basketball, but I prefer if he go and git a college education."

F3-M3

> "Well, I kinda, I kinda believe dey try to git an education. Try to send dem to school. Try to git dey education."

F4-M4

> "I wont dem to git a good education."

F5-M5

> "...da goals are to finish school and I would like for dem to go to college on what dey want to be not what I want dem to be."

Note: According to Billingsley (1992), Black parents have always wanted their children to go as far as they could in school, at least through high school. Furthermore, Robert Hill (1974) has identified a strong achievement orientation as a strength of Black families. He cites as evidence that most Black youth in college came from families who were not college educated (Hale, 1994).

Additionally, Black parents have always stressed to their children the importance of them exceeding white children's behavior and performance because falling short reflects unfavorably upon the group (Hale, 1994).

Value: Family

Four out of five families identified the importance of the concept of family as part of life goals.

F1-M1

> "Cause me and my grandmother got problems, I still wont da boys to stay close to dey cousins."

F2-M2

> "I wont da boys to take care of each other."

F3-M3

> "Like we got invited out yesterday. We had dinner with da kids first. We didn eat but we all was here. So, we feed dem first an um my brother-in-law see after dem for a couple of hour."

F4-M4

> "We try to help one another. Keepin the kids, keep'em from payin a baby-sitter."

F5-M5

> From observations and informal conversation; F5-M5 takes care of her mother, who is a diabetic and needs visiting nursing care.

Note: For many Black extended families, reciprocity — or process of helping each other and exchanges and sharing support as well as goods and services — is a very central part of their lives. It has been one of the most important survival mechanisms (Boyd-Franklin, 1989). Stack (1974) describes a number of different levels at which family members interact, including "kinship, jural, affectional and economic" factors. This reciprocity might take many different forms, from lending money to understanding that help will be returned when needed. It also takes the form of emotional support, knowing

that a relative can be counted on to "share the burden" in times of trouble and that one will offer such emotional support in return (Stack, 1974).

Value: Jobs

Four out of five families identified work as part of life goals.

F1-M1

> "To get one, to make a better life for dem."

F3-M3

> "I thank dey should learn workin."

F4-M4

> "Get dem a good job. Hope they can take care of me (she laughs) I wont dem to git a good...a job."

F5-M5

> "Be what dey choose to be as long as dey choose to be and do somethang."

Note: Blacks have always embraced the central values of society, augmented those values in response to the unique experiences of slavery and subordination, incorporated them into a strong religious tradition, and espoused them fervently and persistently. Those values — among them, the primacy of family, the importance of education, and the necessity for hard work (Billingsley, 1992).

Additionally, Robert Hill (1972) has documented the fact that Black families place a strong emphasis on work and ambition.

SUBTHEME: WORK ISSUES

Concept: Goal Enablers

Three mothers out of the five mothers identified goal enablers in relationship to work issues.

F2-M2

> "I would attend if I git it off. I would attend now, my boss is pretty flexible like today as long as I give her enough time.... If I have to be here and here at a certain time, she she like OK. I can basicly git off.

F3-M3

> "I alway check on da kids. I jus work part-time and da kids come first."

F5-M5

> "When dey have her conferences I always tell'em to schedule mine on Friday afternoon. It easier for me to take off then. Sometimes when they forget I call the school an dey change the schedule."

Note: School staff must maintain flexible schedules because they recognize that parents are often unable to visit the school or attend meetings due to transportation difficulties or an inability to be excused from work.

> ...[A]n approach that sometimes must result in holding meetings outside the school building or after business hours. When parents visit the school without a formal appointment, teachers must cover for each other to allow for impromptu parent-teacher conferences <www.ed.gov/pubs/FamInvole/cane.html> (1999).

Concept: Mismatch Between the Family Microsystem and School Microsystem

Three out of the five mothers identified work issues conflict with school expectations.

F1-M1

> "Um, I'm so busy here, you know, um, you know. I am at da end of my program and I cain't just take off. I have to be here to show the new people around da program."

F2-M2

> "Personally I work 8-4:30 and when I git home everythang is over and done with. I work six days a week. The only time um off is if I request it. I don' receive any type of help. If I miss a day, dat's like missin three days to me...sometime I don' know early enough."

F4-M4

> "No cause I was working at that time and you cain't just take off. Sometime I didn' know cause da boys don' give me da notice."

F5-M5

> "I haven' been able to attend programs because they have been durin my work hours. By me bein assistant director, I have to be the main boss when da director is not in.... Therefore, you have to be there 24–7."

> "If somethan happens at school, I let them know if I can or can't make it. But like F5-C1, she might tell me something is happenin the same morning. Like I tell her, I cannot take off my job because you tell me something happenin today."

Note: "While Black women have traditionally worked in the labor force and in the home simultaneously, the expansion of Black women in the labor force during the past two decades has outstripped that in Black men" (Billingsley, 1992). Additionally, the Black woman has had to maintain the dual role for wages and shouldering the primary responsibility for the household (Hale, 1994).

OBSERVATIONS

The observations were conducted during three time periods; academic to academic, academic to recess, and lunch to academic. These time periods represented structured activity to structured activity, structured activity to unstructured activity, and unstructured to structured activity. Each observation lasted approximately sixty minutes which included the beginning of the activity through the transition period and the start of the next activity. The first two observations were conducted during the morning; 8:45 a.m. to 9:45 a.m. and 10:00 a.m. to 11:00 a.m., and the final observation was conducted in the afternoon, 12:45 p.m. to 1:45 p.m. and 1:00 p.m. to 2:00 p.m. There were two time frames set aside for the afternoon observations to accommodate the two lunch periods for lower elementary and upper elementary students. Observations were conducted on Tuesdays, Wednesdays, and Thursdays.

There were eight children observed: four—1st graders, one—2nd grader, two—3rd graders, and one—4th grader. One student had been retained in the first grade. The gender of the students were two girls and six boys.

The observations were rated using an affective observation sheet (Appendix C). The Affective Observation sheet is utilized by the Saginaw Public School Social Workers. It is a quick informal method of observing specific behavior. The social workers interviewed could not recall any data related to reliability or validity. I chose this tool because this is what the staff was using in this particular district. There are eight items listed on the form:

1.) Level of classroom focus

2.) Response to directions/instructions

3.) Appropriateness of peer relationship

4.) Appropriateness of classroom behavior

5.) Emotional appropriateness

6.) classroom responses

7.) Academic/work performance

8.) Interest in classroom activities

Each item is rated on a scale of 1 to 5; 1—representing excellent, 2—very good, 3—good, 4—fair, and 5—poor. The observations will be identified under each family and child.

Family One (F1)

F1-C2

F1-C2 a third grader, who takes medication for attention span and behavior. The medication he takes is ritalin; 10 milligrams in the morning and 10 milligrams in the afternoon.

Table 4.3
F1-C2 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus		X			
2.	Response to directions/instructions			X		
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness		X			
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities		X			

Table 4.4
F1-C2 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions			X		
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior				X	
5.	Emotional appropriateness				X	
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities				X	

Table 4.5
F1-C2 Observation 3

		Ratings			
Items	*1*	*2*	*3*	*4*	*5*
1. Level of classroom focus		X			
2. Response to directions/instructions		X			
3. Appropriateness of peer relationship			X		
4. Appropriateness of classroom behavior		X			
5. Emotional appropriateness			X		
6. Classroom responses			X		
7. Academic/work performance		X			
8. Interest in classroom activities		X			

Summary

Child F1-C2 receives medication in the morning and after lunch, coincided with observation one and observation two. The ratings were very good to good, which indicated that medication had some affect on the attention span disorder and behavior. There was a slight decline in the rating during observation two which indicates the medication was wearing off.

F1-C3

F1-C3 is in the first grade. He was retained once in first grade. He does not take any form of medication for behavior or attention span. He receives special education services in a resource room.

Table 4.6
F1-C3 Observation 1
Resource Room

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus		X			
2.	Response to directions/instructions		X			
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities		X			

Table 4.7
F1-C3 Observation 2
(First Grade Classroom)

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus				X	
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior				X	
5.	Emotional appropriateness			X		
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Table 4.8
F1-C3 Observation 3
(First Grade Classroom)

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus					X
2.	Response to directions/instructions					X
3.	Appropriateness of peer relationship				X	
4.	Appropriateness of classroom behavior					X
5.	Emotional appropriateness				X	
6.	Classroom responses				X	
7.	Academic/work performance					X
8.	Interest in classroom activities					X

Summary

Child F1-C3 ratings changed considerably. The resource room ratings are very good due to a very structured environment and good classroom management techniques. The decline of observation two and observation three was related to relaxed classroom management, organizational skills and routine, and non-existence of transitional activities.

Family Two (F2)

F2-FMC1

F2-FMC1 is a first grader, who does not take medication for behavior related problems or attention span. He was identified ineligible for special education services, after completion of the early childhood program.

Table 4.9
F2-FMC1 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus		X			
2.	Response to directions/instructions		X			
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities		X			

Table 4.10
F2-FMC1 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions			X		
3.	Appropriateness of peer relationship				X	
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness				X	
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Table 4.11
F2-FMC1 Observation 3

Items	Ratings 1	2	3	4	5
1. Level of classroom focus			X		
2. Response to directions/instructions			X		
3. Appropriateness of peer relationship			X		
4. Appropriateness of classroom behavior			X		
5. Emotional appropriateness				X	
6. Classroom responses			X		
7. Academic/work performance			X		
8. Interest in classroom activities			X		

Summary

Child F2-FMC1 has very good ratings during observation one. This is attributed to classroom management, skills of the teacher and transitional activities. In addition, parental involvement, support, and expectation of the parent, as well as child rearing practices play a crucial role in the child's ratings. There is a slight decline in observation two and observation three, this is attributed to the normal progression of the day.

Family Three (F3)

F3-GGMC1

F3-GGMC1 is a fourth grader, who takes medication for his behavior and attention span disorder. He takes 10 milligrams in the morning and in the afternoon.

Table 4.12
F3-GGMC1 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness			X		
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Table 4.13
F3-GGMC1 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus				X	
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior				X	
5.	Emotional appropriateness			X		
6.	Classroom responses				X	
7.	Academic/work performance			X		
8.	Interest in classroom activities				X	

Table 4.14
F3-GGMC1 Observation 3

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus				X	
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness			X		
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Summary

Child F3-GGMC1 takes medication in the morning and afternoon. This is reflected in the change in the affective behaviors between observation one and observation three. There are some slight changes in the behaviors in observation two due to the reduction of medication in the child's body.

F3-GGMC2

F3-GGMC2 is a first grader. She does not take any medication for behavior or attention span disorder.

Table 4.15
F3-GGMC2 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions		X			
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness			X		
6.	Classroom responses				X	
7.	Academic/work performance				X	
8.	Interest in classroom activities				X	

Table 4.16
F3-GGMC2 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus				X	
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness			X		
6.	Classroom responses				X	
7.	Academic/work performance				X	
8.	Interest in classroom activities					X

Table 4.17
F3-GGMC2 Observation 3

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus					X
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness			X		
6.	Classroom responses				X	
7.	Academic/work performance				X	
8.	Interest in classroom activities					X

Summary

Child F3-GGMC2 had slight changes in the affective behavior ratings. These changes occurred during observation two and observation three. During these observations the items were rated poor in two areas and this was attributed to the length of the day.

Family Four (F4)

F4-MC2

Child F4-MC2 is a second grader in a categorical (self-contained, special education classroom in which a student spends the majority of his/her school day for all major academic subjects) special education classroom.

Table 4.18
F4-MC2 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus		X			
2.	Response to directions/instructions		X			
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities		X			

Table 4.19
F4-MC2 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions			X		
3.	Appropriateness of peer relationship				X	
4.	Appropriateness of classroom behavior			X		
5.	Emotional appropriateness				X	
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Table 4.20
F4-MC2 Observation 3

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions			X		
3.	Appropriateness of peer relationship			X		
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities		X			

Summary

F4-MC2 ratings were very good. This is attributed to the very structured classroom and the classroom management which included transitional activities, routines, one-on-one and small group instruction. I also attributed the affective behavior to parental support and involvement. The decline in the ratings occurred during observation two due to the lateness in the morning and the restlessness of the student.

F4-MC4

F4-MC4 is a first grader. He does not take any medication for his attention span or behavior.

Table 4.21
F4-MC4 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus		X			
2.	Response to directions/instructions		X			
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses		X			
7.	Academic/work performance		X			
8.	Interest in classroom activities		X			

Table 4.22
F4-MC4 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions		X			
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Table 4.23
F4-MC4 Observation 3

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus			X		
2.	Response to directions/instructions			X		
3.	Appropriateness of peer relationship		X			
4.	Appropriateness of classroom behavior		X			
5.	Emotional appropriateness		X			
6.	Classroom responses			X		
7.	Academic/work performance			X		
8.	Interest in classroom activities			X		

Summary

Child F4-MC4 had very good ratings to good ratings. The classroom management was exceptional as well as the parental involvement and what was expected by the child from the mother. The decline in the ratings occurred later in the morning and only in the areas of academics. The child's social skills remained high.

Family Five (F5)

F5-FMC2

Child F5-C5 is a third grader. She takes medication for her attention span and behavior. She takes 10 milligrams in the mornings and 10 in the afternoon.

Table 4.24
F5-FMC2 Observation 1

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus					X
2.	Response to directions/instructions				X	
3.	Appropriateness of peer relationship					X
4.	Appropriateness of classroom behavior				X	
5.	Emotional appropriateness					X
6.	Classroom responses				X	
7.	Academic/work performance				X	
8.	Interest in classroom activities				X	

Table 4.25
F5-FMC2 Observation 2

		Ratings				
	Items	*1*	*2*	*3*	*4*	*5*
1.	Level of classroom focus					X
2.	Response to directions/instructions					X
3.	Appropriateness of peer relationship				X	
4.	Appropriateness of classroom behavior					X
5.	Emotional appropriateness					X
6.	Classroom responses				X	
7.	Academic/work performance					X
8.	Interest in classroom activities					X

Table 4.26
F5-FMC2 Observation 3

Items	Ratings 1	2	3	4	5
1. Level of classroom focus			X		
2. Response to directions/instructions				X	
3. Appropriateness of peer relationship			X		
4. Appropriateness of classroom behavior			X		
5. Emotional appropriateness				X	
6. Classroom responses			X		
7. Academic/work performance			X		
8. Interest in classroom activities			X		

Summary

Child F5-FMC2 takes medication for attention span disorder and behavior, however, it does not seem to have that big of an effect on her behavior and attention span in the morning. I attributed this to the child not actually taking the medication or it just does not work for her. But when the medication is given to her after lunch, there are some changes in her behaviors for the better. According to F5-M5, she does not use medication for her child at all at home, but has a very structured environment and monitors her very closely. This does not happen at school. The classroom environment is very lax, unstructured and unorganized. There are not any noticeable transitional activities.

The overall summary of the observations of the PDE children identified several factors. Several of the children were taking medication for attention span disorder and behavior which had some positive effect on their performances. However, as the medication was eliminated from the children's body the effects of control began to wear

off. I believe that medication should be the last resort of any form of intervention. I do want to conclude that those teachers who had structured classrooms, organized transitional activities, and classroom routines were more successful in their delivery of academic services to the PDE children. In addition, it would be helpful if teachers were aware of the child rearing practices, understood the culture and values of African-American families. It is important to look at more flexible scheduling and non-traditional involvement of the parent/primary care givers in school activities.

Results of HOME Inventory

The instrument used to measure the home environment was the HOME Inventory (Caldwell & Bradley, 1984). The HOME was administered after the completion of the family's genogram and ecomap. The administration of the HOME lasted between sixty to ninety minutes. The researcher was given a tour of the home for those items that were not easily observed or responded to during the administration.

The homes were evaluated on eight items. The eight items will be reported using the current and old headings. After two telephone conversations with Dr. Robert H. Bradley at the University of Arkansas, on March 2, 1999, and June 8, 1999, he provided this researcher with the current changes on the inventory. Additionally, he informed this researcher about the combining of two sub-tests. Furthermore, this researcher will report her scores that do not include the combining of the two sub-tests. She will report her results separately. This being that with combining of the two subscales Dr. Bradley had not determined the standard deviation for the scale. Dr. Bradley (1999) also stated that there

were no quartile scores developed for the Middle Childhood inventory. However, he did provide the means and standard deviations for the sub-tests and the Total HOME Score.

This researcher is presenting both headings used for the subscales.

HOME Headings

1. Acceptance/Emotional Climate
2. Family Participation/Family Companionship
3. Enrichment/Active Stimulation
4. Learning Materials/Materials & Experiences
5. Encouraging Maturity/Encouragement of Maturity
6. Parental Involvement
7. Physical Environment
8. Family Responsivity/Parental Responsivity

Table 4.27 indicates that the mean on the Acceptance subscale for the five families in this current study was 4.6. The mean of the norm group on the Acceptance subscale was 6.0 with a standard deviation of 1.6. The mean for the five families is lower than the score of the mean for the norm group.

Table 4.27
Acceptance

	Mean	*Standard Deviation*
Current Study	4.6	1.4
Norm Group	6.0	1.6

The histogram in Figure 4.12 depicts a mean of 4.6 for the five case families in this current study.

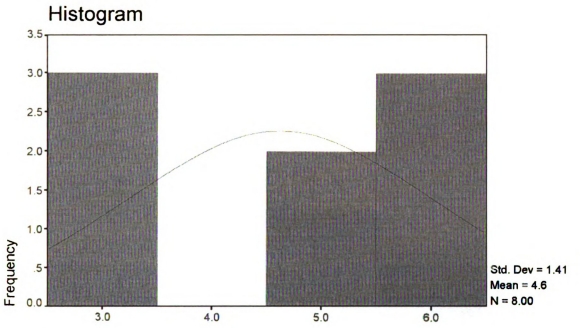

Figure 4.12. Acceptance

Table 4.28 indicates that the mean on the Family Participation subscale for the five families in this current study was 3.4. The mean of the norm group on the Family Participation subscale was 4.1 with a standard deviation of 1.4. The mean for the five families was lower than the mean for the norm group.

Table 4.28
Family Participation

	Mean	*Standard Deviation*
Current Study	3.4	.9
Norm Group	4.1	1.4

Figure 4.13 shows a mean of 3.4 for the five case families in this current study.

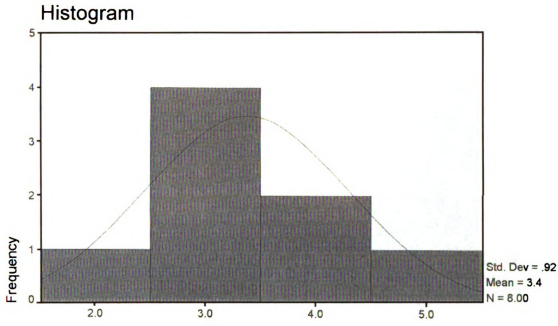

Figure 4.13. Family Participation

Table 4.29 indicates that the mean on the Enrichment subscale for the five families in this current study was 3.5. The mean of the norm group on the Enrichment subscale was 3.4 with a standard deviation of 2.2. The mean for the five families was .1 higher than that of the norm group.

Table 4.29
Enrichment

	Mean	*Standard Deviation*
Current Study	3.5	1.4
Norm Group	3.4	2.2

Figure 4.14 depicts a mean of 3.5 for the five case families involved in this current study.

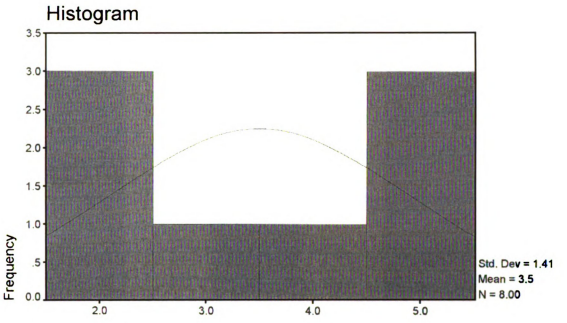

Figure 4.14. Enrichment

Table 4.30 indicates that the mean on the Learning Materials subscale for the five families in this current study was 4.0. The mean of the norm group on the Learning Materials subscale was 5.2 with a standard deviation of 2.0. The mean of the five families was lower than the mean of the norm group.

Table 4.30
Learning Materials

	Mean	*Standard Deviation*
Current Study	4.0	.9
Norm Group	5.2	2.0

Figure 4.15 shows a mean of 4.0 for the five families in this current study.

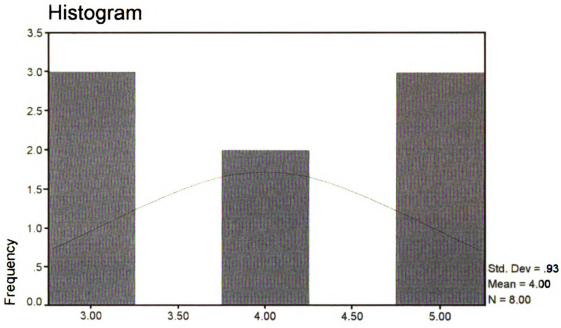

Figure 4.15. Learning Materials

Table 4.31 indicates that the mean on the Encouraging Maturity subscale for the five families in this current study was 6.1. The mean of the norm group on the Encouraging Maturity subscale was 4.8 with a standard deviation of 1.6. The mean of the five families was higher than that of the norm group.

Table 4.31
Encouraging Maturity

	Mean	*Standard Deviation*
Current Study	6.1	.6
Norm Group	4.8	1.6

Figure 4.16 depicts a mean of 4.8 for the five families in this current study.

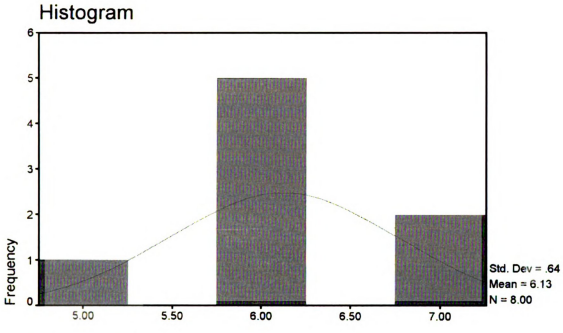

Figure 4.16. Encouraging Maturity

Table 4.32 indicates that the mean on the Parental Involvement subscale for the five families in this current study was .1. The mean of the norm group on the Parental Involvement subscale was 2.4 with a standard deviation of 1.2. The mean of the five families was lower than that of the norm group.

Table 4.32
Parental Involvement

	Mean	*Standard Deviation*
Current Study	.1	.3
Norm Group	2.4	1.2

Figure 4.17 shows a mean of .1 for the five families in this current study.

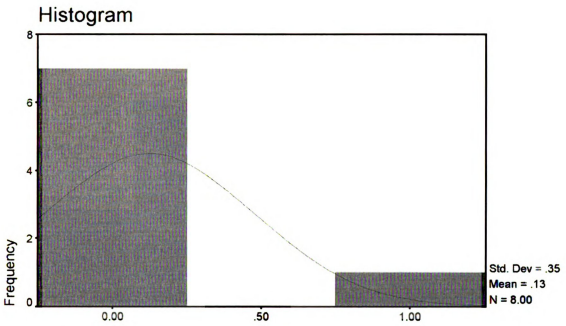

Figure 4.17. Parental Involvement

Table 4.33 indicates that the mean on the Family Responsivity subscale for the five families in this current study was 8.0. The mean of the norm on the Family Responsivity subscale was 8.4 with a standard deviation of 2.3. The mean for the five families was .4 lower than that of the norm group.

Table 4.33
Family Responsivity

	Mean	*Standard Deviation*
Current Study	8.0	1.3
Norm Group	8.4	2.3

Figure 4.18 depicts a mean of 8.0 for the five families in this current study.

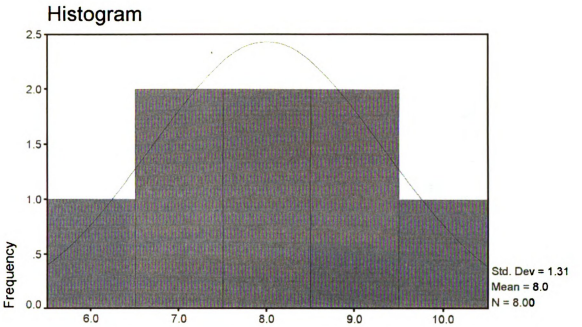

Figure 4.18. Family Responsivity

Table 4.34 indicates that the mean on the Total "HOME" Inventory for the five families in this current study was 36.3. The mean of the norm on the Total "HOME" Inventory was 41.6 with a standard deviation of 9.0. The mean for the five families was lower than the norm group.

Table 4.34
Total HOME Inventory

	Mean	*Standard Deviation*
Current Study	36.3	5.6
Norm Group	41.6	9.0

Figure 4.19 shows a mean of 36.3 for the five families in this current study.

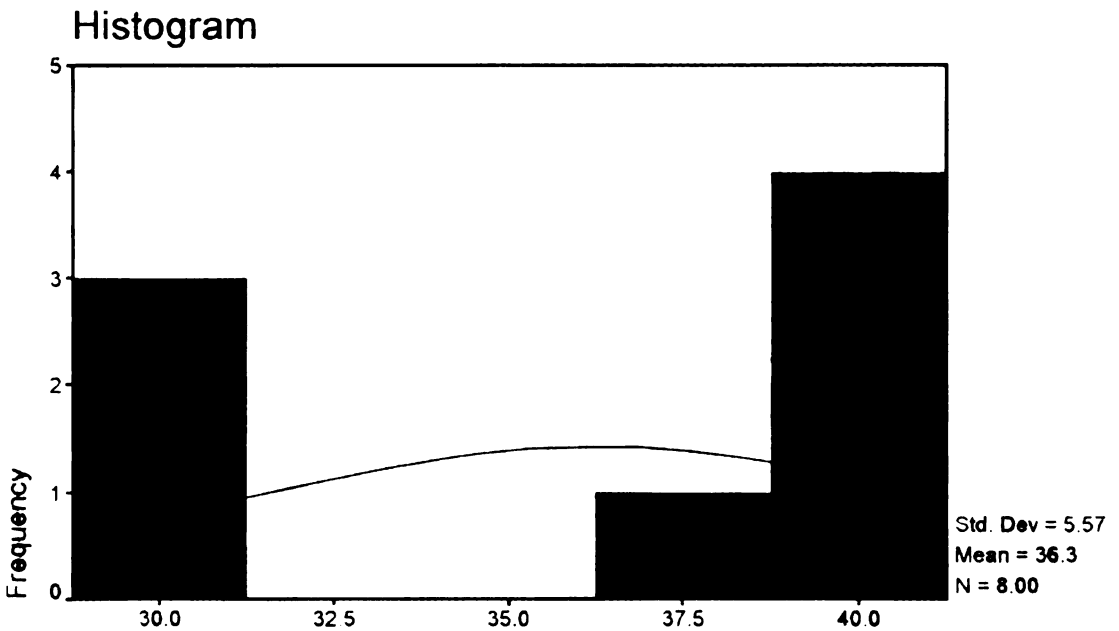

Figure 4.19. Total HOME Inventory

Summary

Chapter IV provided the findings from the family interviews, teacher interviews, home and school observations, school records, and the HOME Inventory.

Chapter V presents the discussion of the findings, implications for educators and family practitioners, and recommendations.

CHAPTER V

DISCUSSION AND IMPLICATIONS OF THE FINDINGS

DISCUSSION

In doing this study reflecting on Daly's (1992) comments in which he poised a question relevant to myself as the researcher, especially for this dissertation: "...how do our own family experiences affect the choices we make about what to study, who to ask, and how to ask it?" This study was born from observations of my own extended family, conversations with other family members, and a course project. This is a very personal and passionate issue for this researcher.

It is important to revisit the findings reported in Chapter IV in order to come to a clear understanding of what these qualitative and quantitative results mean for educators, practitioners, and family studies scholars across a range of disciplines. However, in order to reflect upon these findings, there are some areas that need to be addressed. The first area is the lack of literature which specifically addressed the families who care for prenatally drug exposed school-aged children. The second area is the support provided these families by the school systems. Additionally, is the lack of literature available that addresses the relationship of the family and school microsystems.

In order to fully understand the findings reported in Chapter IV, the relationship between family and school microsystems of prenatally drug exposed children, Bronfenbrenner's (1979, 1986) ecology of human development requires explanation to

help us view this context. The role of child development in the family microsystem is also reflected in the child's development in the school microsystem. Given that, in order for the child to be successful the child must be provided support that is consistent with that of the child's culture and family microsystem. Every aspect of the child's life must be taken into account. Garbarino (1992) explained that the child's family microsystem as well as the school microsystem is where the child's development takes place as well as the school microsystem. The child's family and school microsystems must be in sink in order to provide the crucial context for development of these children based on their prenatal drug exposure during development.

The families in this study were more similar than different. Although, the family structures were different their values and expectations for their children were the same. The central theme identified was African-American values. The values of these African-American families were consistent with those of traditional African-American families. African-Americans have placed a high value on family, parenting, church, education, and work issues. The same values which enable traditional families to achieve high levels of viability operate in these families today.

These African-American parents of these prenatally drug exposed children are like other "typical" parents. They are deeply concerned about their children's educational development. They have life goals for their children, educational goals, and realistic expectations. These parents have African-American values they instill in their children to be come successful just as traditional African-American families.

Furthermore, these families hold the same beliefs, love, and expectations for their children and believe their children can also achieve. The families felt that in order for this

to occur they have to maintain the same parenting style and religious beliefs that have been passed down to them by their parents.

These children were exposed to home environments that expressed love and affection. Regardless of the children's behaviors, they were disciplined with love and understanding. The parents felt the need to explain why they were being disciplined. These families incorporated the meaning of respect and obedience into their parenting style. They wanted the children to understand that in order to succeed in life you must give others respect and be obedient to elders.

The parents of these prenatally drug exposed children held strong religious beliefs. Although the parents had been reared in the church by their parents, some did not attend on a regular basis. However, they made sure their children received the same spiritual exposure as they. Their major concern was to make sure the children attended church on a regular basis. They accomplished this by sending the children to church with other extended family members or on the church bus. The parents believed that if all else failed God would still be there to provide them with support.

The parents of these children hold the same expectations as other parents. However, because these parents are aware of their children's developmental difficulties they provide continuous encouragement, support from extended family members, social agencies, and school. These parents speak of endurance with their children, advising them regardless of their circumstances for they want them to strive to have a better life.

Many reports state that African-American do not hold a high value of education. But African-Americans have always been first to strive to learn. This is evident back to the first slaves that were brought from Africa. African-Americans believed in order to be successful

in society they must be educated. These families believed that in order for their prenatally drug exposed children to survive they, too, must at least attain a high school degree.

The parents were open to suggestions and support from school staff and other social agencies. However, one area of concern that needs to be addressed is the support from school staff for academic progress and not just concerns related to behavior. Parents felt that the major concern of the school staff was not in academics but in their children's behavior. Parents were more concerned with the academic progress of their children.

These African-American parents wanted very much to be involved in their children's education. However, when there is only one parent who is the sole bread earner for the family, work must come first. As indicated by the findings the mother's primary concern was their families financial status. Additionally, attendance at school programs or conferences is not the only way parents are involved in their child's education. These parents were actively involved by supporting their children in completing homework, attending school, and supporting them when a problem occurred at school.

The observations of the children provided information related to the children's academic work habits. Some of the children were receiving medication for Attention Deficit Hyperactivity Disorder and learning disability, which was related to attention span and behavioral problems. During the morning activities the children received good ratings, however, as the morning progressed their behaviors changed, and they became somewhat unmanageable.

Another point that was very noticeable with these PDE children was their difficulty in following directions if the classroom was not very structured. During some of the observations the children had a difficult time ending one activity in order to begin another

activity. What was very noticeable was the omission of transitional activities incorporated into the classroom schedule. When the teachers incorporated transition activities into the classroom schedule, the transition for these children were much more structured and organized. This also applied to the children who were receiving medication for attention span and behavior disorders.

The final factor that needed addressing was classroom management and classroom environment. Many of the behaviors that occurred at school did not occur at home. This was attributed to the disciplinary procedure utilized at home verses those utilized at school. The strict reinforcement of the parents verses that of the school environment. Example one child received medication for her out of control behavior problems at school but did not receive medication at home. However, at home the behavior was very controlled, because the mother was very consistent with her discipline policy.

The parents provided support in the child's family microsystem in order to provide the child with success in their educational development. The parents have sought support for their children from school staff. Additionally, these parents have tried to develop a positive family-school relationship through their participation in their children's school activities, when it did not interfere with their work. The parents would like to be involved academically and not just when there is a behavior problem.

The school staff have made some head-way into trying to develop a positive family-school relationship. Staff need to receive training on how to work with children who have been prenatally drug exposed. The staff have worked with the parents on rescheduling conferences and open houses. However, there needs to be more compromises made to

benefit the parents who are working. School staff need to consider the culture and values of the families, so that school values and family values do not conflict.

IMPLICATIONS

This section of the chapter discusses implications for educators as a discipline, support for families, my plans for personal contributions to this field of study, and my future role as an educator will be addressed.

When educators are cognizant of the needs of prenatally drug exposed children, cultural beliefs and parenting styles inherent in their population, appropriate measures can be taken to maximize the education of these children. When educating African-American children who have been prenatally drug exposed, it is helpful to have some knowledge regarding their culture and their need to be successful in school. Often times, this is not the case. For the most part, teachers are educated primarily in providing education for the White Anglo-Saxon children. They have seldom been exposed to diverse cultures nor the exposure of children with at-risk behaviors. If these measures are met it will assist parents and teachers in understanding the educational needs of these children to help them succeed.

Children entering preschool and elementary classrooms bring with them a wide range of behaviors, values, beliefs, dispositions, and learning styles. Some pose problems for the children's healthy development and educational outcomes, others lead to classroom management difficulties. Carefully developed strategies and techniques to work with parents can eliminate some of the problems. By understanding and considering their culture and values, educators will realize that families have expectations and goals for their

children. There is a need to help build a closer bond between educators and parents. Taking these steps, educators and parents can develop a positive relationship to provide success for these children.

School systems need to provide more supportive services for these parents and children who have been identified as prenatally drug exposed in the area of academics, emotional and social behavior, and referral services such as to support agencies. The development of school programs and activities should support family involvement and recognition. Planned conferences should involve considerations of the parent's work schedule and not always around the scheduled day of the educators. School systems must create an atmosphere where parents are truly comfortable to come into the school building. They must make parents feel valued and want to come back.

Additionally, training must be provided for educators on how to work with prenatally drug exposed children in regular education settings. Many prenatally drug exposed children exhibit impulsivity, difficulty screening out distractions, and maintaining an adequate attention span. Educators need to be trained on how to structure the classroom environment to enhance the development of prenatally drug exposed children.

Parental involvement that involves African-American low income children and parents need rethinking. Some school systems badger parents with parental involvement/parental participation without considering that the parents primary goal is caring for the family. Parents have been required to attend meetings that are inconveniently scheduled, especially if they are working, or in school, or on a job training program, or have no transportation. This places a great burden on caretaker's time and energy. Educators need to be considered that being a single parent of prenatally drug exposed children and having

a low income require a different kind of energy than having two parents. These parents are then labeled as uninterested in their children's education if attendance at meetings and school programs are not high.

The implication of parental involvement must reflect a balanced view of the Black lower income family. Educators must conceptualize the adaptive aspects of the family by interpreting the strengths of Black families. It must become a realization for educators that these families rely heavily on their minimum wage income. Having to choose between parental involvement and work is not a matter of choice. By choosing work over parental involvement in school does not mean they are not concerned about their children's education.

African-American families have relied upon these strengths since slavery. These strengths of religion, endurance, and education have been passed down from generation to generation. Not only are they seen as strengths but also as values. Sometimes, these strengths/values may not be readily visible to others, but they are there. Regardless of circumstances, within the face of adversity, PDE families strive to make life better for their children. PDE families place great value in their strengths of religion, endurance, education, and believe strongly in the family, respect for others, and obedience to elders. The PDE families realize that in order for their children to be successful they must be educated and acquire all the knowledge possible. The parents/primary caregivers realize they can not do this by being disrespectful and disobedient to adults.

Educators must open their eyes and learn about the culture, values, and belief system of African-American families. In order to successfully educate PDE children educators must immerse themselves into this culture to understand their values and belief system.

They must realize that African-American childrearing and disciplinary practices are based on their religion. As educators we must believe that no matter how dim the light may look for African-American children at the end of the tunnel, PDE children still deserve equal justice and opportunity in education and employment. Under many circumstances, biased literature has been written to reflect the negative view of African-American children, but as researchers we must shed light on the positive accomplishments of children who have endured so much hardship but continue to survive with the support of loving parents and primary caregivers.

Continued research needs to occur to develop literature about the dynamics of what occurs between the home and school microsystems of prenatally drug exposed children. Literature is limited or nonexistent on the development of prenatally drug exposed school-aged children in elementary and middle school. Additional research needs to be conducted on Hispanic families and other ethnic groups. Research should expand to include children who are drug exposed from middle socioeconomic backgrounds as well.

In addition, the observations of these families served to generate hypotheses for future research, not only with regard to prenatally exposed children in families, but, also, about how families cope with and adapt to this condition. Data also provided information concerning family strengths and family stress management. This could give us evidence of how specific family microsystems relate to other microsystems. Finally, the findings presented may be useful for family practitioners and educators who work with PDE children and their families.

APPENDICES

APPENDIX A

UCRIHS LETTER

MICHIGAN STATE
UNIVERSITY

January 21, 1998

TO: Lillian Phenice
Dept. of Family & Child Ecology
3E Human Ecology

RE: IRB#: 97-804
TITLE: THE RELATIONSHIP BETWEEN PRENATALLY DRUG EXPOSED SCHOOL-AGED CHILDREN'S FAMILY AND SCHOOL MICROSYSTMES
REVISION REQUESTED: N/A
CATEGORY: FULL REVIEW
APPROVAL DATE: 01/05/98

The University Committee on Research Involving Human Subjects (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project and any revisions listed above.

RENEWAL: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/ CHANGES: Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)432-1171.

Sincerely,

David E. Wright, Ph.D.
UCRIHS Chair

DEW:bed

cc: Barbara Jones

OFFICE OF
RESEARCH
AND
GRADUATE
STUDIES

University Committee on Research Involving Human Subjects (UCRIHS)

Michigan State University
246 Administration Building
East Lansing, Michigan
48824-1046

517/355-2180
FAX 517/432-1171

APPENDIX B

STUDY OF THE RELATIONSHIP BETWEEN PRENATALLY DRUG-EXPOSED SCHOOL-AGED CHILDREN'S FAMILY AND SCHOOL CONSENT FORM

Children are born each year prenatally exposed to drugs. Little is known about prenatally drug-exposed school-aged children's family and school relationships. This study is designed to examine these relationships including themes and patterns related to the educational development of these children. Information from this study will be useful for the educational development of prenatally drug-exposed school-aged children.

Participation in this study will involve: the researcher, the family, the school (teacher), and your child (children).

The undersigned agrees to participate in the study involving his/her family and school with the researcher.

The participant understands that if he/she does not want to take part in the study, it will have no effect on his/her continued involvement in the school district.

The participant's and child's involvement will include completion of interview question(s), family tree, and a drawing of the family and community involvement, oral responses about family history, and observations of the home environment during normal family routine (physical environment and family interactions). The home visit will last between 1–2 hours. Second/third home visits will be scheduled only if interruptions occurred during the first visit.

The participant understands that his/her child's (children's) involvement will include 15–20 minute observations (at least 3) of him/her (the child/children) in the classroom.

The participant understands that the teacher of the child/children will be involved.

The participant understands that he/she is free to ask questions at any time and may stop participating at any time he/she wishes without penalty.

The participant understands that his/her report and contribution will be kept confidential, private, and anonymous.

The participant understands that he/she may receive an overall report, but not individual scores.

The participant understands that he/she will not receive any monetary benefits from the research nor his/her child/children.

The participant understands that his/her participation in this research project will not involve any additional cost to him/her.

The participant understands that there are no guarantee of benefits from the school.

The participant understands that information will be used from his/her child/children's school records.

The participant understands that Child Protective Services will be contacted if evidence of child abuse is found in the home.

The participant gives his/her permission to participate in the following study.

_____ _____

Participant Date

_____

Witness or Researcher

CHILD ASSENT FORM

I understand that the researcher is going to be doing a study for her school on children, their families, and their school and how they work together. I understand that she wants to watch me working at school. Also, I understand that she will come to my house and watch me working at home.

I understand that if I don't want to be a part of the study, there will be no effect on my school grade. I understand, even if I agree today to be a part of the study, I can change my mind at any time. I understand I can withdraw from the study at any time.

I understand that my name will not be used when the researcher writes her paper. The only person who will know what I do in school and at home will be the researcher.

If I have any questions, I can call the researcher.

The researcher needs to get my permission to come and watch me at school and at home. If it is okay with me for her to come to your school and home to do this, she will.

It is okay that I am a part of the study. _____(Initials of the researcher)*

*According to UCRIHS, researcher is to initial the form for the child.

TEACHER CONSENT FORM

STUDY OF THE RELATIONSHIP BETWEEN PRENATALLY DRUG-EXPOSED SCHOOL-AGED CHILDREN'S FAMILY AND SCHOOL TEACHER CONSENT FORM

Children are born each year prenatally exposed to drugs. Little is known about prenatally drug-exposed school-aged children's family and school relationships. This study is designed to examine these relationships including themes and patterns related to the educational development of these children. Information from this study will be useful for the educational development of prenatally drug-exposed school-aged children.

Participation in this study will involve: the researcher, the teacher, the school, and his/her family.

The undersigned agrees to participate in the study involving his/her student and their family with the researcher.

The participant understands that if he/she does not want to take part in the study, it will have no effect on his/her continued involvement in the school district.

The participant's involvement will include completion of interview question(s). This process will take approximately 1 hour.

The participant understands that his/her student's involvement will include 15–20 minute observations (at least 3) of him/her (the student) in the classroom.

The participant understand that he/she is free to ask questions at any time and may stop participating at any time he/she wishes without penalty.

The participant understands that his/her report and contribution will be kept confidential, private, and anonymous.

The participant understands that he/she will not receive any monetary benefits from the research nor his/her child/children.

The participant understands that his/her participation in this research project will not involve any additional cost to him/her.

The participant gives his/her permission to participate in the following study.

Participant/Teacher	Date

Witness or Researcher

APPENDIX C

AFFECTIVE OBSERVATION SHEET

Student Name_____Date of Meeting_____

AFFECTIVE OBSERVATION SHEET

Items	*Evaluation Sheet*				
	Excellent	Very Good	Good	Fair	Poor
1. Level of classroom focus	1	2	3	4	5
2. Response to directions/instructions	1	2	3	4	5
3. Appropriateness of peer relationship	1	2	3	4	5
4. Appropriateness of classroom behavior	1	2	3	4	5
5. Emotional appropriateness	1	2	3	4	5
6. Classroom responses	1	2	3	4	5
7. Academic/work performance	1	2	3	4	5
8. Interest in classroom activities	1	2	3	4	5

Comments:

INTERVIEW QUESTIONS FOR PARENTS

1. Describe your typical day.
2. Describe a typical day with your child.
3. What are your hopes and dreams for your child?
4. What are you doing to reach this goal?
5. What plans have you made for your child if something happens to you?
6. What are your priorities or goals for your child?
7. What are your values and beliefs?
8. How do you talk about values and beliefs to your child?
9. What type of people do you allow your child to be around?
10. Do you reward your child for positive behavior?
11. How do you reward your child?
12. Do you discipline your child?
13. How do you discipline your child?
14. Do you use physical punishment?
15. What is your view on physical punishment?
16. How do you show affection to your child?
17. Does your child attend church?
18. Do you attend church with your child?
19. How do you make the connection between your child's school and home?
20. Are you a member of the PTA?
21. How often do you visit your child's school?

22. What are the reasons you visit your child's school?

23. What is your perception of the school's attitude toward the education of your child?

INTERVIEW QUESTIONS FOR TEACHERS

1. How frequently do you assign homework?
2. How often was homework returned completed?
3. Identify the reasons given for homework not being completed by the parent or the child.
4. How often did the parents participate in school activities?
5. How often did the parent volunteer in your classroom or at school?
6. How often did you have a parent/teacher conference concerning behavior?
7. How often was the student suspended and why?
8. Did students receive any awards and what were they?
9. How frequently was child absent or tardy?
10. If student was absent/tardy did parent provide a reason?
11. Was the student allowed to make up class work missed?
12. Describe a typical day with the student.
13. Did the student exhibit aggressive behavior, withdrawal, hyperactivity, and off-task behavior?
14. Describe the student's behavior during transitional activities, group activities, and individual activities.
15. Describe the positive reinforcement used in the class.
16. Describe your discipline procedure.
17. What is your perception of the family's attitude toward educational development of their child?

APPENDIX D

INSTRUMENT

MIDDLE CHILDHOOD HOME INVENTORY
Bettye M. Caldwell and Robert H. Bradley

Family name _____ Date_____ Visitor _____

Address _____ Phone _____

Child's name _____ Birthdate _____ Age _____ Sex _____

Parent present _____ If other than parent, relationship to child _____

Family composition _____
(persons living in household, including sex and age of children)

Family ethnicity _____ Language spoken _____ Maternal education _____ Paternal education _____

Is mother employed? _____ Type of work when employed _____

Is father employed? _____ Type of work when employed _____

Current child care arrangements _____

Summarize past year's arrangements _____

Other persons present during visit _____

OBSERVATION SUMMARY

	SCORES
I. RESPONSIVITY	
II. ENCOURAGEMENT OF MATURITY	
III. ACCEPTANCE	
IV. LEARNING MATERIALS	
V. ENRICHMENT	
VI. FAMILY COMPANIONSHIP	
VII. PATERNAL INVOLVEMENT	
VIII. PHYSICAL ENVIRONMENTS	

Comments _____

_____

_____

Middle Childhood HOME

Place a plus (+) or minus (-) in the box alongside each item if the behavior is observed during the visit or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotal and the total on the front side of the Record Sheet.

I. RESPONSIVITY		16. * Parent is consistent in applying family rules.	
1. Family has fairly regular & predictable daily schedule for child (meals, day care, bedtime, TV, homework, etc.)		17. * Parent does not violate rules of common courtesy during visit.	
2. Parent sometimes yields to child's fears or rituals (allows night light, accompanies child to new experiences, etc.)		**III. ACCEPTANCE**	
3. Child has been praised at least twice during past week for doing something.		18. Parent has not lost temper with child more than once during previous week.	
4. Child is encouraged to read on his own.		19. Parent reports no more than one instance of physical punishment occurred during past month.	
5. * Parent encourages child to contribute to the conversation during visit.		20. Child can express negative feelings toward parents without harsh reprisals.	
6. * Parent shows some positive emotional responses to praise of child by Visitor.		21. Parent has not cried or been visibly upset in child's presence more than once during past week.	
7. * Parent responds to child's questions during visit.		22. Child has a special place in which to keep own possessions.	
8. * Parent uses complete sentence structure and some long words in conversing.		23. * Parent talks to child during visit (beyond correction and introduction)	
9. * When speaking of or to child, parent's voice conveys positive feelings.		24. * Parent uses some term of endearment or some diminutive for child's name when talking about child at least twice during visit.	
10. * Parent initiates verbal interchanges with Visitor, asks questions, makes spontaneous comments.		25. * Parent does not express overt annoyance with or hostility toward child—complains, describes child as "bad," says child won't mind, etc.	
II. ENCOURAGEMENT OF MATURITY		**IV. LEARNING MATERIALS**	
11. Family requires child to carry out certain selfcare routines, e.g., makes bed, cleans room, cleans up after spills, bathes self. (A YES requires 3 out of 4)		26. Child has free access to record player or radio.	
12. Family requires child to keep living and play area reasonably clean and straight.		27. Child has free access to musical instrument (piano, drum, ukulele, or guitar, etc.)	
13. Child puts own outdoor clothing, dirty clothes, night clothes in special place.		28. Child has free access to at least ten appropriate books.	
14. Parents set limits for child and generally enforce them (curfew, homework before TV, or other regulations that fit family pattern)		29. Parent buys and reads a newspaper daily.	
15. Parent introduces Visitor to child.		30. Child has free access to desk or other suitable place for reading or studying.	

31. Family has a dictionary and encourages child to use it.		46. Parents discuss TV programs with child.	
32. Child has visited a friend by him/herself in the past week.		47. Parent helps child to achieve motor skills—ride a two-wheel bicycle, roller skate, ice skate, play ball, etc.	
33. * House has at least two pictures or other type of art work on the walls.		48. Father (or father substitute) regularly engages in outdoor recreation with child.	
V. ENRICHMENT		49. Child sees and spends some time with father or father figure 4 days a week.	
34. Family has a TV and it is used judiciously, not left on continuously. (No TV requires an automatic NO - Any scheduling scores YES)		50. Child eats at least 1 meal per day, on most days, with mother and father (or mother and father figures). (1 parent families rate an automatic NO)	
35. Family encourages child to develop or sustain hobbies		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.	
36. Child is regularly included in family's recreational hobby.		**VII. PHYSICAL ENVIRONMENT**	
37. Family provides lessons or organizational membership to support child's talents (especially Y membership, gymnastic lessons, Art Center, etc.)		52. Child's room has a picture or wall decoration appealing to children.	
38. Child has ready access to at least two pieces of playground equipment in the immediate vicinity.		53. * The interior of the apartment is not dark or perceptually monotonous.	
39. Child has access to a library card, and family arranges for child to go to library once a month.		54. * In terms of available floor space, the rooms are not overcrowded with furniture.	
40. Family member has taken child, or arranged for child to go to a scientific, historical or art museum within the past year.		55. * All visible rooms of the house are reasonably clean and minimally cluttered.	
41. Family member has taken child, or arranged for child to take a trip on a plane, train, or bus within the past year		56. * There is at least 100 square feet of living space per person in the house.	
VI. FAMILY COMPANIONSHIP		57. * House is not overly noisily—TV, shouts of children, radio, etc.	
42. Family visits or receives visits from relatives or friends at least once every other week.		58. * Building has no potentially dangerous structural or health defects (e.g., plaster coming down from ceiling, stairway with boards missing, rodents, etc.)	
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.		59. * Child's outside play environment appears safe and free of hazards. (No outside play area requires an automatic NO)	
44. Family member has taken child, or arranged for child to attend some type of live musical or theatre performance			
45. Family member has taken child, or arranged for child to go on a trip of more than 50 miles from his home. (50 miles radial distance, not total distance)			

TOTALS:

I _____ II _____ III _____ IV _____ V _____ VI _____ VII _____ VIII _____

TOTAL _____

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