

Personal motivation and child protection decision-making: The role of regulatory focus
in removal recommendations

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ABSTRACT

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Decision-making in the field of child protection has been the subject of focused study for decades, propelled by repeated reports of its questionable reliability. Although researchers have examined the extent to which caseworker characteristics influence child protection decision-making, studies into the influence of caseworker motivation on decision-making is scarce. This initial study into the regulatory focus of child protection investigators adds to the nascent body of knowledge on the impact of caseworker motivation on the specific decision of whether to place a child in out-of-home care. Drawing from Higgins' (1997) regulatory focus theory this study seeks to explain, at least in part, why caseworkers make the kinds of decisions they do. It was hypothesized that child protection investigators' placement recommendations would be related to their regulatory focus generally speaking, and in more pronounced ways for investigators with a strong prevention focus. A sample of 100 child protection investigators employed by a large urban public child welfare agency participated in the study, in which workplace regulatory focus was measured using the Work Regulatory Focus scale. Participants were asked to read and react to two vignettes adapted from actual child protection cases. Following each vignette were questions regarding placement recommendations, assessments of risk, and emotional reactions to reading the vignettes. Socio-demographic information was also collected. Findings suggest a relationship between regulatory focus and placement recommendations, although test statistics at the margin of statistical significance and low power preclude definitive statements as to whether the null hypotheses can truly be rejected. Interpretation is made more difficult given the duality that characterized the regulatory focus of this sample of child protection investigators, with more

than half of the sample scoring high on both the prevention and promotion subscales of the WRF scale. Implications for future research and practice are discussed.

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CHAPTER 1: INTRODUCTION

Rationale for the Study

Child protection decision-making has been the focus of investigation for years, and for good reason. For more than a decade researchers have called attention to the questionable reliability of child protection decision-making (Britner & Mossler, 2002; Lindsey, 1994; Rossi, Schuerman, & Budde, 1999). Citing the work of Lindsey (1992) and Ruscio (1998) Gambrill and Shlonsky (2000) propose that somewhere between 58 to 78 percent of child protection cases are correctly classified, meaning maltreatment is identified when present and, conversely, not identified when not present. This suggests, though, that somewhere between 22 to 42 percent of child protection cases are incorrectly classified – a disturbingly high error rate when it comes to decisions that so profoundly affect children and families.¹

Many in the field of child welfare research have responded to the call for enhanced decision-making by focusing on risk assessment instruments (Baird & Wagner, 2000; Camasso & Jagannathan, 2000; English, 1998; Gambrill & Shlonsky, 2000). Indeed, for well over a decade there has been sustained interest in the development of risk assessment tools as a means to improve the validity and reliability of child protection decision-making. In essence, the objective of risk assessment instruments is to reinforce a caseworker's ability to concentrate on those factors most closely correlated with maltreatment risk (i.e., income, family structure, and public policy, Berger, 2004; “measures of social isolation, family conflict, parenting skills, and depression”, Gambrill & Shlonsky, 2000, p. 821; psychiatric health and maternal insight,

¹ Incorrectly classifying child protection cases refers to cases in which a child is the victim of maltreatment but the case is not substantiated. This can also refer to those cases that are substantiated despite there being no child in the family who is actually the victim of maltreatment.

Mullick, Miller, & Jacobsen, 2001; intimate partner violence, Taylor, Guterman, Lee & Rathouz, 2009).

This evidence-based approach to the enhancement of decision-making has been taken, at least in part, to minimize the amount of bias that creeps into caseworker decision-making. However, there is evidence to suggest that although risk assessment tools “can be invaluable aids... [they] cannot provide a satisfactory replacement for professional judgment” (Munro, 1999, p. 754). Also of concern is the extent to which risk assessment tools accurately predict future maltreatment (Barber, Trocme, Goodman, Shlonsky, Black, & Leslie, 2007; Pecora, Whittaker, Maluccio & Barth, 2000) as well as the way caseworkers use these tools in practice (Benbenishty, Osmo & Gold, 2003; Regher, Bogo, Shlonsky & LeBlanc, 2010). Nonetheless, emerging risk assessment systems have had “a number of positive benefits on worker practice”; to be sure, the literature on risk assessment is vast and expanding still (Gillingham & Humphreys, 2010; Pecora, Whittaker, Maluccio & Barth, 2000, p. 480).

At the same time, there has been considerable writing about the extent to which bias and faulty judgment impacts child welfare decision-making (Harris & Hackett, 2008). For example, caseworkers in the field of child protection have been found to be selectively perceptive and to process information sequentially rather than contextually; that is, to give more weight to pieces of information encountered early on rather than to examine each new piece of information in its particular context (Gambrill & Shlonsky, 2000). Particularly for child welfare professionals, whose work conditions have received wide attention (i.e., high caseloads, high pressure, low pay; Farber & Munson, 2010; Kim, 2011), it is all too common that “professionals with heavy caseloads and limited time can easily feel overwhelmed by the range of potentially important details to consider when assessing a family... They tend to use the facts that come most readily to

mind...Facts are more memorable if they are vivid, concrete, arouse emotion and are either the first or most recent” (Davidson-Arad & Benbenishty, 2010; Munro, 1999, p. 754).

Prior research has also uncovered caseworkers’ tendency to fall prey to the fundamental attribution error, wherein “causes are mistakenly attributed to the dispositional characteristics of the person and environmental variables are overlooked” (Gambrill & Shlonsky, 2000, p. 815-816). Caseworkers may “assign exaggerated importance to data that...support [their] beliefs” (Gambrill & Shlonsky, 2000, p. 815). Again Munro’s (1999) work aligns with these claims. In her 1999 study, she found that “the most striking and persistent criticism [of caseworker decision-making] was that professionals were slow to revise their judgments...Professionals showed an ability to be skeptical about information when it conflicted with their view of the family but were repeatedly criticized for being uncritical when the new evidence supported their view” (p. 748, 751).

Despite this focused attention to decision-making within the realm of child protection, relatively few scholars have focused on understanding how caseworkers actually think about case decision-making. Studies focused on the influence of child protection workers’ personal characteristics on decision-making have largely concentrated on the socio-demographic attributes of caseworkers and the extent to which those attributes correlate with decision-making (Ryan, Garnier, Zyphur & Zhai, 2006). While valuable in its own right, studying the relationship between the external characteristics of caseworkers and decision-making does not get to the heart of matter: the extent to which personal motivation, the proverbial black box of casework practice, influences decision-making.

This study picks up on this thread by asking, what motivates caseworkers to make the decisions they do? It does so by looking at the role of caseworker motivation in the child welfare

decision-making process, a virtually untapped area of inquiry to date.² Drawing from Higgins' (1997, 1998) regulatory focus theory this study seeks to explain, at least in part, *why* caseworkers make the kinds of decisions they do. In so doing, findings from this research can contribute to efforts to train and supervise caseworkers responsible for making decisions aimed at protecting children and strengthening families.

Conceptual and Theoretical Frameworks Informing the Study

Looking broadly at the research to date on correlates of child protection decision-making, one can see that much of that work has been done without an explicitly stated theoretical foundation. In a departure from this tradition, a theory from the field of social psychology—*regulatory focus theory*—will be used to continue the work of understanding how internal motivation affects decision-making around placing children in out-of-home care (Higgins, 1997).

According to regulatory focus theory, the fundamental motivational principle that people approach pleasure and avoid pain is insufficient to understanding human strategic behavior, including decision-making. Regulatory focus theory posits that the different ways in which people think about and approach pleasure and think about and avoid pain have a major impact on their feelings, thoughts, and actions – including such actions as job performance and decision-making.

² To offer a definition of “motivation” is no small task, as there exists an enormous (and ever-growing) literature on the matter of human motivation. For the purposes of this study, “motivation” will be understood relative to the study’s underlying theory (Higgins’ (1998) regulatory focus theory). Thusly contextualized, “motivation” refers to (a) that which drives child protection investigators to satisfy certain internal needs as they make child protection-related decisions; (b) that which drives child protection investigators to bring themselves into alignment with certain internally held standards as they make decisions on behalf of children and families; and (c) that which drives child protection investigators to either pursue positive outcomes or avoid negative outcomes in the decision-making process (Brockner, Paruchuri, Idson & Higgins, 2002).

When we talk about regulatory focus we distinguish between two distinct self-regulatory systems: a promotion-focused self-regulatory system and a prevention-focused self-regulatory system. These self-regulatory systems are distinguished by:

- The needs people are seeking to satisfy
- The nature of the goal or standard people are trying to achieve or match
- The psychological situations that matter to people

In general, *promotion-focused* individuals tend to be concerned with accomplishments, hopes, and aspirations. They try to satisfy their need for growth, development, and nurturance. The behavior of promotion-focused individuals is geared towards reducing the discrepancy between their "actual selves" and their "ideal selves."³ Promotion-focused individuals understand situations in terms of what there is to be gained, emphasizing the attainment of positive outcomes. When ideal and actual selves are in close alignment, promotion-focused individuals have been found to experience feelings of cheerfulness; when there is a discrepancy between ideal outcomes (i.e., desired end states) and actual outcomes, promotion-focused individuals are vulnerable to feelings of dejection (Higgins, 1987).

Prevention-focused individuals, on the other hand, tend to be concerned with safety, responsibilities, and obligations. As such, they try to satisfy their needs for safety, protection, and security. Those with a prevention-focus gear their behavior towards reducing the discrepancy between their "actual selves" and their "ought selves."⁴ Prevention-focused individuals understand situations in terms of what there is to be lost, emphasizing the avoidance

³ According to Higgins (1998) the "ideal self" refers to the collection of attributes "that someone (themselves or another person) would like them to ideally possess, someone's hopes, wishes, or aspirations for them (p. 3). The actual self, on the other hand, is how one understands him or herself to actually be.

⁴ As Higgins (1998) explains it, the "ought self" is represented by an individual's notion of "the attributes that someone believes they should or ought to possess, someone's beliefs about their duties, obligations, or responsibilities" (p. 3).

of negative outcomes. When actual and ought selves are in close alignment, prevention-focused individuals have been found to experience feelings of calm; when there is a discrepancy between ought outcomes (what “should” happen in a given situation) and actual outcomes, the prevention-focused individual will be vulnerable to feelings of agitation (Brockner & Higgins, 2001; Brockner, Paruchuri, Idson & Higgins, 2002; Higgins, 1998).

There is an easy synergy between the components of Higgins’ regulatory focus theory and the realities of child protection decision-making. The themes of loss and gain, hope and aspiration, safety, security, and obligation that sit at the heart of regulatory focus theory are also themes that readily apply to family, parenting, and childhood. Child protection investigators must confront these themes when making decisions on behalf of children and families. As they sift through all of the information they gather during the course of an investigation into alleged child maltreatment, they will also be sifting through their own personal reactions, reactions that may unwittingly play a role in whatever decisions ultimately get made.

Therein lies the question at the heart of this study: how do child protection investigators differ in their decision-making practices as a function of their regulatory focus? In other words, might it be that child protection caseworkers with a strong prevention focus, with its orientation toward safety, security, and obligations, make different decisions than caseworkers with a strong promotion focus, with its orientation toward hopes, dreams, and aspirations? Will child protection investigators who tend to make decisions in an effort to avoid pain or loss make different kinds of placement recommendations than child protection investigators whose strategic inclination is to approach pleasure and pursue gains?

Research Questions and Hypotheses

Building on the extant body of knowledge regarding the main correlates of child protection decision-making, this study explores the influence of child protection investigators’

(CPI) motivation—in this case, a CPIs' *regulatory focus*—on decision-making practices specific to placing a child in out-of-home care. Three hypotheses guide this study. Two of these hypotheses (H₁ and H₂, below) speak to main effects, one for regulatory focus and one for maltreatment type. The third hypothesis involves an interaction effect that speaks to a possible relationship between regulatory focus (prevention-focus) and maltreatment type (physical abuse). Each of the study's hypotheses is listed below, accompanied by a brief explanation of their rationale.

Hypothesis 1: Main effect for regulatory focus

H₁: Child protection investigators will make different placement-related decisions as a function of their regulatory focus. Specifically, CPIs with a strong prevention focus will be more likely to recommend out-of-home placement than CPI with a strong promotion focus, regardless of maltreatment type.

This first hypothesis speaks to a main effect for regulatory focus. It posits that in response to somewhat ambiguous situations that may be considered by some to represent actionable maltreatment, prevention-focused CPIs will be more likely than promotion-focused CPIs to recommend out-of-home placement, regardless of maltreatment type. There are two reasons for this. The first reason has to do with the need of the prevention-focused individual to guard against further loss for others. The second reason has to do with guarding against future loss for the CPI herself.

First, when faced with a situation in which there is the potential for future harm or loss, the conservative, risk-averse nature of the prevention-focused individual makes them more likely to recommend foster care for children, so as to guard against any possibility of any future harm. The situations depicted in the vignettes to which CPIs are asked to react in the present study fall

into what might be described as the grey area. They were designed to reflect those shades-of-gray stories regularly confronted in the field in which there is no strong signal, where the “right” response is not immediately clear. Absent this strong signal, I hypothesize that the prevention-focused CPI will be more inclined to recommend placement, as this will be the surest way to protect against future loss (i.e., loss of security, safety), to ensure the safety of the children described in the vignette, and to fulfill their obligations as per their role in the child welfare workforce.

The second reason prevention-focused CPIs are hypothesized to be more likely than promotion-focused CPIs to recommend foster care placement has to do with their wanting to guard themselves against future harm. The thinking here is that prevention-focused individuals will have an acute awareness of the risk relationship between placement decisions and job security. Accordingly, CPIs who fail to recommend foster care for children investigated for abuse or neglect run the risk of reprimand or worse if those same children experience subsequent maltreatment as a result of a failure to take action following the initial maltreatment report. This perception of the potential for personal risk, here taking the form of job loss or even criminal liability, may supersede any inclination the prevention-focused CPI may have to pursue safety plans that keep children in their homes.

Hypothesis 2: Main effect for maltreatment type (physical abuse)

H₂: Child protection investigators, regardless of regulatory focus, will be more likely to recommend out-of-home placement in situations involving physical abuse than in situations involving neglect.

The second hypothesis speaks to a main effect for maltreatment type, with particular attention to the case of physical abuse. This hypothesis holds that, regulatory focus

notwithstanding, CPIs will be more likely to recommend out-of-home placement in response to physically abusive situations as compared to neglectful situations. As will be discussed in the next chapter, prior research has noted time and again that caseworkers are actually more likely to make graver risk assessments and recommend more intrusive interventions in response to child neglect as compared to child physical abuse (Wulczyn, Barth, Yuan, Harden & Landsverk, 2005). What may be at issue more than the neglect itself, though, is what typically comes along with the neglect: parental mental illness and/or parental substance abuse, conditions that make it difficult for a parent to fully cooperate with a child protection investigation, to acknowledge their role in the maltreatment, and to commit to a corrective course of action.

Neither parental mental illness nor parental substance abuse is a factor in the neglect vignette used in this study. As well, in both vignettes the parents were described as being cooperative with the child protection investigator. In both vignettes, reference was made to this not being the first time something like this has happened (the inadequate supervision in the case of the neglect vignette or the corporal punishment in the case of the physical abuse vignette). Yet in the physical abuse vignette there were physical marks left on the focal child. It is this, the element of saliency (in the form of bruising), which undergirds the hypothesis that the child protection investigators in this study would be more likely to recommend out-of-home care for the children in the physical abuse vignette. Absent the oft-times defining characteristics of so many neglect situations it is hypothesized that the physical abuse will evoke a more serious reaction.⁵

Hypothesis 3: Interaction effect (regulatory focus with physical abuse)

⁵ It is worth stressing again that the vignettes at the heart of the study describe situations that are not so clear-cut as to obviate the need for any deliberation on the part of study participants. The expectation is that there will be some variation in the extent to which out-of-home placement is recommended for the children described in the two vignettes. With these hypotheses I am predicting what will account for that variation, at least in part.

H₃: Child protection investigators with a strong prevention focus will be more likely than CPIs with a strong promotion focus to recommend out-of-home placement in situations involving physical abuse.

The first component of this interaction effect holds that CPIs with a strong prevention focus will have a particular sensitivity to situations suggestive of physical abuse. Recall that prevention-focused individuals have a conservative bias. Their inclination is to notice errors of commission – making observable mistakes – and to act in a way that prevents future such acts. Prevention-focused individuals will react to what is certain in the physical abuse vignette (observable marks on a child's body) by doing the one thing they know can be done to prevent any future corporal punishment: placement in out-of-home care. Although the surrounding details in the physical abuse vignette allow for some amount of consideration of the various options, the prevention-focused individual will be less likely to consider alternatives and more likely to prevent additional errors of commission. Essentially, what this third hypothesis suggests is that the driving force behind what is predicted in the study's second hypothesis will be an *en force* recommendation for placement in response to the physical abuse vignette on the part of the prevention-focused CPIs.

Methodological Choices

A vignette-based survey research design was used for this study. The package of instruments distributed to participants had three components. First, regulatory focus was measured as an individual difference variable using the Work Regulatory Focus Scale (WRF; Neubert, Kacmar, Carlson, Chonko & Roberts, 2008). The WRF is a relatively new measure developed to capture how an individual's regulatory focus is brought to bear in the work environment. The WRF scale was used to understand the extent to which participants' behavior at work is guided by a workplace promotion or prevention focus.

Next, participants were presented with two case vignettes, each of which was based on an actual child protection case. Each vignette was followed by a set of questions designed to gauge subjects' determination of risk and the likelihood of their recommending foster care placement for the children involved. The final component of the study was a set of socio-demographic questions (i.e., age, race, years working in child protection, etc). These questions were used in supplementary analyses to determine whether socio-demographic variables correlated with regulatory focus or decision-making.

Contributions of the Study

After years of research, a taxonomy of the factors that contribute to decision-making vis-à-vis placing children in out-of-home care has emerged. What is missing from this schematic, though, is the hidden, human side of decision-making: factors related to the personal motivations of the decision-makers themselves. This study helps begin to fill in those gaps.

CHAPTER 2: LITERATURE REVIEW

Introduction

In this chapter I set the current study against the backdrop of the child protection decision-making and regulatory focus research that comes before it. To start, I review what researchers have learned to date regarding the factors to which CPIs attend when making judgments about risk and placement recommendations for children. I review the work that has been done on the link between the characteristics of child protection investigators and placement recommendations. I then take a more targeted look at the research that has been conducted on how CPI attitudes, values, and/or other motivations influence decision-making related to the use of out-of-home care.

Next I move on to decision-making, as it is understood through the lens of regulatory focus. The intention in this section is to examine the ways in which regulatory focus exerts its own influence on decision-making, particularly as it may apply to the area of child protection.⁶ A summary section wraps up the literature review, in which I identify the threads common to child protection decision-making and decision-making as an activity vulnerable to the influence of regulatory focus.

Decision-Making in Child Protection: An Overview

As noted in earlier sections of this dissertation, studies of placement decision-making have demonstrated alarmingly low levels of reliability. Errors in judgment abound, with various types of bias clouding assessments of risk (DeRoma, Kessler, McDaniel & Soto, 2006; Gambrill & Shlonsky, 2000; Gold, Benbenishty & Osmo, 2001; Munro, 1999). The call for additional

⁶ I use the word “may” here because, as will be laid out in greater detail, regulatory focus has yet to be applied to decision-making in the human services.

research into the influence of CPI attitudes, values and motivations is loud and clear (Arad-Davidzon & Benbenishty, 2008; Davidson-Arad & Benbenishty, 2010; Zell, 2006).

A considerable literature has emerged around the question of what influences the assessments caseworkers make about risk and the recommendations they make vis-à-vis placement in out-of-home care. The Decision Making Ecology (DME; Figure 2.1) is a useful model for considering the various influences on what the authors term the “decision-making threshold” for action in a given case (Fluke, Chabot, Fallon, MacLaurin & Blackstock, 2010). The decision-making threshold is defined as the factors that, when present, push the decision-maker toward one response over another – such as the decision to recommend out-of-home care for a victim of child maltreatment (Fluke, Chabot, Fallon, MacLaurin & Blackstock, 2010).

As displayed in Figure 2.1, the DME identifies such decision-making influences as external factors, organizational factors, case factors and individual factors. These points of influence are discussed in greater detail, below.

External and organizational factors

Indeed, the decision-making threshold is not necessarily defined by case-relevant characteristics as much as one might hope (Fluke, Chabot, Fallon, MacLaurin & Blackstock, 2010). External factors such as poverty and the community in which a family lives are regularly discussed in the literature as contributing to the decision of whether or not to place a child in out-of-home care. The significance of poverty in particular has been consistently reported to influence placement decision-making, although there have been studies that have refuted this (Arad, 2001; Hines, Lemon, Wyatt and Merdinger, 2004; Karski, 1999; Katz, Newberger, Bowles & Snyder, 1986; Lery, 2009; Lindsey, 1991; Lindsey, 2004). Recent research has clarified the issue, recognizing that the exact nature of poverty’s influence on placement decision-making is

better understood when children's age and ethnicity are also taken into account (Wulczyn, Barth, Yuan, Harden & Landsverk, 2005; specific findings in this area will be discussed in a later section on child-level characteristics and their influence on the placement decision).

Organizational factors, too, influence the way in which caseworkers recommend placement for children. Segal and Schwartz (1985) noted the impact of funding and service availability on caseworker decision-making regarding out-of-home placement for children. In fact, caseworkers may make decisions based, at least in part, on the kinds of services with which they are most familiar. Briar (1963) found that, when presented with case vignettes requiring a recommendation on foster care placement,

...Foster family placement was recommended by 63 percent of the workers employed in agencies in which this form of care predominated. Similarly, institutional placement was recommended by 75 percent of the workers currently employed in...agencies where this form of care was predominant (p. 166).

Although the impact of the organizational environment on caseworker decision-making has been noted in the literature, the extent to which particular aspects of the organizational environment influence the specific decision of out-of-home placement is unclear. Organizational policy, societal values, time pressures, group pressures, and the chaotic nature of many child welfare agencies are powerful agents independently and even more so when considered together (Gambrill & Shlonsky, 2000).

Case factors

Some of the case-level factors that have been studied with respect to placement decision-making include parental characteristics, child-level characteristics; and the type and severity of the maltreatment under investigation. A brief summary of the findings in each of these areas follows.

Parental characteristics

Consistently, parent cooperation with a child protective services investigation or intervention is reported as having a direct influence on caseworker decision-making around whether or not to place a child in out-of-home care. In fact, one study found familial cooperation with child protective services to be one of the foremost contributors to the decision to remove a child from home (Dalglish & Drew, 1988). Although there is some evidence to suggest this is more the case for maternal cooperation with child protective services versus paternal cooperation, either way, the notion that the extent of parental cooperation with state intervention would reliably predict whether a child is at risk of future maltreatment has been a long-standing concern (Arad, Benbenishty & Osmo, 2001; Dalglish & Drew, 1988; DiLeonardi, 1980; English, Aubin, Fine & Pecora, 1993).

Other studies have honed in on whether child protection staff perceive parents as willing to change, with children of change-ready parents assessed to be at lower risk of future harm (Rossi, Schuerman & Budde, 1999). Cooney (2003), writing specifically about the case of child neglect, notes that parents who deny the neglect took place, who minimize their role in the neglect, or who refuse to do anything to guard against future neglect are assessed as higher risk and are more likely to have their children removed from their care. A considerable portion of children placed in care because of child neglect have parents who are struggling with substance abuse and/or mental illness – both conditions that make very difficult the kind of responsibility-taking child protection investigators are looking for when making risk assessments and placement recommendations (Berger, Slack, Waldfogel & Bruch, 2010; Cooney, 1998; Cooney, 2003; Hixon, 1992).

Lastly, family configuration seems to matter when examining cases of children placed in out-of-home care. For example, Lindsey's (1991) study revealed that, "most of the children in

foster care come from single-parent households” (p. 277). Goerge (1990) also noted that being a single parent increases the likelihood of removal.

Child-level Characteristics

Two child-level characteristics that have received wide attention in the literature on child protection decision-making are race/ethnicity and age. While often examined separately or in connection with other variables, recent research shows that these two factors, along with poverty, are best considered together. Wulczyn, Barth, Yuan, Harden & Landsverk (2005), using data from the Multistate Foster Care Data Archive (FCDA) and the National Study of Child and Adolescent Well-Being (NSCAW), demonstrate the interplay of these factors when looking at the likelihood of children being placed in out-of-home care. Specifically, the data show that the effect of age on placement decisions is most profound for babies (children under the age of 1 year). This holds true for African American babies, White babies and Hispanic babies. For all three ethnic groups there is a drop and leveling off of the likelihood of placement for children age 1 to 11 years. The likelihood of placement increases for all three ethnic groups for children age 12 to 15 years, with a peak at 15 years.

The effect of race is most visible with respect to the rate at which children are placed in out-of-home care. While the age pattern just described remains (i.e., high placement rates for babies; lower, steady placement rates for children aged 1-11 years; higher placement rates for children age 12-15 years), African American children of all ages are placed into care at higher rates than their White and Hispanic counterparts (variables, recent research shows that these two factors, along with poverty, are best considered together. Wulczyn, Barth, Yuan, Harden & Landsverk, 2005).

Poverty exerts a similar influence, and interacts with race/ethnicity in ways that support earlier studies of the effect of both poverty and race on placement decision-making. Looking at rates of entry into foster care by age and poverty rate (measured at the county level), we see the familiar age pattern. However, across age groups children from high poverty areas are more likely to be placed in care than children from low poverty areas. The exception to this is African American babies from low poverty areas, who are more likely to be placed in out-of-home care than children from high poverty areas, regardless of age or race. Still, African American babies from high poverty areas continue to be the group for whom placement rates are highest (Wulczyn, Barth, Yuan, Harden & Landsverk, 2005).

There is also a demonstrated relationship between poor child mental health and placement in care (Barth, Wildfire & Green, 2006). However, this relationship has been a difficult one to disentangle. It is thought that for many children with mental health problems that the placement in care was a side door to accessing needed (and scarce) mental health services (Barth, Wildfire & Green, 2006; Burns et al, 2004).

Type and Severity of Child Maltreatment

Although it may seem counter-intuitive at first, caseworkers have consistently been more likely to place neglected children (children for whom there was a failure to supervise or to provide care and/or protection at an adequate level) in out-of-home care than children investigated for any other type of maltreatment, including physical and sexual abuse (Benbenishty, Segev, Surkis & Elias, 2002; Katz, Hampton, Newberger, Bowles & Snyder, 1986; Runyan, Gould, Trost & Loda, 1982; Wulczyn, Barth, Yuan, Harden & Landsverk, 2005).⁷

⁷ However, Rossi, Schuerman and Budde (1999) found that although a family's prior history of abuse had a strong impact on placement decisions, the "kind of complaint made against families did not matter much – whether the complaint centered around physical abuse or sexual abuse did not affect custody decisions, although charges of neglect were less likely to lead to custody decisions" (p. 595).

This finding likely relates to the earlier discussion of common correlates of child neglect (parental substance abuse and mental illness) as well as the child protection investigators' perception of parents' appreciation of the child neglect, their role in the neglect, and their capacity to change conditions for the child under investigation – all of which, of course, are related to each other (Coohey, 2003).

As for maltreatment severity, the evidence suggests that child protection investigators consistently factor maltreatment severity into the decision-making process (Berger, Slack, Waldfogel & Baruch, 2010; Dalglish & Drew, 1989; Meddin, 1984; Runyan, Gould, Trost & Loda, 1982; Wulczyn, Barth, Yuan, Harden & Landsverk, 2005;).⁸ Indeed, of all the possible influences on the decision to place a child in care, this is the one where we would expect to see a strong consensus. It is the factor that gives the clearest indication of the extent to which a child's safety is being threatened.

The central question of the current research, though, and the topic to which I now turn, is the extent to which caseworker-specific characteristics – the fourth factor in the DME - have an impact on placement decision-making.

The Influence of Caseworker Characteristics

As noted above, the fourth factor in the DME paradigm concerns the individual, the caseworker herself. The literature on the reliability of caseworker decision-making, on the kind of errors that afflict child protection decision-making, and on the inherent vulnerability of caseworkers to inject their own attitudes and values into the decision-making process is clear.

⁸ Conversely, Katz, Hampton, Newberger, Bowles and Snyder (1986) found that severity of maltreatment was not related to placement decisions, and surmised that clinicians may be weighing factors related to the possibility of re-abuse more heavily than they are present or past indicators of maltreatment.

That is, caseworkers tend to make unreliable decisions, often riddled by a host of avoidable errors, and based, in some part, on their own subjective attitudes and values.

Still, empirical study into the extent to which caseworker characteristics influence placement decision-making, which goes back almost 50 years, is patchy, with uneven findings and serious gaps (Britner & Mossler, 2002; Davidson-Arad & Benbenishty, 2010). What can be gleaned from the research that has been done in each of these areas is presented below.

Caseworker ethnicity

Much of the consideration that has been given to caseworker ethnicity and its impact on outcomes has occurred within the context of clinical literatures, focusing on the development of the therapeutic relationship. There has been some attention paid to this topic in child welfare, in large part focused on how assessments of parenting and attachment differ as a function of racial matching between the caseworker and the family. For example, Surbeck (2003) looked at whether there were any significant differences in the way caseworkers (African American or Caucasian) made assessments of children/caregiver dyads (African American or Caucasian). She found that Caucasian caseworkers were significantly more likely to rate Caucasian parents/caregivers as affectionate, accepting, and approving of their child. They also assessed these Caucasian child/caregiver dyads to have stronger attachments to one another than their African American counterparts.

Relatively less attention has been given to the extent to which racial matching affects decision-making or outcomes for client families involved with child welfare services. A 1990 study investigated whether racial matching in child welfare service delivery had any impact on client behavior within the context of a family preservation program (Pellowe, 1990). Findings suggest that compliance with treatment plans was higher when caseworkers and clients were of

the same race. Parents tended to initiate more contact with workers who were of the same race, and were more likely to be perceived as cooperative with services in general (Pellowe, 1990; Ryan, Garnier, Zyphur & Zhai, 2006). Jayaratne and colleagues looked at attitudes of African American and Caucasian child welfare workers as they relate to different types of placement decisions. They found significant differences in the way African American and White workers consider the extent to which race should be a factor in placement decisions (i.e., racial matching of children with foster parents and placement of children with single-parent foster families; Jayaratne, Faller, Ortega & Vandevort, 2008).

Caseworker training, experience and decision-making

Studies into the effect of caseworkers' training and experience on child welfare decision-making have produced mixed results. A number of studies have found that placement recommendations do not vary as a function of training and experience (Briar, 1963; Mandel, Lehman & Yuille, 1994; Rossi, Schuerman & Budde, 1999). Others have come to a different set of conclusions. For example, in her 1999 investigation of decision-making practices, Drury-Hudson found experts better versed in the theoretical and empirical underpinnings of child protection decision-making and more focused on assessing risk to children while making placement decisions. Gold, Benbenishty and Osmo (2001) found that although workers with different levels of experience tended to make similar risk assessments in cases of alleged maltreatment, they tended to make different recommendations with respect to the appropriate intervention. Britner and Mossler (2002), too, found differences in the weight different types of child welfare professionals assign to case characteristics when making placement recommendations.

While it is true that years of experience in the field can bring about a level of expertise that can enhance decision-making, it is also the case that years in the field can also bring feelings of burnout. McGee, in her 1989 study of the influence of caseworker burnout on decision-making practices, found that caseworkers who score high on measures of burnout tend to avoid “even thinking about a difficult case.” McGee explains, “The burned-out helping professional may avoid cognitive as well as behavioral involvement with a client” (p. 349). This may lead to an over-reliance on information the caseworker can access without having to become too concerned with the actual family members involved in a particular allegation of maltreatment, such as the source of the maltreatment report and demographic information about the family.

What this collection of studies shows is that training and experience do not help explain enough of the variance with respect to why certain placement decisions are made (Davidson-Arad & Benbenishty, 2010; Runyan, Gould, Donald, Trost & Loda, 1982). Over the course of the last decade, a small handful of researchers have started to investigate how less tangible characteristics of caseworkers, such as their attitudes and beliefs, influence decision-making around foster care placement. What emerged from these studies is summarized below.

Caseworker attitudes and decision-making

Caseworker attitudes and their influence on decision-making have been explicitly examined in just a few published studies to date. In one study (Daniel, 2000), 128 social workers in the field of child protection were asked to register their level of agreement with a set of 50 statements regarding decision-making, the quality of home environments, and what the author referred to as “good enough parenting.” Daniel found that social workers held different beliefs: about what constitutes “good enough parenting,” about the aspects of a child’s living environment that are most salient when considering child welfare involvement, and about the

importance of considering a child's emotional well-being when contemplating potential courses of action. Participants in this study also indicated that their beliefs about the quality of the child welfare system play a role in the way they think about how to intervene in cases of alleged child maltreatment.

In another study of caseworker attitudes and decision-making practices, 200 Israeli child protection professionals were surveyed on their attitudes towards the removal of alleged child victims of maltreatment and the reunification of children in out-of-home care. Participants were presented with two types of vignettes. The first detailed actual cases of child maltreatment, in the form of a report made by a child protective services worker. The second vignette followed the first and described the circumstances of these same children some time later, while placed in foster care. With respect to the first vignette, participants were asked to make an assessment of the level of risk posed to the children described in the vignette and to indicate what intervention, if any, should take place. Caseworkers with attitudes the authors characterized as "pro-removal" were more likely than their "anti-removal" counterparts to recommend placement, albeit not at a level of statistical significance (Arad-Davidson & Benbenishty, 2008).⁹

In a follow-up study, Arad-Davidson and Benbenishty (2010) surveyed 236 Israeli child protection workers. Participants were presented with virtually the same vignettes and measures as administered in the 2008 study. The findings in the 2010 study make an even stronger case for the influence of caseworker attitudes on placement decision-making. This time, workers who fell into the so-called "pro-removal" group were significantly more likely to recommend out-of-home care than those who fell into the "anti-removal" group. Not surprisingly, the "pro-removal" group tended to make higher risk assessments than those in the "anti-removal" group.

⁹ The pro-removal group had significantly more favorable attitudes towards longer care durations for children in out-of-home care than the anti-removal group.

Lastly, the Schuerman, Rossi and Budde (1999) paper on child protection decision-making, while not specific to the study of caseworker attitudes per se, examined the extent to which “risk aversion” as a characteristic significantly correlated with different types of intervention decisions. Indeed, the researchers found both experts and field workers who could be characterized as risk averse were significantly more likely to recommend custody for children described in vignettes than they were to recommend traditional services (Schuerman, Rossi & Budde, 1999).

Taking stock of what has been reviewed in the preceding pages, we have a critical practice situation marked by a demonstrated lack of reliability on the part of those in crucial decision-making roles. Decades worth of research into the factors that influence child protection decision-making has explained some amount of the variance in actual decision-making practices, but not enough. The idea that caseworker attitudes and beliefs may play a role in decision-making has been suggested for almost as long as the research in the broader area of child welfare decision-making has been happening, yet astonishingly little work has been done in this area.

Regulatory Focus Theory

Regulatory Focus Theory: Overview

To review, regulatory focus theory centers on the idea that individuals are innately motivated to act in ways that minimize the discrepancy between actual and ideal selves (indicating a promotion focus) or between actual and ought selves (indicating a prevention focus; Higgins, 1997). Regulatory focus as a motivational principle revolves around the needs that people seek to satisfy (nurturance and advancement for the promotion focused, security and safety for the prevention focused), the standards with which people try to bring themselves into alignment (ideal selves for the promotion focused, ought selves for the prevention focused), and

the outcomes that matter to people (optimizing gains for the promotion focused, protecting against losses for the prevention focused).

The nature of one's regulatory focus has been found to impact their emotional experience of events (Higgins, 1997; Higgins, Shah & Friedman, 1997; Roney, Higgins & Shah, 1995). Promotion-focused individuals have been found to experience emotions along a cheerfulness-dejection spectrum, whereas prevention-focused individuals have been found to experience emotions along a quiescence-agitation spectrum. When the promotion-focused individual's actual and ideal selves are congruent or when they work toward and achieve gains, they are prone to feelings of cheerfulness. When promotion-focused individuals perceive incongruence between their actual and ideal selves or when efforts result in non-gain they are prone to feelings of sadness or dejection (Brockner & Higgins, 2001). On the other hand, when the prevention-focused individual's actual and ought selves are congruent or when they work towards and successfully protect against losses, they are prone to feelings of calm. When prevention-focused individuals perceive incongruence between their actual and ought selves, or when efforts result in losses, they are prone to feelings of agitation (Brockner & Higgins, 2001).

Regulatory Focus: Decision-Making and Work

Research and scholarly writing on regulatory focus theory spans more than two decades and is diverse with respect to the disciplines that have considered its application: social psychology, organizational behavior, business, management, marketing and consumer behavior amongst others (Avnet & Higgins, 2006; Brockner & Higgins, 2001; Brockner, Higgins & Low, 2004; Bryant & Dunford, 2008; Kark & van Dijk, 2007; Higgins, 1997; Higgins, 1998; Neubert, Kacmar, Carlson, Chonko & Roberts, 2008; Wang & Lee, 2006; Werth & Foerster, 2007; Zhao & Pechmann, 2007). The influence of regulatory focus theory has yet to be tested, however, as it

applies to decision-making within the context of human services work broadly and within the more specific context of child protection.

Still, conceptual links can be made with respect to how regulatory focus influences the choices people make and the field of child protection decision-making. For example, research has demonstrated that regulatory focus helps explain why some people generate a number of options or strategies in an effort to attain a positive outcome (promotion-focus) while others try to identify what is fundamentally required to avoid negative outcomes (prevention-focus; Bryant & Dunford, 2008; Higgins, 2002). Bryant and Dunford (2008) looked specifically at the case of risky decision-making, and found that in risky situations promotion-focused individuals are likely to generate alternatives, take risks, and demonstrate pronounced eagerness in their desire to attain a positive outcome. Prevention-focused individuals, on the other hand, will tend to become even more risk-avoidant in the face of a risky situation. They will feel more agitated and demonstrate increased vigilance in an effort to avoid a negative outcome.

Regulatory focus has also been demonstrated to play a role in the accuracy with which individuals predict the likelihood of conjunctive and disjunctive events. Generally speaking, individuals tend to underestimate the probability of disjunctive events (the probability that event A or event B will occur) and overestimate the probability of conjunctive events (the probability that event A and event B will occur; Tversky & Kahneman, 1983). In their 2002 study, Brockner, Paruchuri, Idson, and Higgins looked at this phenomenon through the lens of regulatory focus and found that promotion-focused individuals, who tend to consider multiple pathways to goal attainment, were better at predicting the likelihood of disjunctive events. Prevention-focused individuals, who believe that all action steps must be completed for a given

goal to be accomplished, were better at predicting the probability of conjunctive events (Brockner, Paruchuri, Idson & Higgins, 2002).

Recent writing into the role of regulatory focus in work environments has looked at how regulatory focus factors into individuals' performance and emotional experience of their work. While the notion of there being such a thing as person-organization fit is not unique to regulatory focus theory, thinking in this area has been brought into sharper focus by scholars who note that certain self-regulatory orientations are better aligned with certain work contexts. Specifically, prevention-focused individuals are thought to perform better and have better work attitudes in work environments that promote the status quo and that require employees to maintain a strict adherence to policies and procedures. On the other hand, promotion-focused individuals are thought to be better fit for work contexts in which creativity and outside-the-box thinking is valued, where innovation is encouraged (Neubert, Kacmar, Carlson, Chonko & Roberts, 2008).

Work contexts can also have a way of inducing a particular regulatory focus. For example, when one's work has an impact on others, prevention-focus has been found to take over, even in chronically promotion-focused individuals (Lee, Aaker & Gardner, 2000). Vigilance attitudes come to the fore, as does an interest in avoiding mistakes, in fulfilling one's obligations. Put simply, "When one's behavior impacts the outcomes of others, it appears that losses loom larger than gains" (Lee, Aaker & Gardner, 2000, p. 1133).

In their discussion of regulatory focus and leadership styles, Neubert, Kacmar, Carlson, Chonko & Roberts (2008) talk about leaders whose style is either one of initiating structure or one of servant leadership. With respect to the former, the focus is on meeting strictly defined expectations, compliance, fulfilling obligations, and "clarifying what to do to get the task accomplished – behaviors that are likely to elicit a prevention focus" (p. 1121). Servant

leadership, on the other hand, emphasizes the promotion of others' interests, service to the community, cooperation and creativity. Servant leadership, associated with promotion focus, is concerned with helping behavior, "...promotive behavior that emphasizes small acts of consideration. Helping is cooperative behavior that... builds and preserves relationships; and it emphasizes interpersonal harmony" (Neubert, Kacmar, Carlson, Chonko & Roberts, 1998, p. 1222; Van Dyne and LePine, 1998). While this discussion of initiating structure (prevention) versus servant leadership (promotion) relates to supervisory styles, these ways of thinking and behaving may also relate to employees' chronic self-regulatory orientations, and may have direct impacts on the way employees perform on the job.

Regulatory Focus and Child Protection

What does this all mean with respect to child protection and child protection decision-making? In the preceding discussion of regulatory focus and decision-making, regulatory focus was discussed as an influence on strategic decision-making as a means toward goal attainment. In the case of child protection decision-making, goal attainment amounts to ensuring children's safety.¹⁰ It is conceivable that the strategic choices child protection investigators make in their effort to ensure the safety of the children they encounter may be better understood through the lens of regulatory focus. Put another way, it may be that the extent to which a child protection investigator engages in the process of weighing all available interventions (promotion focus) versus relying on the one intervention known to guard against future maltreatment (prevention focus) could have a lot to do with the regulatory focus of the investigator.

¹⁰ While ensuring children's safety is the paramount concern of child protection investigators, it is also true that other goals are considered. For example, in New York City's Children's Services' mission statement, child protection is their primary concern above all others. However, they also espouse a commitment to strengthening families, and to promoting overall child well being (<http://www.nyc.gov/html/acs/html/about/mission.shtml>).

That prevention focused individuals are better at predicting the likelihood of conjunctive events, while promotion-focused individuals are better at predicting the likelihood of disjunctive events may have particular relevance in child protection decision-making (Brockner, Paruchuri, Idson & Higgins, 2002). Recall that predicting the likelihood of conjunctive events has to do with estimating the probability that a number of events will co-occur, while predicting the likelihood of disjunctive events has to do with estimating the probability that any one of a number of events will occur. Estimations of this sort (conjunctive and disjunctive) are a regular part of child protection decision-making. Indeed, it is the foundation of child protection decision-making: estimating the likelihood that a child will be the subject of repeat maltreatment. Depending on the nature of the case, a different type of prediction may be called for (i.e., predicting the likelihood of conjunctive or disjunctive events). Depending on the nature of the child protection investigator, these predictions may be made with more or less accuracy.

With respect to the influence of regulatory focus in the work environment (be it supervisory styles or person-organization fit) and child protection decision-making, the suggestion is that supervisory styles – or, rather, certain chronic self-regulatory states – may lead to differences in front-line performance (the kind of decision a child protection investigator makes in response to a given case); in work attitudes (the child protection investigator's feelings about their work and the extent to which those feelings facilitate or impede their ability to attend to nuanced information); or, in engagement with family members (Lee, Aaker & Gardner, 2000; McGee, 1989; Neubert, Kacmar, Carlson, Chonko & Roberts, 1998).

This study, the first of its kind to examine child protection decision-making from the standpoint of regulatory focus theory, will not be able to address all of these questions. As an initial effort, this study will focus on the extent to which regulatory focus is associated with

placement decision-making. In the following chapter I discuss the methods I used to answer this question, followed by two chapters related to the study's findings.

CHAPTER 3: METHODOLOGY

Overview of Research Design and Rationale

The primary methodology employed in this study was a vignette-based survey. There is considerable precedence for using vignette-based research methods to better understand child protection decision-making (Benbenishty, Segev, Surkis & Elias, 2002; Briar, 1963; Mandel, Lehman & Yuille, 1994; McGee, 1989; Meddin, 1984; Rosen, 1981; Rossi, Schuerman & Budde, 1999; Taylor, 2006). Despite this history, there are clear limitations in using case vignettes to understand the decision-making practices of child protection investigators, even when vignettes are closely modeled after actual child protection cases.

Rossi, Schuerman and Budde (1999) summarize these limitations well. The authors explain that,

First, not all the information acquired in an actual field investigation can be incorporated into a 3- to 5-page, single-spaced summary. Second, to some unknown degree, the information received from [a case record] may be influenced subtly or otherwise by the decision made in that case. That is, it is possible that the information...obtained...tends to overly support the decisions [the caseworker] made (p. 585).

That said, the decision to employ a vignette-based methodology in this study still seems appropriate, as what might be lost in the way of external validity will be made up in the way of internal validity. Simply put, it is true that findings from this study will be less generalizable to the larger population of child protection decision-makers, as vignette-based methodology asks participants to comment on what they *would do*, rather than on *what they actually did do* in a particular situation. Still, the use of this methodology will allow for greater confidence that whatever differences do emerge with respect to participants' recommendations around foster care placement will have more to do with the influence of regulatory focus on decision-making than with differences in the cases to which participants were asked to respond.

Regulatory focus was measured as an individual difference variable. The regulatory focus of participants was measured with respect to their attitudes and behavior at work, rather than with respect to their chronic self-regulatory orientation (to the extent they may be different). Neubert, Kacmar, Carlson, Chonko and Robert's (2008) Work Regulatory Focus Scale was used to understand the workplace regulatory focus of participants.

Differences in placement recommendations as a function of maltreatment type was measured on a within-subjects basis. That is, each subject was presented with two vignettes: one detailing a case of physical abuse and one detailing a case of neglect.

The final component of the study packet asked for basic socio-demographic information about each subject. Specifically, participants were asked to report their age (measured categorically), race/ethnicity, years working in child protection (measured categorically), whether they are now or ever were the parent/guardian of a minor child, and the socioeconomic class of the family in which they were raised.

Sampling and Recruitment of Participants

Eligibility

The target population for this study was CPIs currently employed by New York City's Children's Services (ACS). The core responsibility of child protection investigators is to investigate allegations of child maltreatment and make recommendations about what intervention, if any, best suits the situation – including whether to remove a child from their home and place them in out-of-home care. Arrangements were made to recruit CPIs who were temporarily relieved of their regular responsibilities so that they could participate in what is known as Core Phase II training at ACS' James Satterwhite Academy ("the Academy").¹¹

¹¹ The Academy is lauded as a "national role model for training a highly-skilled, professionalized corps of child protection workers." The Academy offers a six-week intensive training course to prepare future child protection

All CPIs participating in Core Phase II training during the time of active data collection (January and February 2010) were eligible to participate in the study.

Recruitment

First, preliminary contact was made with the Executive Director of the Academy, who readily expressed interest in supporting this study. Once the Institutional Review Boards (IRB) of Columbia University and ACS issued their approvals for this study, contact was made with senior staff at the Academy. These individuals helped identify Core Phase II training sessions during which I would be able to recruit individuals to participate in the study. Ultimately, six Core Phase II training sessions were selected based on my availability to travel to the training site at the time of scheduled training sessions, from which study participants were then recruited.

Core Phase II trainees were recruited for participation in the study in the following way. A brief presentation was made to Core Phase II participants immediately prior to a scheduled break in the day's program. During this presentation I provided a high-level description of my dissertation research, which included an overview of the study topic, the reasons for recruiting CPIs for participation in the study, and the voluntary and confidential nature of participation in the study. Core Phase II participants were informed that (1) they would be able to participate in the study during their lunch break, (2) that lunch would be offered to anyone who chose to participate and (3) that anyone interested in participating would first be asked to read and sign a detailed informed consent form. Potential study participants were then informed of the room in which the study would be conducted.

investigators for the work ahead, as well as ongoing training for existing CPI (Core Phase II training) in select topic areas (i.e., substance abuse in the family, medical issues in child protective services, and working with immigrant families, amongst other topics).

Any Core Phase II training participant interested in participating in the study came to the designated study room at the designated time. Of the approximately 140 CPIs who were eligible to participate, a total of 100 CPIs chose to participate in the study. The study took approximately 35-40 minutes to complete, inclusive of obtaining informed consent.

Description of Participants

As Table 3.1 outlines, the majority (60 percent) of the 100 participants were between 18-30 years of age. Thirty-four percent of subjects were between 31-45 years of age, with the remaining six subjects 46 years of age or older. The highest level of education achieved by most study participants was a Bachelor's degree (81 percent); the balance of participants held a Master's degree (18 percent). The vast majority of participants had been working in the child welfare field for anywhere between one and three years (89 percent). There was some diversity with respect to the ethnicity of study participants: 66 percent identified as Black or African American (non-Hispanic); the next largest group includes those who identified as Hispanic or Latino (20 percent). Twelve percent of participants identified as White.

Study participants were asked to report on two additional socio-demographic attributes: the socioeconomic status of the family in which they were raised as well as whether or not they were or ever had been the parent or guardian of a child. Both of these questions get at the underlying theme of the study: the extent to which the motivation of an individual, which itself owes much to personal background factors, influences their perceptions of risk and decision-making around the use of out-of-home care. Very few studies have examined whether parent-status has any impact on placement decision-making; it does not appear that any studies have looked at CPIs' own background vis-à-vis socioeconomic status as a potential factor in how or what decisions are made.

Subjects were evenly split with respect to the socioeconomic status of the family in which they were raised. Approximately 42 percent reported having been raised in a working class family; 41 percent reported having been raised in a middle class family. The remaining 16 subjects were evenly split between those raised in a lower class family and those raised in an upper-middle class family. The majority of study participants was or had been the parent or guardian of a child (58 percent).¹²

Data Collection

As indicated in the introduction to this chapter, this study used a vignette-based survey research design. In order to get a clean read of participants' work-related regulatory focus, Neubert, Kacmar, Carlson, Chonko and Robert's (2008) Work Regulatory Focus Scale was administered first, before the two maltreatment vignettes. Next, subjects were presented with the two case vignettes. The first vignette described an investigation into an allegation of child neglect. The second vignette described an allegation of physical abuse. After reading each vignette, participants were asked to report:

- The likelihood of their recommending foster care placement (five-point Likert scale, ranging from "Absolutely recommend" to "Definitely not recommend")
- The extent to which the children described in the vignette seemed to be in *immediate* danger of serious harm (five-point scale, ranging from "No immediate danger" to "Very high level of immediate danger")
- The extent to which the children in the vignette appeared to be at risk for *future* harm (five-point scale, ranging from "Extreme risk" to "No risk whatsoever")

¹² These findings are based on subjects' subjective responses to categorical variables related to family socioeconomic status.

- Their emotional response, if any, to reading the vignette (i.e., ranking the extent to which they felt sad/dejected and the extent to which they felt agitated/worried; five-point Likert scale, ranging from “Extremely sad/deject (or agitated/worried)” to “Did not feel at all sad/dejected (or agitated worried)”)

In the last part of the study package participants were asked to respond to a series of socio-demographic questions (i.e. age, race, years working in child protection, etc.).

The following sections offer additional detail on each of the components of the study package, beginning with the Work Regulatory Focus Scale.

Measuring Regulatory Focus

Study participants’ regulatory focus was measured using the Work Regulatory Focus (WRF) scale (Neubert, Kacmar, Carlson, Chonko & Robert, 2008; see Appendix A). The WRF is a relatively new measure developed to capture how an individual’s regulatory focus is brought to bear in one’s work environment. It is different than the older, more widely used Selves Questionnaire in that rather than measuring an individual’s prevention or promotion “success” or “failure” (i.e., the level of congruence between actual and ought/actual and ideal selves), the WRF scale measures the extent to which work behaviors are explained by an individuals’ promotion or prevention focus (Crowe & Higgins, 1997; Forster, Higgins & Bianco, 2003; Neubert, Kacmar, Carlson, Chonko & Robert, 2008; Shah & Higgins, 1997). The scale asks respondents to respond to statements about their behavior at work along a five-point Likert scale (anchors are “Strongly Agree” and “Strongly Disagree”). An example of a promotion-focused item might be, “A chance to grow is an important factor for me when looking for a job.” An example of a prevention-focused item might be, “I concentrate on completing my work tasks correctly to increase my job security.”

The WRF scale was developed in two stages. First, the authors developed scale items that reflected each of the six sub-dimensions of regulatory focus theory (Neubert, Kacmar, Carlson, Chonko & Robert, 2008). The initial scale was comprised of 30 items, with five items each related to the six constructs of achievement, ideals and gains (the three elements of promotion focus), security, oughts and losses (the three elements of prevention focus). This 30-item scale was put through content adequacy testing using a small sample of college students. Consistent with established content adequacy test standards, the authors set an item agreement rate cutoff of 70 percent (Carlson, Kacmar & Williams, 2000). Any items that did not meet the cutoff were revised in order to enhance the degree to which the item reflected the particular construct.

The authors of the WRF scale took the slightly revised instrument and put it through an exploratory factor analysis using a sample of 114 undergraduate students. Eight of the original 30 items were discarded due to low factor loadings. At this point the authors initiated the second stage of scale development, during which the remaining 22 items were put through another exploratory factor analysis, this time using a sample of 250 pre-screened individuals who work full-time and have regular, direct contact with their supervisor. The three items within each of the six sub-dimensions that garnered the highest factor loadings were retained, so that the final version of the WRF scale has 18 items. Nine of the final 18 items represent the construct of prevention focus, with the remaining nine items representing the construct of promotion focus.

The 18-item WRF scale was put through additional validity testing. A test of the content adequacy resulted in an average agreement rate of 93.1 percent (range 72.9 percent to 98.3 percent). An exploratory factor analysis demonstrated two distinct factors, prevention focus and promotion focus, with a correlation between the two of .46. (Cronbach's alpha for the

prevention scale was .93; for the promotion scale, .91; Neubert, Kacmar, Carlson, Chonko & Robert, 2008).

After searching the literature, there do not appear to be additional peer-reviewed studies that used the WRF scale as a way to understand work-related regulatory focus, nor have there been additional reliability or validity checks of this instrument. To my knowledge, this study represents a very early application of this recently developed scale.

Case vignettes: Making placement recommendations

Two case vignettes were used in the proposed study, both of which were based on actual child protection cases from Cook County, IL, which includes the urban center of Chicago.¹³ All identifying information was removed or changed in the development of these case summaries (see Appendix B).

The first vignette presented to study participants described the investigation of an allegation of child neglect. The second vignette described the investigation of an allegation of physical abuse. For both vignettes, the following factors were controlled for:¹⁴

- Age of the children involved in the maltreatment investigation
- Age of the parent(s) involved in the maltreatment investigation
- Socioeconomic background of the family involved in the maltreatment investigation
- Source of the initial allegation that led to the maltreatment investigation
- Maltreatment history of the family involved in the maltreatment investigation
- Severity of the maltreatment being investigated

¹³ Both case summaries were adaptations of case summaries developed as a part of a 1996 study conducted by Rossi, Schuerman, and Budde. The Rossi, Schuerman and Budde (1996) study utilized 70 case summaries. Two were chosen and adapted for use in this study. Permission to utilize these case summaries was obtained prior to data collection.

¹⁴ The race of the family members described in the two vignettes was purposely kept out. This was done in order to reduce the possibility that something other than individuals' regulatory focus would influence decision-making.

There was an important advantage in developing case vignettes from the case summaries used in the 1996 Rossi, Schuerman and Budde study. The summaries developed for the Rossi, Schuerman and Budde (1996) study were put before a 27-member panel of child welfare experts, each of whom were asked to assess the extent to which the summaries provided sufficient information from which placement decisions could be made. Over 65 percent of the summaries were rated as either “adequate” or “somewhat adequate” to the task. Less than 10 percent of the summaries received a rating of “inadequate” (Rossi, Schuerman & Budde, 1999). It is unlikely that vignettes personally developed by this writer could have been put through such a rigorous validation check.

Following each vignette were a series of questions that had to do with CPIs reaction to the scenarios about which they had just read. The first question asked participants to rank the likelihood of their recommending foster care placement for the children involved in the study. The next two questions asked participants to assess the degree of risk present in the vignette. One question had to do with the extent to which the children in the vignette were in immediate danger of serious harm; the other had to do with the extent to which the children in the vignette were at risk for future harm. These questions were included to serve as a check to verify that neither of the vignettes contained any strong signals that would prompt participants to make particular decisions regarding the need for foster care placement.

Socio-Demographic Information

At the end of the study, participants were asked to provide basic socio-demographic information. These data were used in supplementary analyses to see if any of these attributes

correlated with regulatory focus or decision-making (see Appendix C). The attributes of interest in this study include the following:¹⁵

Caseworker experience and education. A consensus has yet to emerge on whether the extent of caseworkers' experience and training are associated with child protection decision-making (Briar, 1963; Britner & Mossler, 2002; Gold, Benbenishty & Osmo, 2001; Mandel, Lehman & Yuille, 1994; Rossi, Schuerman & Budde, 1999).

Caseworker ethnicity. We are still in the process of understanding how the ethnicity of caseworkers factors into family assessments and decision-making (Jayaratne, Faller, Ortega & Vandevort, 2008; Surbeck, 2003).

Status as a parent. Whether status as a parent correlates with child protection assessments or decision-making has received recent attention, with interesting (albeit preliminary) findings (Portwood, 1998).

Caseworker age and socioeconomic status of family of origin. Caseworker age is a little-studied variable in child protection decision-making. To date, it does not appear that the socioeconomic status of the family in which child protection decision-makers was raised has been studied as a possible correlate to their decision-making practices.

Data on these attributes were collected not only to add to what is already known about correlations between these attributes and child protection decision-making. They were also included in order to better understand the distribution of workplace regulatory focus amongst the sample. Note these attributes are not typically studied with respect to regulatory focus.

Data Analysis

¹⁵ Note these attributes are discussed in greater detail in chapter two. What is provided here is a very brief statement about the precedence for studying these variables, where such precedence exists.

Data entry and analysis began after data collection was complete. Once all study components were coded (items on the WRF scale, questions related to placement recommendations and other post-vignette questions, and the socio-demographic questions) data were entered into an Excel spreadsheet. The data were then read into a SAS dataset (version 9.0), which was used for all analyses. This process is detailed below.

Data Entry

First, each study participant's set of completed research materials was given a study identification number. Study identification numbers ranged from 1 to 100. Then, each answer option in the entire set of instruments was assigned a numeric code that would be used to enter participants' responses into a master database.

Summary Variables

Four additional variables were created during the course of data entry: PRV_TTL, PROMO_TTL, PRV_MEAN and PROMO_MEAN. The first two variables, PRV_TTL and PROMO_TTL, reflect the sum of the nine prevention-focused (PRV_TTL) and the nine promotion-focused (PROMO_TTL) items on the WRF scale. Theoretically, PRV_TTL and PROMO_TTL scores may range from 9 to 45, with higher scores reflecting greater strength in that dimension. That is, a participant whose PRV_TTL score equaled 45 would be considered someone with very high workplace prevention-focus.

The second two variables created during data entry, PRV_MEAN and PROMO_MEAN, reflect the participant's mean score on the full set of prevention-focused and promotion-focused items, respectively. Theoretically, PRV_MEAN and PROMO_MEAN scores could range from 1.00 to 5.00. Higher mean scores are associated with greater strength in a particular domain such

that, for example, a participant with a PROMO_MEAN score of 4.75 would be considered someone with a high promotion-focus in the workplace.

In analyses related to the study's main hypotheses, participants were considered to have a low prevention or promotion focus in the workplace if mean scores fell between 1.00 and 2.50. Participants were considered to have a high prevention or promotion focus in the workplace if mean scores fell between 3.5 and 5.0. Mean scores in the 2.50 to 3.50 range were considered moderate. For example, a participant with a PRV_MEAN score of 3.0 would be considered someone with a moderate level of prevention-focus in the workplace.

Missing Data

Subjects who did not respond to all 18 items on the WRF scale had their records flagged, so that later analyses would take this incomplete data into consideration. There were 15 participants who did not return completed WRF scales. Data related to these 15 participants were not included in analyses related to regulatory focus. Likewise, there were participants who left other items unanswered, such as socio-demographic questions. Participants with incomplete data in a given area were excluded from any analyses related to those unanswered questions.

Statistical Software

Once data entry was complete the data was read into a SAS dataset. Descriptive analyses, analyses directly related to the study's main hypotheses, and supplementary analyses were performed using SAS software.

Ethical Issues and the Protection of Human Subjects

Prior to data collection, applications were submitted to the IRBs of both Columbia University and the Administration for Children's Services. Approval to collect data was first obtained from the Columbia University IRB on October 30, 2009 (see Appendix E). The

Administration for Children's Services issued its approval on December 21, 2009 (see Appendix F).

Participation in this study was strictly voluntary. The identity of participants was kept confidential. All study participants were given detailed consent forms to review and sign before any other data was collected (see Appendix D). As the study was administered during participants' lunch break, all study participants were offered lunch (approximate value, \$8). No other compensation was offered.

As noted above, all completed study materials were assigned a unique identification number. The number assigned to each participant referred to their responses on the WRF scale, their responses to the questions following the two case vignettes, and their responses to the socio-demographic questions asked at the end of the study. The completed study materials, on which the study ID is written, have been secured in a locked file cabinet to which only I have access. There were no obvious identifiers collected during the course of data collection. No one but I had access to the data collected for this study.

CHAPTER 4: FINDINGS BASED ON THE CONCEPTUAL MODEL

Introduction

This chapter is designed to provide context for the study's main findings regarding the relationship between regulatory focus and placement decision-making. I begin by unpacking participants' responses to the WRF scale, organizing the material around the six dimensions of regulatory focus theory that underlie the scale. Participants' emotional reactions to the abuse and neglect vignettes are discussed, given the relationship between self-regulatory orientation and emotionality, discussed in greater detail in chapter one of this work (Higgins, 1997; Higgins, Bond, Klein & Strauman, 1986; Lee, Gardner & Aaker, 2000). I also examine the risk assessments made by study participants. The chapter closes with a summary of study participants: the strength of their regulatory focus and the nature (and outcome) of their risk assessments.

The Six Dimensions of the Work Regulatory Focus Scale

In order to create a scale that adequately represents the underlying concepts of regulatory focus, the authors of the WRF scale used as their starting point the six dimensions of regulatory focus theory. As outlined in Figure 1.1, there are different psychological variables that serve as the foundation for the constructs of promotion and prevention focus. For promotion focus these are nurturance needs, strong ideals, and a construal of situations as offering the opportunity for either "gain" or "non-gain." For prevention focus these psychological variables include security needs, strong oughts, and a situational perspective that is either "loss" or "non-loss."

Each of these psychological variables is captured by three items each on the WRF scale (6 dimensions * 3 items each = 18 total items). Looking at participants' responses at this level of granularity helps clarify the extent to which participants do – or in the case of the present research, do not – fall neatly into two distinct groups (i.e., prevention or promotion focused). In

the sections that immediately follow I lay out the distribution of scores along each of the six dimensions of regulatory focus theory.

The following overview applies to a subset of the 100 CPIs who participated in the study. It reflects the responses of the 85 participants who returned complete WRF scales. Fifteen participants were dropped from this component of the analysis because they returned incomplete WRF scales.

Promotion Focus: Achievement or Nurturance Needs

According to Neubert, Kacmar, Carlson, Chonko and Robert (2008) the extent to which individuals value being nurtured on the job and having the opportunity to advance in their work may be a function of their regulatory focus (Higgins, 1997; Neubert, Kacmar, Carlson, Chonko & Robert, 2008). The three items on the WRF scale that correspond to the psychological variable that relates to an individual's need for nurturance and achievement are:

Item #13: If my job did not allow for advancement, I would likely find a new one.

Item #14: A chance to grow is an important factor for me when looking for a job.

Item #15: I focus on accomplishing job tasks that will further my advancement.

Overall, responses to Items #13, 14, and 15 fell in the "high" range, meaning they came in at or above 3.5 (see Table 4.1). On its face this suggests that this sample of 85 child protection investigators places a primacy on job advancement and the fulfillment of professional goals. However, it is worth noting that approximately 25 percent of respondents chose the neutral answer option in response to Items #13 and #15. That is, while the opportunity to grow (i.e., enhance skills, improve performance) resonated for many of the child protection investigators participating in the study, the importance of advancement to more senior roles within the workplace was, for some, relatively less pressing.

Promotion Focus: Strong Ideals

The notion of an individual having “strong ideals” with respect to regulatory focus has to do with the extent to which achieving one’s hopes and dreams are a stronger motivator for behavior than fulfilling one’s responsibilities and obligations (i.e., “strong oughts”; Higgins, 1997). Three items on the WRF scale speak directly to whether a sense of strong ideals is present in the way one thinks about their job. Items #16, 17, and 18 are the ones that relate to the perceived importance of fulfilling hopes and aspirations (ideals). The items read,

Item #16: I spend a great deal of time envisioning how to fulfill my aspirations.

Item #17: My work priorities are impacted by a clear picture of what I aspire to be.

Item #18: At work, I am motivated by my hopes and aspirations.

Study participants scored high in this dimension of the scale. Mean scores for these three items were 3.8 (Item #16), 3.6 (Item #17), and 3.5 (Item #18). Less than 16 percent of the sample indicated their disagreement with any of these items in this dimension. However, although relatively few participants had responses that put them in the low range of scores it is still worth noting that again approximately 25 percent of participants were ambivalent about these items, responding, “Neither agree nor disagree.”

Promotion Focus: Gain and Non-Gain

The last three items related to the construct of promotion focus have to do with the extent to which respondents construe situations in terms of what is to be gained as opposed to what is to be lost (prevention-focus). Those items read,

Item #10: I take chances at work to maximize my goals for advancement.

Item #11: I tend to take risks at work in order to achieve success.

Item #12: If I had an opportunity to participate on a high-risk, high-reward project I would definitely take it.

Responses to this cluster of items are slightly different than what has been reported thus far. Mean scores to each of these three items fell into the moderate range, meaning they came in between 2.5 and 3.5. Again we see some amount of ambivalence about these items, with 32 to 36 percent of participants having chosen the, “Neither Agree nor Disagree” response to one or more of these three items. We also notice a relatively larger group of participants who registered their disagreement with these statements (between 17 to 28 percent of participants).

Promotion Focus Sub-scale: Summary

At this point, the sample of child protection investigators who participated in this study can be described as having a moderate-to-strong promotion focus. The moderation seems to stem from two places. First, we see a fair amount of ambivalence about some of the ideas conveyed in the promotion subscale. A robust minority consistently chose the neutral answer option in response to seven of the nine items on the promotion-focus sub-scale, with approximately one-third of respondents choosing the neutral response option to all three of the items associated with the “Gain/Non-Gain” dimension. These items have to do with the extent to which respondents will take chances or risks in their work in order to advance.

Given the focus of child protection work, it is not surprising that at least half of the respondents who completed the WRF scale either disagreed or stayed neutral on these items. Taking risks in the field of child protection investigation could be thought about in a couple of ways, both of which are potentially dangerous. First, taking risks vis-à-vis decision-making could prove dangerous for the children involved. Second, taking risks vis-à-vis the actual investigation of an allegation could prove dangerous for the investigator (for example, making a home visit at night in an unsafe neighborhood after repeated failed attempts to meet with family members during the day).

The items that garnered the highest mean scores are also not surprising. Given the relatively young age of this sample (60 percent fell into the age 18 to 30 years category) we might expect to see high scores in the “Achievement” dimension. In particular, the item that reads, “A chance to grow is an important factor for me when looking for a job” yielded the highest mean score of all nine items on the promotion-focus subscale. A group of young professionals, the majority of this study’s sample, would be likely to respond in a positive way to such an item, regulatory focus notwithstanding.

A closer look at responses to the dimensions in the prevention focus subscale will further clarify the actual nature of participants’ regulatory focus in the workplace. I turn to those dimensions, below.

Prevention Focus: Security Needs

Security needs, in the parlance of regulatory focus theory, have to do with feelings of protection. The three items on the WRF scale that correspond to the “Security Needs’ sub-dimension are as follows:

Item #1: I concentrate on completing my work tasks correctly to increase my job security.

Item #5: At work, I am often focused on accomplishing tasks that will support my need for security.

Item #7: Job security is an important factor for me in any job search.

When we look at the mean scores for this particular dimension of the scale the regulatory focus of the sample takes an interesting turn. Again we see mean scores in the high range, as we did for the three dimensions that make up the promotion subscale of the WRF scale. What this means, though, is that on average, the CPIs who participated in this study feel a strong inclination to fulfill their need for achievement in the workplace *as well as* to protect the security

of their jobs. Indeed, mean scores on the “Security” dimension are noticeably, if not significantly, higher than mean scores on the “Achievement” dimension (see Table 4.1).

Prevention Focus: Strong Oughts

Whereas the promotion-focused individual will be concerned with the alignment between their actual self and the person they would ideally like to be, the prevention-focused individual will be concerned with the match between their actual self and the person they feel they ought to be. It is the difference between focusing on who you aspire to be versus who you feel you should be. The “Strong Oughts” items on the WRF read as follows:

Item #2: At work I focus my attention on completing my assigned responsibilities.

Item #3: Fulfilling my work duties is very important to me.

Item #4: At work, I strive to live up to the responsibilities and duties given to me by others.

To review, average scores for the “Strong Ideals” dimension fell squarely in the high range. Average scores for the “Strong Oughts” dimension also fell in the high range – higher, in fact, than for the “Strong Ideals” dimension, with mean scores ranging from 4.2 to 4.5. In fact, none of the participants registered any disagreement with two of three items in this dimension of the scale.

Prevention focus: Loss and Non-Loss

The sixth dimension of regulatory focus theory has to do with the avoidance of loss. According to regulatory focus theory, individuals with a strong prevention focus will consider situations in terms of how to protect what they have and incur no losses. The items on the WRF that correspond to this dimension are:

Item #6: I do everything I can to avoid loss at work.

Item #8: I focus my attention on avoiding failure at work.

Item #9: I am very careful to avoid exposing myself to potential losses at work.

Whereas mean scores for the “Gain and Non-Gain” dimension fell in the moderate range (i.e., between 2.5 and 3.5), mean scores for the “Loss and Non-Loss” dimension fell in the high range, with a strong majority of participants choosing “Agree” and “Strongly Agree” to all three items.

Prevention Focus Subscale: Summary

From this dimension-by-dimension analysis of responses to items on the prevention subscale it is clear that this sample of child protection investigators has a very strong prevention-focus in the workplace. This is particularly the case with respect to how participants consider their workplace “ought” selves. Completing assignments, measuring up to expectations and being responsible on the job are especially important to this sample of child protection investigators. Participants also responded with particular strength to the item regarding the extent to which they consider the security of a position when searching for a job. This fits well with the emphasis respondents placed on fulfilling work duties, in that the latter typically serves to promote the former.

There are attributes that cut across this sample of child protection investigators that could be exerting independent influence in the way participants responded to items on the WRF scale, and to items on the prevention subscale, specifically. (Refer to Table 3.1 for a detailed breakdown of the socio-demographic attributes of the sample.) Take for instance the socioeconomic background of the CPIs in this study. Approximately 42 percent (n=42) of the analytic sample (n=85) described the socioeconomic class of the family in which they grew up as working class. The next largest group (n=41), representing approximately 41 percent of the analytic sample (n=85) was raised in a family described as middle class. It is reasonable that a sample of individuals characterized by this kind of socioeconomic history would put a primacy

on job security and non-loss. In this case, being prevention-focused may also have the effect of ensuring some measure of financial security: important at any time, but particularly now, in today's economic climate.

Job security, which hinges, in part, on avoiding failure and loss at work, would also be an important feature for young individuals with dependent children, two other features of this sample of CPIs. Ninety-four percent of the sample indicated they were between the ages of 18 to 45. As well, more than half of the sample of 85 CPIs (58 percent) included in this analysis responded that they either have been or are currently the parent or guardian of a child.

This is not to undercut the role of regulatory focus as an individual characteristic that influences feelings about and behavior within the workplace. Rather, it may provide some context for the seeming duality of CPIs self-regulatory orientation, at least as it pertains to the workplace.

Regulatory Focus of Study Subjects: Summary

The 85 participants who returned completed WRF scales had moderate-to-high mean scores on the three dimensions of the promotion focus subscale and solidly high scores on the three dimensions of the prevention focus subscale. It is expected, then, that we would see considerable overlap in terms of whether an individual would be classified as having high prevention or promotion-focus in the workplace. In fact, 22 participants, or 26 percent of those participants who returned completed WRF scales, scored very high on both the prevention and promotion subscales (i.e., mean scores of 4.0 or higher).

However, response patterns diverge when it comes to the way participants used the neutral answer option when responding to items on the WRF scale ("Neither Agree nor Disagree"). Specifically, there are far fewer so-called "neutral responders" to the items on the

prevention subscale than there are to the items on the promotion subscale. When we look more closely, we see that the sample of 85 participants who completed the WRF can be broken down into two groups: one group who scored high on both the prevention and promotion subscales (i.e., mean scores of 4.0 or higher; $n=48$), and one group who had mean scores on the prevention subscale that fell into the high range (i.e., mean scores of 3.5 or higher) but moderate-to-low scores on the promotion subscale (i.e., mean scores below 3.5; $n=33$).¹⁶ These are two distinct groups, with no overlap.

A Wilcoxon-Mann-Whitney test was performed to verify that mean scores on the promotion subscale for these two groups were significantly different from one another.¹⁷ The Wilcoxon-Mann-Whitney test is used to compare the means of two independent groups based on values of an ordinal dependent variable. It is considered the non-parametric version of the independent samples t-test. Results from the Wilcoxon-Mann-Whitney test run in this instance suggests that there is a statistically significant difference in the underlying distribution of promotion subscale scores when comparing these two groups of child protection investigators; that is, (a) child protection investigators with high prevention-focus and high promotion-focus and (b) child protection investigators with high prevention-focus and moderate-to-low promotion focus ($z = -7.623$, $p < .0001$).

It is true that this distinction in response patterns does not amount to the identification of two “pure” groups, one with a clear promotion focus and the other with a clear prevention focus. However, it is worth exploring the extent to which the distinction amounts to any real differences

¹⁶ Four of the CPIs who returned completed WRF scales did not fall neatly into one of these two groups. Those four CPIs scored low on both the promotion and prevention sub-scales of the WRF scale.

¹⁷ The Pearson’s product moment correlation coefficient that describes the relationship between promotion subscale scores and prevention subscale scores for this sample of child protection investigators was $r = .3838$ ($p = .0003$). This is in line with what Neubert, Kacmar, Carlson, Chonko and Robert (2008) found in their initial validity checks of the WRF scale.

in placement decision-making; that is, if the group whose level of prevention-focus in the workplace is not matched by an equally strong promotion-focus responds any differently to the vignettes than those whose workplace self-regulatory orientation is not at all differentiated.

Emotional Responses and Regulatory Focus

At this point we turn our attention to the relationship between the regulatory focus of study participants and the emotional responses participants had to reading the two vignettes. Recall from the earlier discussion of Higgins' regulatory focus theory that there is a demonstrated relationship between regulatory focus and the nature of one's emotional reaction to events. Specifically, the cheerfulness-dejection emotional dimension has particular significance for individuals with a strong promotion focus, whereas the quiescence-agitation dimension has particular significance for individuals with a strong prevention focus.

In the present study, participants were asked to give their emotional reactions to each of the two vignettes. Two questions were posed to participants after each vignette: "How sad or discouraged did you feel reading this scenario," and "How agitated or worried did you feel reading this scenario?" Responses to these questions are outlined in Table 4.2.

On the whole, participants did not have strong emotional reactions to either of the vignettes. Only between 14 and 27 percent of participants indicated a strong reaction of any kind to either of the vignettes, be it sad/discouraged or agitated/worried. When we compare the emotional responses of the two groups of participants just discussed (i.e. those with high mean scores on both the prevention and promotion subscales versus those with high mean scores on the prevention subscale but moderate-to-low responses on the promotion subscale) there were no statistically significant associations. That is, the strength of participants' regulatory focus did not correlate with their emotional responses in the expected ways.

In hindsight, it is no surprise that the majority of study participants did not have strong emotional responses to the vignettes. Responding to real-life situations that bear a strong resemblance to the scenarios outlined in the two vignettes is what these study participants do all day, all week long. Moreover, these vignettes were chosen precisely because they reflect “gray area” cases, cases in which there were no strong signals to recommend (or not recommend) placement in out-of-home care. Indeed, the CPIs who participated in this study are accustomed to stories of maltreatment that far exceed the two described in this study in terms of the severity of the maltreatment. That the CPIs who participated in this study seemed to have had measured emotional responses to the vignettes may have less to do with the strength of their regulatory focus and more to do with their having been desensitized by the time they have spent in the field.

Assessments of Risk

There are two questions I want to address with regards to how the CPIs who participated in this study considered the risk posed to the children in the vignettes and the subsequent placement recommendations they made.¹⁸ The first question has to do with the nature of participants’ overall risk assessments, taking responses to the two vignettes into account. Recall the intent of the risk assessment questions was to serve as a check that the two vignettes were in fact “gray area” cases. If CPIs gave consistently high or consistently low risk assessments in response to either (or both) of the two vignettes, it would suggest that perhaps the vignettes did contain one or more strong signals, something that indicates the children in the vignette should be placed in out-of-home care (or vice versa).

¹⁸ Training staff from the James R. Satterwhite Academy were consulted with respect to the precise wording of each of these two questions. Child protection investigators receive extensive training in risk assessment, and the language used in the two questions included in this study was purposeful, in order to stay consistent with that training.

The second question I address has to do with whether one of the two vignettes seemed to reflect a more risky situation than the other. It is a precursor to the main question of whether one of the two vignettes evoked a more intensive intervention response than the other. It is intuitive to think that the vignette which would garner the greater assessment of risk would also be the one to evoke more intrusive responses with respect to how likely one would be to recommend out-of-home care. However, risk assessments and intervention recommendations have been found to not always be in alignment with one another (Davidson-Arad & Benbenishty, 2010). A more complete understanding of the way in which the CPIs in this study thought about these vignettes (how risky they seemed coupled with the extent to which removal from home seemed warranted) will help round out the later discussion of why the CPIs in this study made the judgments they did.

Risk Assessments

The two risk assessment questions were similarly structured with respect to response options: set along a five-point scale, with lower responses indicating assessments of lesser risk and higher responses indicating assessments of greater risk. The first risk assessment question asked of participants had to do with the extent to which the focal children were in immediate danger of serious harm. Of the 100 participants who participated in the study, 69 percent responded that the children in the neglect vignette were at a significant (51 percent) or very high (18 percent) level of immediate danger of serious harm. Responses to the physical abuse vignette indicated assessments of relatively lesser risk, with 45 percent of participants responding that the children in the physical abuse vignette were at a significant (28 percent) or very high (17 percent) level of immediate danger of serious harm. (See Table 4.3 for more information on participants' responses to these questions.)

The second risk assessment-related question posed to participants asked about the extent to which they would say the children in the scenarios were at risk for future harm. Starting with the neglect vignette, we again see that 71 percent of the total sample (n=100) felt the children in the scenario were at considerable (54 percent) or extreme (17 percent) risk of future harm. As for the physical abuse vignette, again we see a less extreme risk assessment, with 56 percent of the sample indicating that the children in the physical abuse scenario were at considerable (46 percent) or extreme (10 percent) risk of future harm.

Which was riskier?

To test whether CPIs as a group found the children in the neglect vignette to be at significantly greater risk than the children in the neglect vignette, as would seem to be the case given the findings just discussed, I first summed the values that correspond to the two risk assessment questions to form a composite risk assessment score for each participant, by maltreatment type. That is, each participant was associated with two composite risk assessment scores: one pertaining to the neglect vignette, one pertaining to the physical abuse vignette (RISKSUM_NEG and RISKSUM_AB). I then created a difference variable (RISKDIFF) that represented the difference between the value of the physical abuse risk assessment composite score and the value of the neglect risk assessment composite score.

Because the RISKDIFF variable was not normally distributed a Wilcoxon signed rank sum test was used to see if the difference between physical abuse and neglect risk assessments was significantly different than zero. The resulting Wilcoxon S statistic had a value of 715.5 and a corresponding p-value = .0003. This suggests that CPIs felt the children in the neglect vignette were at significantly greater risk overall than the children in the physical abuse vignette.

So were these vignettes as “grey” as they were intended to be? On the whole participants felt these were pretty risky situations for children. The majority of study participants felt the children involved were in immediate danger of serious harm and at risk for future harm. On the whole, CPIs assessed the neglect vignette to be riskier than the physical abuse vignette. Although there was some variability in participants’ risk assessments, responses definitely skewed in the direction of higher risk.

Findings Based on the Conceptual Model: Summary Comments

In hindsight, the first hypothesis of the study should have been that study participants would fall into one of two groups: a group of strongly prevention-focused individuals and a group of strongly promotion-focused individuals. That this was not an explicitly stated, preliminary hypothesis suggests a taken-for-granted assumption that this kind of sub-grouping would play out. From an empirical perspective, it is as yet too soon to know whether researchers using the WRF scale in other contexts had similar or different experiences in terms of the way samples grouped vis-à-vis regulatory focus.

At the same time there were, in fact, two distinct sub-groups that emerged from this sample, comprising almost the entirety of the group who returned fully completed WRF scales (81 out of 85 participants). The larger group (n=48) is comprised of individuals whose mean prevention subscale scores and mean promotion subscale scores both fell in the high range (3.5 or higher). The second group (n=33) is made up of individuals who also had high mean scores on the prevention subscale but whose promotion subscale scores were more moderate (less than but not equal to 3.5). It is true that this difference would have been given additional meaning if participants’ emotional responses to the abuse and neglect vignettes had been in line with what we would have expected based on prior research. Still, the differences in responses to WRF items for these two groups were statistically significant.

In this chapter I also discussed the risk assessments made by study participants. This sample of CPIs had significantly stronger reactions vis-à-vis their assessments of risk in response to the neglect vignette. What we turn our attention to now is whether placement recommendations correlate with these assessments of risk – and the extent to which the regulatory focus of CPIs had any effect on placement recommendations. In the next chapter, I will address whether CPIs were also significantly more likely to recommend out-of-home placement for the children in the neglect vignette.

CHAPTER 5: REGULATORY FOCUS AND PLACEMENT DECISION-MAKING

Introduction

In this chapter I address the study's main research questions. The first question to which I respond has to do with whether child protection investigators made different placement decisions as a function of their regulatory focus. Recall in chapter four I discussed how the implicit, underlying assumption of the study – that child protection investigators would in fact fall into two opposing self-regulating groups (i.e., promotion-focused and prevention-focused), was to a certain extent refuted. That is, although this sample of child protection investigators fell into two distinct, significantly different groups in terms of responses to items on the WRF scale, there did not emerge one group with strong workplace prevention focus and one group with a strong workplace promotion focus. Instead, we have one group with both strong workplace prevention and promotion focus and one group with strong workplace prevention focus but moderate-to-low workplace promotion focus. For the purposes of this analysis, the group with less workplace self-regulatory duality (that is, the group that scored high on the prevention focus subscale but moderate-to-low on the promotion focus subscale) will be considered more prevention oriented in terms of their workplace regulatory focus.

The second question I address is whether child protection investigators, regardless of regulatory focus, are more likely to recommend out-of-home placement in situations involving physical abuse than situations involving neglect. In chapter two I referred to research on case factors that correlate with recommendations to place children in out-of-home care (Arad, 2001; Briar, 1963; Craft & DiLeonardi, 1980; Dalgleish & Drew, 1988; English, Aubin, Fine & Pecora, 1993; Fluke, Chabot, Fallon, MacLaurin & Blackstock, 2010; Gambrill & Shlonsky, 2000; Hines, Lemon, Wyatt & Merdinger, 2004; Karski, 1999; Katz, Newberger, Bowles, & Snyder, 1986; Lery, 2009; Lindsey, 1991; Lindsey, 2004; Segal & Schwartz, 1985; Wulczyn,

Barth, Yuan, Harden & Landsverk, 2005). Although neglected children are more likely to be placed than physically abused children, I hypothesize the opposite: that CPIs will be more likely to recommend out-of-home placement for the children in the physical abuse vignette than the neglect vignette (Benbenishty, 2002; Katz, Newberger, Bowles & Snyder, 1986; Runyan, Gould, Donald, Trost & Loda, 1982; Wulczyn, Barth, Yuan, Harden & Landsverk, 2005).

To review, I hypothesized that the physical abuse vignette would be more evocative of recommendations to place the focal children in out-of-home care because of the issue of saliency: there was tangible evidence of harm in the physical abuse case. As well, factors often present in cases of child neglect that are thought to weight heavily on removal recommendations were not present in the neglect vignette utilized in this study (parental substance abuse and/or parental mental illness). In this chapter I review the distribution of responses to the question of placement recommendations for the physical abuse vignette and neglect vignette, and discuss the extent to which risk assessments aligned with placement recommendations. In other words, I will discuss whether assessments of greater risk correlated with stronger recommendations for out-of-home care.

The third question I address in this chapter is whether child protection investigators with a strong prevention focus (in this case, CPIs with strong workplace prevention focus and moderate-to-low workplace promotion focus) were more likely to recommend out-of-home placement in situations involving physical abuse than child protection investigators with both high workplace prevention and promotion focus.

Finally, towards the end of the chapter I report the findings of supplementary analyses that looked at relationships between socio-demographic attributes and placement

recommendations as well as relationships between socio-demographic attributes and workplace self-regulatory orientation.

Before reviewing the study's main findings, a word about the sample of CPIs reflected in the following chapter sections. One hundred CPIs chose to participate in this study. Of those, 85 returned complete WRF scales. Eighty-one of those 85 CPIs had mean scores on the promotion and prevention subscales of the WRF scale that placed them either in the high workplace promotion/high workplace prevention focus group or in the high workplace prevention/moderate-to-low workplace promotion focus group. The four CPIs who returned completed WRF scales with low scores on both the promotion and prevention subscales are not included in these analyses.

Hypothesis 1: Main Effect for Regulatory Focus

The first question I consider has to do with the extent to which workplace regulatory focus relates to decision-making vis-à-vis placement recommendations. For this question I do not separate out placement recommendations by maltreatment type. I look at placement recommendations across maltreatment types.

To test this hypothesis I ran a Kruskal Wallis test, the non-parametric version of ANOVA (analysis of variance). Like a traditional ANOVA, the Kruskal Wallis test assumes an independent variable with two or more levels. However, whereas ANOVA assumes an interval dependent variable that is normally distributed, the Kruskal Wallis test allows for an ordinal dependent variable with a non-normal distribution. Overall, the intent of the Kruskal Wallis is the same as that of the ANOVA: to test for any differences in the means of the dependent variable as a function of the values (or levels) of the independent variable.

In this case, I am testing whether the sum of rankings for the two questions on placement recommendations (one for the physical abuse vignette and one for the neglect vignette; here the

dependent variable) differ as a function of workplace self-regulatory orientation (the independent variable). The dependent variable, a composite placement recommendation variable that summed participants' responses to the two questions regarding placement recommendations (TOTREC), was tested for normality using the NORMAL option for PROC UNIVARIATE, a SAS procedure that provides a variety of summary statistics on a given variable. The procedure generates statistics for four tests of normality (Shapiro-Wilk, Kolmogorov-Smirnov, Cramer-vol Mises and Anderson-Darling). If the p-values for these tests are less than .05, the distribution of scores or values is considered non-normal. In the case of the TOTREC variable, the p-values associated with all four normality tests were less than the critical level of .05. Other tests of normality include comparisons of the mean and median (in normally distributed variables these two values are nearly equal; in this case the mean=5.654 and the median=6.000); a skewness coefficient that is very close to zero (in this case, 0.4785, indicating data that are right skewed); and, a kurtosis spread near 0 (here, Kurtosis=1.133, indicating a distribution that is steeper than that of a normally distributed set of data). Put together, these statistics suggest the data are non-normal in this case (Pappas & Depuy, 2009; Park, 2008).

The result of the Kruskal Wallis test indicates a difference between the two self-regulatory groups that is just at the cut-off of statistical significance (chi-square with 1 degree of freedom=3.8252, $p=.0505$). Using a strict interpretation of significance values, this result suggests that I cannot reject the null hypothesis that CPIs will not make different placement recommendations as a function of their regulatory focus. At the same time, what these statistics say is that there is a 94.9 percent probability that this finding is not due to chance, that CPIs in the general population will still be more likely to make different placement recommendations as

a function of their regulatory focus. (See Table 5.1 for an overview of this and other study findings.)

Hypothesis 2: Main Effect for Maltreatment Type

The study's second hypothesis states that child protection investigators, regardless of their workplace regulatory focus, will be more likely to recommend foster care placement in response to the physical abuse scenario as opposed to the neglect scenario.¹⁹ Placement recommendations were made along a five-point Likert-type scale that examined the likelihood with which participants would recommend foster care placement for the children highlighted in each vignette. The question posed to participants read, "How likely are you to recommend foster care placement for these children?"

In this section I take a look at the distribution of responses to the question of the likelihood of recommending foster care placement for the children in each of the vignettes. I then answer the question of whether CPIs in this study were more likely to recommend foster care placement for the children in the physical abuse vignette than the neglect vignette. In the last part of this section I explore the extent to which risk assessments correlated with placement recommendations.

Placement Recommendations: Overview

With respect to the neglect vignette (see Table 5.2), just 11 percent of study participants would go beyond merely considering out-of-home care for the children in the story.²⁰ A slim

¹⁹ To reiterate: prior research suggests the opposite – that decision-makers are more likely to recommend out-of-home care for neglected children as opposed to physically abused children. As discussed in other sections, this hypothesis has a lot to do with the saliency of physical abuse: the presence of concrete evidence of harm. In the absence of other mitigating factors, such as addiction or mental health, the saliency of physical abuse will leave CPIs more likely to remove children from that scenario as opposed to the scenario described in the neglect vignette.

²⁰ This section reflects the responses of the 100 child protection investigators who participated in the study.

majority of participants (51 percent) responded they would either be very unlikely to or would definitely not recommend out-of-home care for the children in the neglect scenario.

A different picture emerges with respect to placement recommendations for the children involved in the physical abuse vignette. Thirty-six percent of participants responded they would either be very likely to or would absolutely recommend out-of-home care placement for the children in the physical abuse scenario. A similar percentage (33 percent) would consider recommending placement for those children, with the remaining 31 percent indicating they would be very unlikely or would definitely not recommend out-of-home placement for the children in the physical abuse vignette.

Figure 5.1 displays response patterns for the extent to which participants would recommend foster care placement, by maltreatment type. What this graph shows is a more normal-like distribution of responses in response to the physical abuse vignette compared to a discernible left skewing of responses in response to the neglect vignette.

Hypothesis Two: Findings

The question, though, is whether CPIs, regardless of regulatory focus, are significantly more likely to recommend out-of-home placement for the children in the physical abuse vignette as compared to the neglect vignette. Typically, a paired t-test would be used to ascertain whether there is a significant difference between two related observations/variables. The idea is to create a variable that represents the difference between the two related observations/variables and find out whether the difference of the two variables is significantly different than zero. However, if the difference variable cannot be described as interval and normally distributed (but is at least ordinal), the Wilcoxon signed rank sum test is the suggested statistical test. It is the non-

parametric version of the paired samples t-test. This turned out to be the best fit for the data in this study.²¹

The variable DIFF was created by subtracting the values of REC_AB (placement recommendations in response to the physical abuse vignette) from REC_NEG (placement recommendations in response to the neglect vignette). The resulting Wilcoxon S statistic had value of -738 and a p-value < .0001. This suggests a statistically significant difference in the way CPIs recommended out-of-home care for the children in the physical abuse versus neglect vignettes, with CPIs more likely to recommend out-of-home care for the children in the physical abuse scenario than for the children in the neglect scenario. The finding suggests we can reject the null hypothesis that there would be no difference in the way CPIs considered placement recommendations for children in the physical abuse situation versus a neglect situation.

Risk Assessments and Placement Recommendations

If we refer back to the nature of participants' risk assessments in response to each of the two vignettes (see the discussion in chapter four), we recall that CPIs made significantly greater risk assessments in response to the neglect vignette as compared to the physical abuse vignette. CPIs were also significantly more likely to recommend out-of-home care for the children in the physical abuse vignette as compared to the children in the neglect vignette. At the same time, there were statistically significant correlations between composite risk assessment scores and placement recommendations. The Spearman correlation coefficient that describes the relationship between composite risk assessment scores in response to the physical abuse vignette

21 Tests of normality were run on the newly created DIFF variable; all four tests (Shapiro-Wilk, Kolmogorov-Smirnov, Cramer-vol Mises and Anderson-Darling) had corresponding p-values that were less than .05, indicating non-normality. Mean and median values were not the same. The skewness coefficient was 0.151, indicating a slightly right skew to the data. The kurtosis spread was -0.660, indicating a flatter distribution of scores than would be expected under normal conditions.

and the likelihood of a participant recommending out-of-home care for the children in the physical abuse vignette was .632 ($p < .0001$). The Spearman correlation coefficient that describes the relationship between composite risk assessment scores in response to the neglect vignette and the likelihood of a participant recommending out-of-home care for the children in the neglect vignette was comparatively weaker but still statistically significant: a coefficient of .358, $p = .0003$.

To summarize, there are two distinct groups of CPIs in this sample, one of which is characterized by strong workplace prevention and promotion focus and the other of which is characterized by a strong workplace prevention focus but a moderate-to-low workplace promotion focus. These two groups differ with respect to the placement recommendations they make, with the strong workplace prevention focus/moderate-to-low workplace promotion focus group significantly more likely to recommend out-of-home care for children across maltreatment types. Kruskal Wallis tests were conducted to see if the two self-regulatory groups made significantly different risk assessments (based on composite risk scores). Interestingly, there was no significant difference in the risk assessments made by the two self-regulatory groups. The group characterized by strong workplace prevention and promotion focus did not make significantly different risk assessments than the group characterized by strong prevention focus and moderate-to-low promotion focus. As a total group, though, this sample of CPIs had stronger reactions vis-à-vis their assessments of risk in response to the neglect vignette, but were more inclined to remove the children described in the physical abuse vignette.

Figures 5.2 and 5.3 juxtapose participants' responses to these three questions (the two risk assessment items and the one item on placement recommendation, for neglect and physical abuse separately), and depict some of the incongruity we see in response patterns. Figures 5.4

and 5.5 use composite scores for the risk assessment questions. (Note the composite scores were categorized along the original 5-point scale to assist in making comparisons.) What these figures display is the percent of participants who fell into each risk assessment response category set alongside the percent of participants who fell into each response category vis-à-vis the question on placement recommendations. This is done separately for the physical abuse and neglect scenarios.

What these graphs help demonstrate, particularly Figures 5.4 and 5.5, are the relationships between risk assessments and placement recommendations. Figure 5.4 shows how risk assessment scores and responses to the placement recommendation question for the physical abuse vignette are similarly patterned, with a distinct right skew and a more pronounced peak for the risk assessment scores. The considerable overlap helps demonstrate the significant correlation between risk assessments and placement recommendations for the physical abuse scenario.

The graph for the neglect vignette has a much different look, with left-skewed placement recommendation scores and right-skewed risk assessment scores. There is a small area of overlap in the so-called “middle ground” area – the response category that is as close to neutral as possible. This small area of overlap, especially as compared to the physical abuse graph, is consistent with the relatively low Spearman correlation coefficient, despite its statistical significance.

Hypothesis 3: Interaction Effect (Regulatory Focus with Physical Abuse)

The third hypothesis has to do with whether child protection investigators with a strong prevention focus (here, the CPIs with strong workplace prevention focus plus moderate-to-low workplace promotion focus) are more likely to recommend out-of-home placement in situations involving physical abuse than child protection investigators with a strong promotion focus (here,

CPIs with both strong workplace prevention and promotion focus). To recap, the thinking behind this hypothesis was that those with a stronger prevention-focus would be particularly sensitive to the tangible evidence associated with physical abuse. Prevention-focused individuals feel a particular motivation to avoid acts of commission, to avoid pain, to avoid negative outcomes. All of these concepts are present in the case of physical abuse. This is not to say that neglect is not objectionable from the perspective of the prevention-focused CPI. Yet whereas neglect has to do with conditions that leave children especially vulnerable to tangible harm, physical abuse is observable now, in the present moment.

Another Kruskal Wallis test was run for the third hypothesis of the study. Again the independent variable was workplace self-regulatory orientation (either strong workplace promotion and prevention focus or strong workplace prevention focus and moderate-to-low workplace promotion focus). The dependent variable was placement recommendations for the physical abuse condition. As detailed in previous sections, the Kruskal Wallis test is appropriate when the dependent variable is non-normal in terms of its distribution and the variable is ordinal rather than interval, as is the case here.²²

Similar to findings in relation to the study's first hypothesis, the result of the Kruskal Wallis test sits at the cusp of statistical significance: the chi square statistic was 3.355 with one degree of freedom, $p=.0670$. It means we cannot reject the null hypothesis that there is no difference in the way prevention and promotion focused CPIs consider out-of-home placement for children in the physical abuse scenario. Still, what these statistics say is that there is a 93 percent probability that this finding is not due to chance, that workplace regulatory focus does

²² All tests for normality indicate the REC_AB variable is not normally distributed.

have something to do with the way CPIs consider whether or not to recommend foster care placement for children under investigation for alleged physical abuse.

Supplementary Analyses

In this section I report on the extent to which socio-demographic attributes of this sample of CPIs correlate with either placement recommendations or workplace regulatory focus. The three socio-demographic attributes included in these supplementary analyses were the age of participants, the socioeconomic class in which they were raised, and whether or not they are or ever have been the parent or guardian of a minor child. Ethnicity and number of years working in child protection were not included as there was insufficient variation in those variables to justify additional tests.

As discussed in chapter two, prior research on decision-making practices within the field of child welfare have examined the extent to which certain characteristics of caseworkers predict the kinds of decisions caseworkers will make (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Rossi, Schuerman & Budde, 1999). There has been no focused study, however, on the extent to which caseworker childhood socioeconomic status influences decision-making around foster care placement, and scant research on how guardian status (i.e., whether or not the caseworker is or ever has been the guardian of a minor child) influences decision-making.²³

At the same time, scholars have made note of the impact of attitudes on placement decisions, attitudes based at least in part on past experiences, personal beliefs and values (Davidson-Arad and Benbenishty, 2010; Gambrill & Shlonsky, 2000). It is conceivable, then,

²³ The one study that looked at guardian status questioned whether this characteristic had an influence on whether certain acts constituted child maltreatment (Portwood, 1998). Portwood had inconsistent findings in this regard. Overall, parents did not make significantly different assessments as to whether certain acts constituted maltreatment as compared to non-parents. However, there were significant differences with respect to two acts: showing pornography to a child and spanking with a stick. In these instances, parents were more likely to rate an act more abusive than non-parents.

that individuals' socioeconomic backgrounds may shape their perspectives on the socioeconomic contexts in which children live – and may, in turn, influence the judgments they make about the suitability of certain types of living conditions. It also follows that one's experience as a parent would influence the way one assesses how others parent, particularly in instances where children may be at risk of harm.

Although guardianship status and childhood socioeconomic status have never been explored in terms of their influence on regulatory focus, I explore these relationships in this study. Childhood experiences, oft-times shaped by the socioeconomic class in which we are raised, influence how we behave as adults (i.e., whether behavior is organized to approach desired outcomes or avoid negative outcomes). These experiences may play a role in whether individuals take risks and seek out opportunities for advancement on the job or do whatever they can to avoid incurring any kind of loss. They may influence the extent to which individuals place a higher value on who they would ideally like to be or who they believe they ought to be. A similar line of thinking underlies the exploration of a relationship between guardianship status and regulatory focus. The experience of parenting can be a defining experience, having a profound effect on decision-making in almost all areas of life. It may also influence the way we organize our behavior, in this case in the workplace.

Fisher's exact tests were run to test for relationships between the three socio-demographic attributes (participants' age, socioeconomic status in family of origin and guardian status) and placement recommendations as well as workplace regulatory focus.²⁴ Fisher's exact

²⁴ Also note that caseworker age has received little attention in the literature in terms of the extent to which it helps predict case decision-making. Experience is more likely to be examined, which serves as a something of a proxy for age. In line with findings related to the impact of caseworker experience on decision-making, Rossi, Schuerman and Budde (1999) found a small but significant effect for caseworker age, with older workers more likely to recommend some kind of intervention for the families of maltreated children as compared to younger workers, who were more likely to recommend no services.

tests are the preferred statistical test when assessing for significant relationships amongst categorical variables, particularly when cell sizes may be small. In the case of the present study, cross-tabulations of relevant variables demonstrated small cell sizes, indicating that the Fisher's exact test, rather than the chi-square test, would be the appropriate method for assessing relationships between these variables.

The specific Fisher's exact tests run include:

- Participant age and placement recommendations for the physical abuse vignette, the neglect vignette, and the composite placement recommendation variable (three Fisher's exact tests)
- Participant childhood socio-economic status and placement recommendations for the physical abuse vignette, the neglect vignette, and the composite placement recommendation variable (three Fisher's exact tests)
- Participant guardianship status and placement recommendations for the physical abuse vignette, the neglect vignette, and the composite placement recommendation variable (three Fisher's exact tests)
- Participant age and workplace self-regulatory orientation (high workplace prevention and promotion focus versus high workplace prevention focus with moderate-to-low workplace promotion focus; one Fisher's exact test)
- Participant childhood socio-economic status and workplace self-regulatory orientation (one Fisher's exact test)
- Participant guardianship status and workplace self-regulatory orientation (one Fisher's exact test)

Of these 12 tests none produced a statistically significant result.²⁵ That is, neither age, childhood socio-economic status nor guardianship status was related to placement recommendations or workplace regulatory focus. With respect to the latter, it is possible that while these personal attributes (age, childhood socio-economic status and guardianship status)

²⁵ Note that for the analyses involving socio-demographic attributes and placement recommendations I included responses from the full sample of CPIs who participated in the study (n=100). For the analyses involving socio-demographic attributes and workplace regulatory focus I relied on responses from those CPIs who fell into one of the two workplace self-regulatory groups: high prevention plus high promotion focus versus high prevention plus moderate-to-low promotion focus (n=81).

may relate to regulatory focus, the nature of the measurement of regulatory focus in this study – that is, *workplace* regulatory focus – may be masking these potential relationships. As well, the categorization of these variables may be preventing potential relationships from being identified.

In the following chapter I go into greater detail about these and the other findings discussed in this and the previous chapter.

CHAPTER 6: CONCLUDING THOUGHTS

Introduction

In this chapter I summarize the study's main findings and offer additional comments on two issues: the role of regulatory focus in placement decision-making and the discrepancy between participants' risk assessments and placement recommendations. Next, I discuss the study's limitations, organized around sample-related issues, issues related to the vignettes used in the study, and the way in which regulatory focus was applied to the context of child protection decision-making. Last, I discuss the implications of this study's findings with respect to future research and practice.

Study Findings: Summary and Interpretations

Overview of findings

The first hypothesis stated that child protection investigators with a strong prevention focus would be more likely than child protection investigators with a strong promotion focus to recommend out-of-home care for children described in the vignettes, maltreatment type notwithstanding. In this case I was not able to reject the null hypothesis that there would be no significant difference in the way child protection investigators would respond to the physical abuse vignette versus the neglect vignette. The results of the Kruskal Wallis test indicated a difference in response patterns that was just at the cut-off of statistical significance ($\chi^2=3.825$, $df=1$, $p=.0505$).

The study's second hypothesis stated that child protection investigators, workplace regulatory focus notwithstanding, would be more likely to recommend out-of-home care for the children in the physical abuse vignette than for the children in the neglect vignette. The null hypothesis was that there would be no significant difference in response patterns with respect to whether children from the physical abuse or neglect scenario should be placed in out-of-home

care. In this case I was able to reject the null hypothesis. The Wilcoxon signed rank sum test used to test this hypothesis generated an S statistic with a value of -738, $p < .0001$. This suggests a statistically significant difference in the way CPIs recommended out-of-home care for the children in the physical abuse versus neglect vignettes.

The third hypothesis tested in this study stated that child protection investigators with strong workplace prevention focus would be more likely than child protection investigators with strong workplace promotion focus to recommend out-of-home care for the children in the physical abuse vignette. The null hypothesis states that there will be no significant difference in placement recommendations in response to the physical abuse vignette when comparing prevention and promotion focused child protection investigators. I was unable to reject the null hypothesis (chi square=3.334, $df=1$, $p=.0670$), again by a slim margin.

In the following section I offer an interpretation of these three findings in an effort to answer the question underlying this dissertation: does the personal motivation of a caseworker influence their decision-making with respect to whether or not they recommend out-of-home placement for children?

Regulatory Focus and Placement Decision-Making

So, does regulatory focus play a role in the way child protection investigators make decisions about out-of-home placement? The findings from this study suggest that it might. However, it is somewhat difficult to interpret differences in child protection investigators' responses based on their workplace regulatory focus group assignment. This difficulty stems from the lack of diversity in the sample, the unusual distribution of this sample's regulatory focus, and from the nature of the test statistics that emerged from the various statistical procedures used in this study. I address each of these points in turn below.

Overall, this sample of child protection investigators was not particularly diverse. Participants tended to be on the younger side (18 to 45 years). Most were at the beginning of their child welfare careers, with close to 90 percent of participants having spent one-to-three years in the field. All of the child protection investigators who participated in this study received identical training through the James R. Satterwhite Academy, with identical introductions to central concepts such as assessing the safety and risk of children alleged to have been the victims of child maltreatment. All of the child protection investigators who participated in this study work within the same child welfare system and respond to reports of child maltreatment in the same city, albeit in neighborhoods that may be marked by different socio-demographic attributes.

This sample of child protection investigators had much in common that could have had a bearing on the way they responded to the questions asked of them in the present study. Still, differences emerged in their responses to particular questions that seem to relate to their motivation: whether their behavior is motivated by a desire to approach positive end goals or to avoid negative ones. It suggests that personal motivation, here in the form of workplace regulatory focus, may have a hand in the way child protection investigators think about maltreatment situations and consider their response options.

That any differences were detected given the small sample size is noteworthy. As will be discussed in a later section, the attenuation of the sample drained the statistical tests performed in this study of any real power to detect differences where they might exist. This is what is known as a Type II error: falsely accepting the null hypothesis, or stating that there is no significant effect when there really is an effect. The same kind of risk with low power is not considered with respect to Type I errors: falsely rejecting the null hypothesis, or stating there is a significant effect when really there is none.

With respect to the workplace regulatory focus of this sample of child protection investigators, I have discussed elsewhere in this work the unexpected groupings vis-à-vis workplace regulatory focus. Of the 85 CPIs who returned completed WRF scales, 48 scored high on the prevention focus subscale *and* on the promotion focus subscale. Thirty-three participants scored high on the prevention focus subscale and had moderate-to-low scores on the promotion focus subscale.²⁶ What this means is that there was a fair amount of overlap in this sample in terms of prevention-related perspectives. It was a prominent prevention-focus that was hypothesized to be the operating construct in terms of stronger recommendations in favor of placing children out-of-home care. This provides additional context for why the difference between these two groups with respect to placement recommendations was less pronounced than originally hypothesized.

Lastly and more generally, it is somewhat challenging to interpret borderline findings such as those encountered in relation to the study's first and third hypotheses. As noted earlier, there is insufficient power to really interpret the study's findings. It is true that, if using the conventional $\alpha = .05$ cut-off for determining statistical significance, I cannot technically reject the null hypotheses that the population means vis-à-vis workplace regulatory focus and placement recommendations across maltreatment types are not actually different. Still, with respect to the study's first hypothesis the test statistics suggest that 5.1 percent of the time the differences found with respect to regulatory focus' influence on placement decision-making would be found coincidentally, rather than due to true population differences. With respect to the study's third hypothesis, test statistics suggest that just 6.7 percent of the time the differences

²⁶ Recall that four participants had low scores on both the promotion and prevention subscales of the WRF scale. These four participants were excluded any analysis that took workplace regulatory focus into account.

found with respect to how prevention versus promotion focused CPIs respond to cases of physical abuse would be found coincidentally, rather than due to true population differences.

Risk Assessments, Placement Recommendations, and Maltreatment Type

As discussed in chapter four, the sample of child protection investigators who participated in this study made significantly greater risk assessments in response to the neglect vignette than to the physical abuse vignette. However, this same sample of child protection investigators was also more likely to recommend out-of-home care for the children in the physical abuse vignette. What we would expect is that these two things would be the same: that whichever vignette evokes stronger assessments of risk would be the same vignette to evoke stronger recommendations in favor of out-of-home placement for the children; indeed experts in the field of child protection decision-making have made note of the "...professional consensus that intervention recommendations be based on assessment of risk" (Davidson-Arad & Benbenishty, 2010, p. 7).

Why did the child protection investigators in this study make greater risk assessments in response to the neglect vignette but stronger recommendations for placement in response to the physical abuse vignette? It was hypothesized that the physical abuse vignette would elicit stronger reactions vis-à-vis placement recommendations. It goes without saying that underlying that hypothesis would be the parallel hypothesis, that the physical abuse vignette would elicit stronger reactions vis-à-vis assessments of risk.

One possible explanation is that the discrepancy between risk assessments and placement recommendations in this case are a reflection of the discrepancy between the response options offered in this study (place in out-of-home care or not) versus what is actually available in practice. In practice, child protection investigators have a wider range of interventions to

consider, to include intensive family preservation services, general preventive services, and other voluntary, community-based service options. For the purposes of this study, however, the elimination of these other intervention types from the range of response options offered to child protection investigators was intentional. Recall the two vignettes chosen for use in this study were chosen because they seemed to reflect “grey” cases – cases in which there was no strong signal to either remove or not remove from home. They were chosen because they allowed me to test whether, absent other intervention options, child protection investigators with different workplace regulatory focus would be more or less likely to recommend foster care placement.

Another possible explanation has to do with the extent to which attitudes influence placement recommendations versus assessments of risk. Davidson-Arad and Benbenishty (2010) offer a coherent discussion of how the impact of attitudes may play out differently with respect to predicting the likelihood that a child will be maltreated versus determining the intervention response that best protects the child and promotes the preservation of their family. They note that while risk assessments should be rooted in rigorous fact-finding and empirical evidence, determining the best course of action going forward is much more likely to be rooted in caseworkers’ personal beliefs and attitudes, such as their feelings about removal in general.

Study Limitations

In this section I make note of the study’s limitations, organized along the following lines: limitations related to the sample, limitations related to the vignettes, and limitations related to the way regulatory focus theory was applied in the present study.

Limitations Related to the Sample

The first limitation related to the sample used in this study is its size. Although 100 child protection investigators participated in the study only 85 of those returned completed WRF scales. Of those 85 participants, 81 participants had scores on the prevention and promotion

subscales that fell into groups that could be used comparatively – groups that had statistically different mean scores on the WRF scale’s two regulatory focus subscales.

In the proposal that preceded this dissertation I noted that a sample size of $n > 140$ would result in power equal to .83. The actual sample in this case, $n=100$, is noticeably less than the hoped-for sample of $n=140$.²⁷The situation is made somewhat worse by the fact that 19 percent of the actual sample (19 participants) was excluded from most of the analyses having to do with the study’s central question: does regulatory focus influence placement-related decision-making? In the end, the analytic sample of $n=81$ will have insufficient power. As a result, all findings – regardless of p-values – are to be interpreted with caution.

A second limitation with regards to the study sample has to do with the diversity of the child protection investigators who participated in the study. I noted earlier in this chapter that the child protection investigators who participated in the study were not diverse in ways that may be important. They fell into the same age demographic, were similar in terms of the extent of their experience and education, and received training from the same institute. While there was some variation with respect to race, the classic comparison (i.e. between Caucasian and African American and/or Hispanic caseworkers) was unable to be made, as an insufficient number of Caucasian child protection investigators participated in the study.

It is unclear the extent to which different findings would have emerged if the sample of child protection investigators had been more diverse from either a personal or an organizational perspective. That is, it may be that a sample of child protection investigators from different regions (i.e., from a less urban setting or at least from a child welfare system that utilized a different training program for new child protection workers) or with different backgrounds (i.e.

²⁷ Unfortunately, fewer than the number of potential participants volunteered to participate in the study.

child protection investigators who have much more or much less experience; child protection investigators who come from or live in different kinds of communities) may have added a degree of diversity to the present sample that could have amount to differences in some of the reported findings.

Limitations Related to the Vignettes

Although the two vignettes used in this study were based on actual child protection cases from an urban center not unlike New York City, and despite efforts to adapt the vignettes so that key factors were controlled for, it may be that the two vignettes were not as equal as originally thought. Specifically, the parents in the physical abuse vignette may have differed in important ways from the parents in the neglect vignette. The parents in the physical abuse vignette seem, upon closer examination, to have been more reluctant to consider the possibility of their having erred with respect to how they care for their children. These parents seemed set in their ways; they described their disciplinary techniques as required by their son's behavior and as their personal right as parents. They did not give any indication of being open to changing their disciplinary approach.

As described in chapter two of this work, these concepts – a parent's appreciation of there being a problem, their willingness to change – have been found to play a role in the way child protection investigators make decisions about whether or not to place children in out-of-home care. Details that may have seemed like subtleties at the time the vignettes were adapted for use in this study may have proven to be important considerations for the child protection investigators responding to the vignettes.

With particular respect to the neglect vignette, it is likely that the case study contained less contextual information that would normally be considered in the course of a typical child

protection investigation. The results, notably that the neglect vignette evoked stronger risk assessments while the physical abuse vignette garnered stronger placement recommendations, are sensitive to instrumentation; that is, to the situations described in the vignettes. What is missing from the neglect vignette (information related to substance abuse, mental illness, domestic violence, amongst other relevant details) may have something to do with these peculiar findings.

Limitations Related to the Measurement of Regulatory Focus

The first limitation I want to note with respect to how I applied regulatory focus theory in this study has to do with the choice of measure. Initially it seemed that the Work Regulatory Focus scale would be the best choice in order to understand the role of regulatory focus in the way child protection investigators do their jobs. At this point, though, it seems that the Selves Questionnaire or the Regulatory Focus Strength Measure, instruments that allow for quantification of the discrepancy between individuals' ideal/actual and ought/actual selves, may have been a better choice. There are two reasons for this, both of which have to do with the idiosyncrasies of child protection as a field of work.

First, there is a misalignment between some of the language of the WRF scale and the realities of child protection work. The notion of taking risks at work in order to advance does not fit well in a child protection context; as noted previously, the risks that would need to be taken could amount to a child protection investigator putting themselves or a child in physical danger. There is also a potential confound between not taking risks on the job but still wanting to be successful and advance. Indeed, in the field of child protection it is often that not taking risks is how we achieve success and advance. That is, prudence and caution – typical hallmarks of a prevention focus – can be qualities that distinguish a child protection investigator in a

positive way, thereby setting them up for greater success on the job and the potential for advancement.

The second limitation related to regulatory focus has to do with the modifications made in terms of the groups used for analytic purposes. The intention of this particular study, indeed the intention underlying the scale itself, was to compare workplace prevention-focused individuals with workplace promotion-focused individuals and see how they differ in their placement recommendations. Two pure groups of this kind did not emerge in this study. Although the two groups that did emerge were distinct enough to allow for comparisons, both groups scored high on the prevention focus subscale of the WRF scale. In other words, all of the child protection investigators whose WRF scores were included in this analysis were prevention focused; the difference had to do with the extent to which all of these prevention-focused child protection investigators also indicated a strong promotion focus, too.

Implications for Research and Practice

Implications for Future Research

In essence, this study represents another data point in two more general fields of study: (a) the study of what influences caseworker decision-making in the field of child protection and (b) the application of regulatory focus theory to decision-making. With respect to the former, findings from this study suggest a need for additional research in the following two areas. First, the finding that child protection investigators' risk assessments did not align with their placement recommendations warrants additional attention. As noted above, that the child protection investigators who participated in this study did not have the typical suite of interventions to consider may have something to do with how they responded to questions related to risk and placement. That is, absent other options, a physically abused child must be placed in care, even if the child is considered to be at relatively less risk of harm than a neglected child. A neglected

child, on the other hand, one who may seem at serious risk but who has yet to experience observable harm, may be thought to be at greater risk but may not warrant removal from their home at that time.

Still, it is worth learning more about how caseworkers think about risk and the interventions best suited for different risk levels. Although intervention recommendations are supposed to be driven by risk assessments, the reverse may happen as well: that beliefs and attitudes about placement or other available interventions may influence assessments of risk, so that the preferred intervention is justified. Either way, additional research is required to further disentangle these decision-making processes and the way in which caseworkers negotiate their own values, beliefs and attitudes when making critical decisions on behalf of vulnerable children and families.

Second, it is worth expanding the way we think about caseworkers' personal motivation as well as the range of personal characteristics that may operate in decision-making tasks. As noted in an earlier chapter, the personal characteristic of being "risk averse" proved influential in the way experts and field staff made placement-related decisions (Rossi, Schuerman & Budde, 1999). Other studies that have looked into the effect of race on decision-making have found an effect for race, but it is likely *attitudes* about race that are operating (Jayaratne, Faller, Ortega & Vandervort, 2008; Surbeck, 2003). Recent studies that have looked into whether being a parent influences the way people think about risk and maltreatment, as well as studies that examine the pro-removal attitudes of child protection workers, are worth replicating in order to get a better sense of how these characteristics influence assessments of risk and decision-making (Arad-Davidson & Benbenishty, 2010; Portwood, 1998).

As to future research on the relationship between regulatory focus and child protection decision-making, it would be worth repeating this study using a more generalized measure of regulatory focus. What is of interest is the extent to which personal characteristics are influencing the way decisions are made. In that vein, a measure of regulatory focus that speaks more to the individual's chronic disposition, as opposed to how they operate in a particular work context, may get at the question of interest more directly.

It may also be useful to consider randomly assigning child protection investigators to a prevention or promotion condition; that is, to induce either a promotion or prevention-focus at the outset of the study. There is a rich history of priming study participants into self-regulatory states in order to test how regulatory focus influences behavior (Crowe & Higgins, 1997; Higgins, 1997; Kluger, Stephan, Ganzach & HersHKovitz, 2004; Leone, Perugini & Bagozzi, 2005; Otto, Markman, Gureckis & Love, 2010; Shah, Higgins & Friedman, 1998). Using this method, particularly with a larger sample than that used in the present study, may make more explicit how child protection investigators with different self-regulatory orientations respond differently in their decision-making.

Implications for Practice

That the personal attributes of child protection investigators influence case decision-making is not necessarily a problem that needs to be solved as much as it is a condition that needs to be managed over time. Indeed, it is a function of our humanity that we have deeply held beliefs that influence the way we see the world and the way we understand the experiences to which we bear witness. The expectation should not be that we, as a field, work to extinguish the personal values and beliefs that operate when child protection investigators are faced with the decision to remove a child from home or not. What we should strive toward is a working

environment in which these personal factors can be exposed and discussed, to the benefit of everyone involved.

The more we learn about which personal characteristics (i.e., beliefs, experiences, perspectives) operate when child protection investigators consider foster care for children, and the manner in which those characteristics operate, the better able we will be to design training and supervisory models that can counteract their effects. In fact, it is in the context of supervision that the most progress is likely to be made, as it is in supervision that individual cases are discussed. Supervisors, who may be one step removed from the field and the fact-finding done by the child protection investigators doing the on-the-ground work, are still active participants in the decision-making process. They exert a unique influence over their staff, influencing their experience of work and their approach to work tasks (Johns, 2001). If supervisors can help child protection investigators unpack their reactions to a given case, to identify where their own ideas or perspectives about the world are influencing their judgment, decisions will be clearer and interventions better applied.

Supervisors are also an important target for investigation and change, in light of research that points to the power supervisors can have over the behavior and performance of their subordinates. This idea has been discussed in the literature with specific regards to the self-regulatory orientation of supervisors – and the extent to which supervisors can induce regulatory focus in employees, separate and apart from employees' chronic regulatory focus. As Higgins (2002) puts it, "Task instructions that frame outcome contingencies in terms of gains/non-gains and losses/non-losses can also induce promotion or prevention concerns, respectively" (p. 178). Further, the self-regulatory frame employers put on work tasks can impact not only an employee's experience of their job but the way they behave on the job, too (Forster, Higgins, &

Bianco, 2003). Still, with respect to supervision in child protection, there is little in the way of evidence-based supervisory models (Bobo & McKnight, 2006).

Child protection investigators, faced with critical decisions that have potentially long-standing impact for vulnerable families, deserve to have at their disposal anything that could help them make the best decisions. Better information on the characteristics that may influence the way child protection investigators approach their decision-making tasks would help. Making sure that information finds its way into the field in the form of evidence-based, context-relevant training and supervision models would help even more. Given the rate of error in decision making to date, children and families need us to advance in our knowledge and practices, without delay.

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APPENDIX A: WORK REGULATORY FOCUS SCALE

For each of the items below, please check the box that corresponds to the ONE (1) response option that best describes how you generally think about yourself at the workplace.

- 1 = Strongly disagree
 2 = Disagree
 3 = Neither agree nor disagree
 4 = Agree
 5 = Strongly agree

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| 1. I concentrate on completing my work tasks correctly to increase my job security. | | | | | |
| 2. At work I focus my attention on completing my assigned responsibilities. | | | | | |
| 3. Fulfilling my work duties is very important to me. | | | | | |
| 4. At work, I strive to live up to the responsibilities and duties given to me by others. | | | | | |
| 5. At work, I am often focused on accomplishing tasks that will support my need for security. | | | | | |
| 6. I do everything I can to avoid loss at work. | | | | | |
| 7. Job security is an important factor for me in any job search. | | | | | |
| 8. I focus my attention on avoiding failure at work. | | | | | |
| 9. I am very careful to avoid exposing myself to potential losses at work. | | | | | |
| 10. I take chances at work to maximize my goals for advancement. | | | | | |
| 11. I tend to take risks at work in order to achieve success. | | | | | |
| 12. If I had an opportunity to participate on a high risk, high reward project I would definitely take it. | | | | | |
| 13. If my job did not allow for advancement, I would likely find a new one. | | | | | |
| 14. A chance to grow is an important factor for me when looking for a job. | | | | | |
| 15. I focus on accomplishing job tasks that will further my advancement. | | | | | |
| 16. I spend a great deal of time envisioning how to fulfill my aspirations. | | | | | |
| 17. My work priorities are impacted by a clear picture of what I aspire to be. | | | | | |
| 18. At work, I am motivated by my hopes and aspirations. | | | | | |

APPENDIX B: MALTREATMENT VIGNETTES**Case 1****I. Household****A. Focal family**

Joanne Carter, age 25, mother of James and Tracey Carter
Robert Mason, age 30, boyfriend of Joanne Carter
James Carter, age 6, son of Joanne Carter
Tracey Carter, age 3, daughter of Joanne Carter

B. Focal family members not present in the household

There is no information about the father(s) of James and Tracey Carter.

C. Other important members not present in the household

None

II. Household support arrangements

Robert Mason works as a security guard and contributes much of his earnings to the Carter family. Joanne Carter is in and out of jobs. She receives public assistance.

III. Child welfare complaint history

There are no prior complaints of child maltreatment against Joanne Carter or Robert Mason.

IV. Current complaint

The police called the SCR (State Central Register/child maltreatment hotline) and said that James and Tracey were found walking down the street at 11:00AM. James was wearing his pajamas and Tracey was just wearing her diaper. The police officer added that Joanne Carter believes it is okay to leave her kids alone and there is nothing wrong with this.

This complaint resulted in neglect allegations of inadequate supervision. The inadequate supervision allegation was substantiated. The report was "Indicated."

V. Investigation

The Child Protective Service investigator (CPS) first spoke with the police officer that had phoned in the complaint. The officer confirmed the current complaint as stated above. The officer added that a neighbor had seen James and Tracey Carter walking down the street and had taken them into her home to keep them warm. The neighbor said that the temperature was 55 degrees and the children were wearing almost no clothing. The neighbor immediately called the police who in turn called the State Central Register (the child maltreatment hotline).

The police went to the neighbor's home after calling the hotline and met the neighbor in a parking lot. Joanne Carter drove into the parking lot minutes later while the neighbor and the police officer were still there with the children. The CPS, Joanne Carter, and her children went to the Carter home to discuss the matter.

Joanne Carter was very cooperative and responsive in talking with the CPS. Joanne told the CPS that she had taken her boyfriend (Robert Mason) to his job and that this was only two blocks away. When she left the home James (6 years old) was watching television and Tracey (3 years old) was taking a nap. When she returned she had found the neighbor in the parking lot with her children. The CPS said that Joanne Carter appeared to be sincere and truthful.

Both children appeared healthy, well fed, well groomed, and clean. The CPS looked all over their bodies and found no signs of abuse or maltreatment. The family lived on the second floor above a store in a clean two-bedroom apartment.

The CPS talked with Robert Mason who seemed concerned about the situation in a "distant" sort of way. He seems to see the situation about the children being inadequately supervised as Joanne's business and didn't want to be involved.

The CPS also talked with the neighbor who had called the police. The neighbor confirmed the complaint as stated above and added that she had gone after the children to keep Tracey from going into the street. The neighbor said that James had been in the parking lot often in the past. One time he jammed his hand in a door and another time he had a hose and was squirting people. When James is out in the parking lot like this, it is presumed that Tracey is home alone.

PLEASE PROCEED TO THE NEXT PAGE.

Questions

For the following questions please place a checkmark in the box to the left of the response you choose. Please choose just one response.

1. How likely are you to recommend foster care placement for these children?
 - I would absolutely recommend foster care placement for these children.
 - I am very likely to recommend foster care placement for these children.
 - I would consider recommending foster care placement for these children.
 - I am unlikely to recommend foster care placement for these children.
 - I would definitely not recommend foster care placement for these children.

2. To what extent would you say the children in this situation are in immediate danger of serious harm?
 - This situation reflects no immediate danger of serious harm to the children involved.
 - This situation reflects a low level of immediate danger of serious harm to the children involved.
 - This situation reflects a moderate level of immediate danger of serious harm to the children involved.
 - This situation reflects a significant level of immediate danger of serious harm to the children involved.
 - This situation reflects a very high level of immediate danger of serious harm to the children involved.

3. To what extent would you say the children in this scenario are at risk for future harm?
 - The children are at extreme risk for future harm.
 - The children are at considerable risk for future harm.
 - The children are at some risk for future harm.
 - The children are at minimal risk for future harm.
 - The children are at no risk whatsoever for future harm.

4. How *sad or discouraged* did you feel reading this scenario?
 - I felt extremely sad or discouraged reading this scenario.
 - I felt very sad or discouraged reading this scenario.
 - I felt somewhat sad or discouraged reading this scenario.
 - I felt some minor sadness or discouragement reading this scenario.
 - I did not feel at all sad or discouraged reading this scenario.

5. How *agitated or worried* did you feel reading this scenario?

- I felt extremely agitated or worried reading this scenario.
- I felt very agitated or worried reading this scenario.
- I felt somewhat agitated or worried reading this scenario.
- I felt some minor agitation or worry reading this scenario.
- I did not feel at all agitated or worried reading this scenario.

Case 2**I. Household****A. Focal family**

Margaret Clark, age 25, mother of Ricky Meade and Sasha Meade
Walter McDermitt, age 30, boyfriend of Margaret Clark
Ricky Meade, age 6, son of Margaret Clark
Sasha Meade, age 3, daughter of Margaret Clark

B. Focal family members not present in the household

The whereabouts of the children's father, William Meade, are unknown.

C. Other important persons not present in the household

None

II. Household support arrangements

Margaret Clark and Walter McDermitt work sporadically, moving in and out of jobs.
Margaret receives public assistance.

III. Child welfare complaint history

There have been no prior complaints of maltreatment against Margaret Clark or Walter McDermitt.

IV. Current complaint

A neighbor who was watching Ricky Meade noticed belt marks on Ricky's back and chest. The neighbor took Ricky to the police station and showed the police the belt marks. Ricky said the marks were caused by Walter McDermitt, Ricky's mother's live-in boyfriend, who hit Ricky with a belt. A police officer contacted the State Central Register (the child maltreatment hotline) and made the complaint of child abuse against Walter McDermitt.

This complaint resulted in a substantiated allegation of physical abuse of Ricky Meade by Walter McDermitt. The report was "Indicated."

V. Investigation

The Child Protective Service investigator (CPS) interviewed Walter McDermitt, boyfriend of Margaret Clark, about the alleged physical abuse. Walter McDermitt admitted hitting Ricky Meade 4-5 times with a belt because Ricky was not bringing home his homework from school. However, Walter could not say exactly when he learned that Ricky was leaving his homework at school. Walter said he did not know that Ricky had bruises. Walter said that Ricky's mother was not home at the time he found out that Ricky was leaving his homework assignments at school.

Walter emphasized that he has a right to discipline Ricky. Walter believes he is the victim because he is being investigated for believing in discipline and being strict. He does not like the idea of people telling him how to discipline Ricky. Walter also said that this is not the only way he disciplines Ricky. He also withholds privileges to discipline Ricky.

The CPS described Walter McDermitt as being mild-mannered and calm during the investigative interview. Walter McDermitt said that he would like Ricky to come back home and thought Ricky would want to come home. (Ricky is currently staying with a neighbor in the same building where his mother lives.)

Margaret Clark is supportive of her boyfriend's efforts to discipline her son, Ricky Meade. She believes Ricky needs strict discipline.

The CPS interviewed Ricky Meade. The CPS observed the discolored marks on Ricky's back from being hit with a belt by Walter McDermitt. These marks were still clearly observable several days after the abuse occurred. Ricky confirmed the story that Walter McDermitt related except he stated that no one had known about his leaving his homework at school at the time of the abuse. Ricky did not appear to be scared of his mother's boyfriend, Walter McDermitt. Other than the physical punishment incidents Ricky reported getting along "ok" with Walter. Ricky also says that he is not scared of going back to stay with his mother and Walter McDermitt, but would prefer to stay with his neighbor.

The CPS noted that Ricky was well dressed, clean, and mature for his age. Sasha Meade was also well dressed and clean. She was quiet during the CPS's interview. Margaret Clark, Walter McDermitt, and Margaret's two children live in a two-bedroom apartment in a large housing complex. The apartment was neat and clean, with plenty of food for the children.

The CPS spoke with the neighbor who is currently watching Ricky. The neighbor said she wanted to "stay out of it," but did express concern to the CPS about the physical abuse of Ricky by Walter McDermitt. The neighbor believes Margaret and Walter are too strict with Ricky. The CPS described the neighbor as being cooperative and genuinely worried about Ricky and Sasha.

The neighbor said she cannot take custody or provide foster care services for the children. She is willing to have Ricky stay with her for another couple of days while the situation gets sorted out.

PROCEED TO THE NEXT PAGE.

Questions

For the following questions please place a checkmark in the box to the left of the response you choose. Please choose just one response.

1. How likely are you to recommend foster care placement for these children?
 - I would absolutely recommend foster care placement for these children.
 - I am very likely to recommend foster care placement for these children.
 - I am somewhat likely to recommend foster care placement for these children.
 - I am very unlikely to recommend foster care placement for these children.
 - I would definitely not recommend foster care placement for these children.

2. To what extent would you say the children in this situation are in immediate danger of harm?
 - This situation reflects no immediate danger of harm to the children involved.
 - This situation reflects a low level of immediate danger of harm to the children involved.
 - This situation reflects a moderate level of immediate danger of harm to the children involved.
 - This situation reflects a significant level of immediate danger of harm to the children involved.
 - This situation reflects a very high level of immediate danger of harm to the children involved.

3. To what extent would you say the children in this scenario are at risk for future harm?
 - The children are at extreme risk of future harm.
 - The children are at considerable risk of future harm.
 - The children are at some risk of future harm.
 - The children are at minimal risk of future harm.
 - The children are at no risk whatsoever of future harm.

4. How *sad* or *discouraged* did you feel reading this scenario?
 - I felt extremely sad or discouraged reading this scenario.
 - I felt very sad or discouraged reading this scenario.
 - I felt somewhat sad or discouraged reading this scenario.
 - I felt some minor sadness or discouragement reading this scenario.
 - I did not feel at all sad or discouraged reading this scenario.

5. How *agitated or worried* did you feel reading this scenario?

- I felt very agitated or worried reading this scenario.
- I felt very agitated or worried reading this scenario.
- I felt somewhat agitated or worried reading this scenario.
- I felt some minor agitation or worry reading this scenario.
- I did not feel at all agitated or worried reading this scenario.

APPENDIX C: SOCIO-DEMOGRAPHIC QUESTIONS

The following questions are designed to give me a little more information about you. After each question you will see a range of response options. Please choose just ONE response per question.

1. What is the highest level of education you achieved?
 - High school diploma or equivalent
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Doctoral degree
2. Please select the racial category with which you most closely identify:
 - Black or African American (non-Hispanic)
 - Hispanic or Latino
 - American Indian or Alaska Native
 - Asian
 - White
3. Please select the age range into which you currently fall:
 - 18-30 years
 - 31-45 years
 - 46-60 years
 - Over 61 years
4. How would you describe the socioeconomic status of the family in which you grew up?
 - Lower class
 - Working class
 - Middle class
 - Upper-middle class
 - Upper class
5. Have you ever been or are you currently the parent or guardian of a child or children?
 - Yes
 - No

6. How long have you been working in the child welfare system (in NYC or in some other location)?

Under 6 months

6-12 months

1-3 years

3-5 years

5-10 years

Over 10 years

APPENDIX D: INFORMED CONSENT FORM

Description of the Research

This research is concerned with how caseworkers make decisions. The study will help the researcher fulfill the requirements of a doctoral degree at Columbia University. Columbia University is a private university. It is not connected in any way to the Administration for Children's Services (ACS), except sometimes faculty at Columbia University conduct research of their own through ACS.

This research study is *not* designed to identify "good" or "bad" decision-making. Rather, it is designed to better understand *how* decisions get made, with no value judgment made whatsoever. In general, this research is interested in understanding why child protection decision-makers make different decisions about the same case and why certain types of child protection cases elicit different responses from caseworkers.

Individuals employed in a child protection role by the Administration for Children's Services are being asked to complete a short questionnaire and respond to two case studies that describe families under investigation for child abuse or neglect. You are currently participating in the James Satterwhite Academy's program as a part of your work with the Administration for Children's Services. That is why you have been invited to participate in this research. This study is important because it will help us better understand how decisions that affect the lives of children and families are made.

What are you being asked to do?

Before describing what is involved in participating in this study it is important for you to know that it is *up to you* to decide whether or not you want to participate in this study. Your participation in this study is completely voluntary. No study materials will be presented to you without first getting your "informed consent." Getting your "informed consent" means the researcher first needs to make sure you know what it would mean to participate in this study. After you understand what being a participant in this study would mean, you will have a chance to consent to participate. The purpose of this form is to help in the process of obtaining your "informed consent."

Specifically, the researcher hopes that you, along with approximately 120 other child protection workers, will participate in this study. Participation involves reading and responding to a series of questions. It should take 45 minutes to complete the study materials. Generally speaking, the study materials will ask you to think about whether or not you would recommend that children described in two case studies be removed from their home and placed in foster care. You will also be asked to answer a few questions about yourself.

The results from this study will be presented as group information. No one individual's responses to the study will be shared with anyone.

How will the information you provide be used?

Information from this study will be used towards the completion of the researcher's doctoral dissertation. A summary report of the results from this study will be made available to the Administration for Children's Services. The researcher will also use findings from this study towards the development of professional articles, so that other people can learn about how caseworkers make decisions about children and families.

How will the information collected be kept confidential?

All written study materials will be kept in a secure, locked cabinet to which only the researcher has access. Other materials may be kept on a password-protected computer to which only the researcher has access.

All information collected as part of this study will be destroyed at the completion of the researcher's doctoral studies, projected for May 2010.

What else should you know about participating in this study?

You should know that your participation is completely voluntary. No one will be told if you decide against participating. Whether or not you choose to participate will not impact your employment. Also, if at first you decide to participate, you can change your mind at any time. During the study, if you don't want to answer any particular question, you may move on to another question. If you decide not to participate, withdraw, or refuse to answer a question, you will not face any penalties. Your decision will not impact your employment in any way.

Your participation in this study will also be completely anonymous. No information of an identifying nature will be collected at any time during this study.

There are minimal risks associated with your participation in this study. You may feel some discomfort reading and thinking about actual cases of child abuse and neglect. In the event you feel uncomfortable at any point in the study, you may either move on to the next question or topic or decide to terminate your participation in the study.

All of the information collected from study participants will be kept in a secure, locked room, and only the researcher will have access to this room. Study materials will be kept until the completion of the researcher's doctoral studies, projected for May 2010, after which all study materials will be destroyed.

What should you do if you have questions?

If you have any questions about the study at any time, please feel free to contact the researcher, Sara Feldman, at sw369@columbia.edu or 917-620-8024. You can also contact the Institutional Review Board at Columbia University at 212-851-7041.

INFORMED CONSENT FORM

Please review and check the boxes below to indicate that each of these conditions and your questions have been answered to your satisfaction.

- You understand that you are being asked to consent to participate in a study about how caseworkers make decisions. This study is being conducted by a doctoral student studying at Columbia University. You will be one of approximately 120 people participating in this study.
- You understand that you are being asked to consent to participate in a 45-minute study, during which you will be asked to read and respond to a series of questions.
- You understand that your decision to consent to participate in this study is voluntary and refusing to consent will not influence your employment in any way. You can change your decision about whether or not to participate at any time.
- You understand that your responses to the study questions will be anonymous, and will not be shared with anyone outside the research team.
- You understand that all information collected for this study will be destroyed at the completion of the researcher's doctoral dissertation, projected for May 2010.
- You understand there are no clear risks of participating in this study, although you may feel some discomfort reading case vignettes about child abuse and neglect. You do not have to answer any questions you do not want to. There are no consequences for refusing to answer a question. While there are no direct benefits to you for participating in this study, this study can help researchers and practitioners better understand how decisions that affect the lives of children and families are made.
- You understand that anyone who participates in this research study is free to contact the researcher at any time about the study or to ask any questions they may have.

Agreement to Participate

I, _____ [print name], understand the procedures described above. My questions have been answered to my satisfaction, and I consent to participate in this study.

I have been given a copy of this form.

Signature of Study Participant: _____

Date: _____

Signature of Person Obtaining Informed Consent:

Date: _____

APPENDIX E: TABLES AND FIGURES

Figure 1.1: Psychological variables with distinct relations to promotion focus and prevention focus (Higgins, 1998)

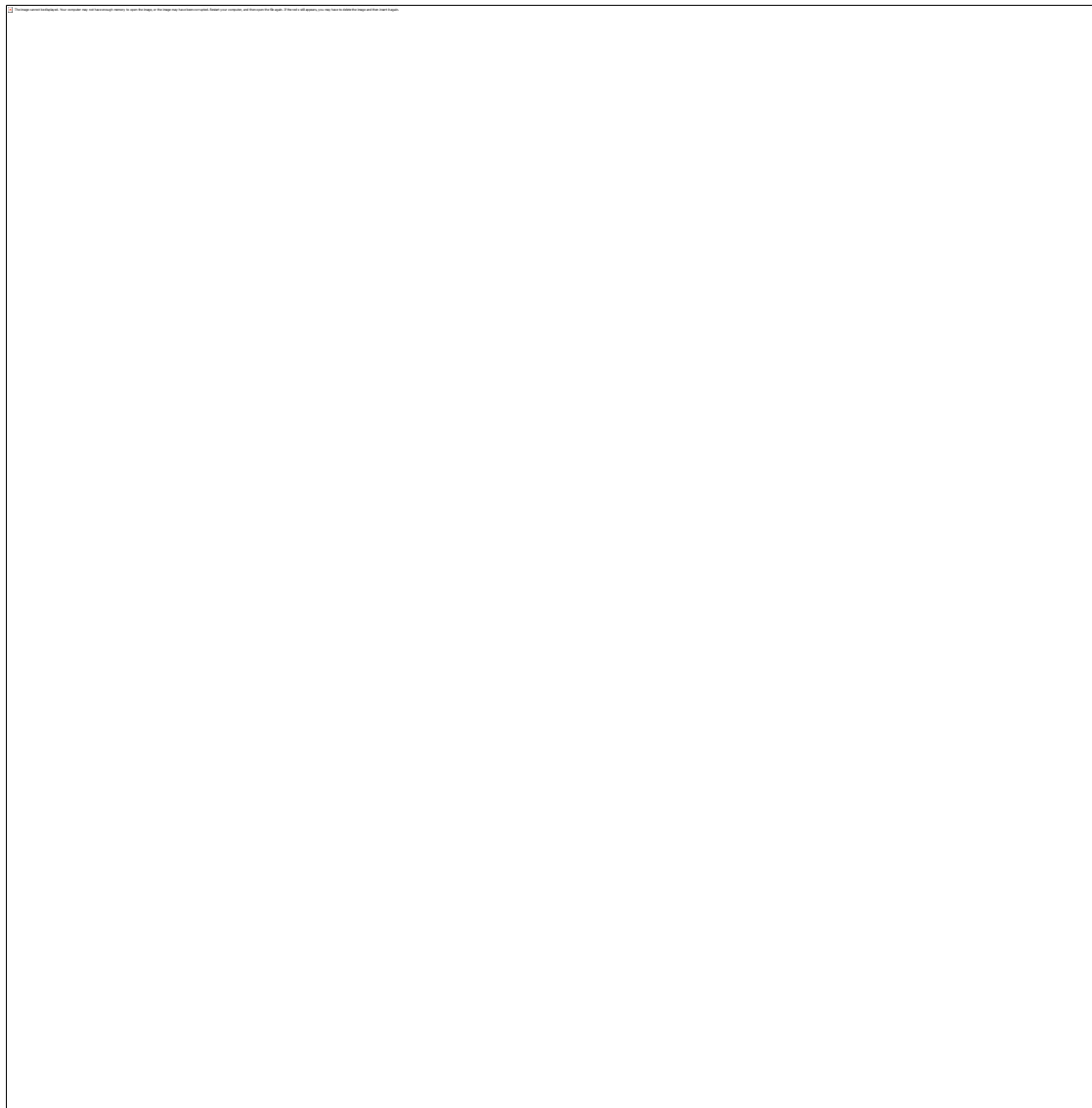


Figure 2.1: Decision-Making Ecology (Fluke, Chabot, Fallon, MacLaurin & Blackstock, 2010)

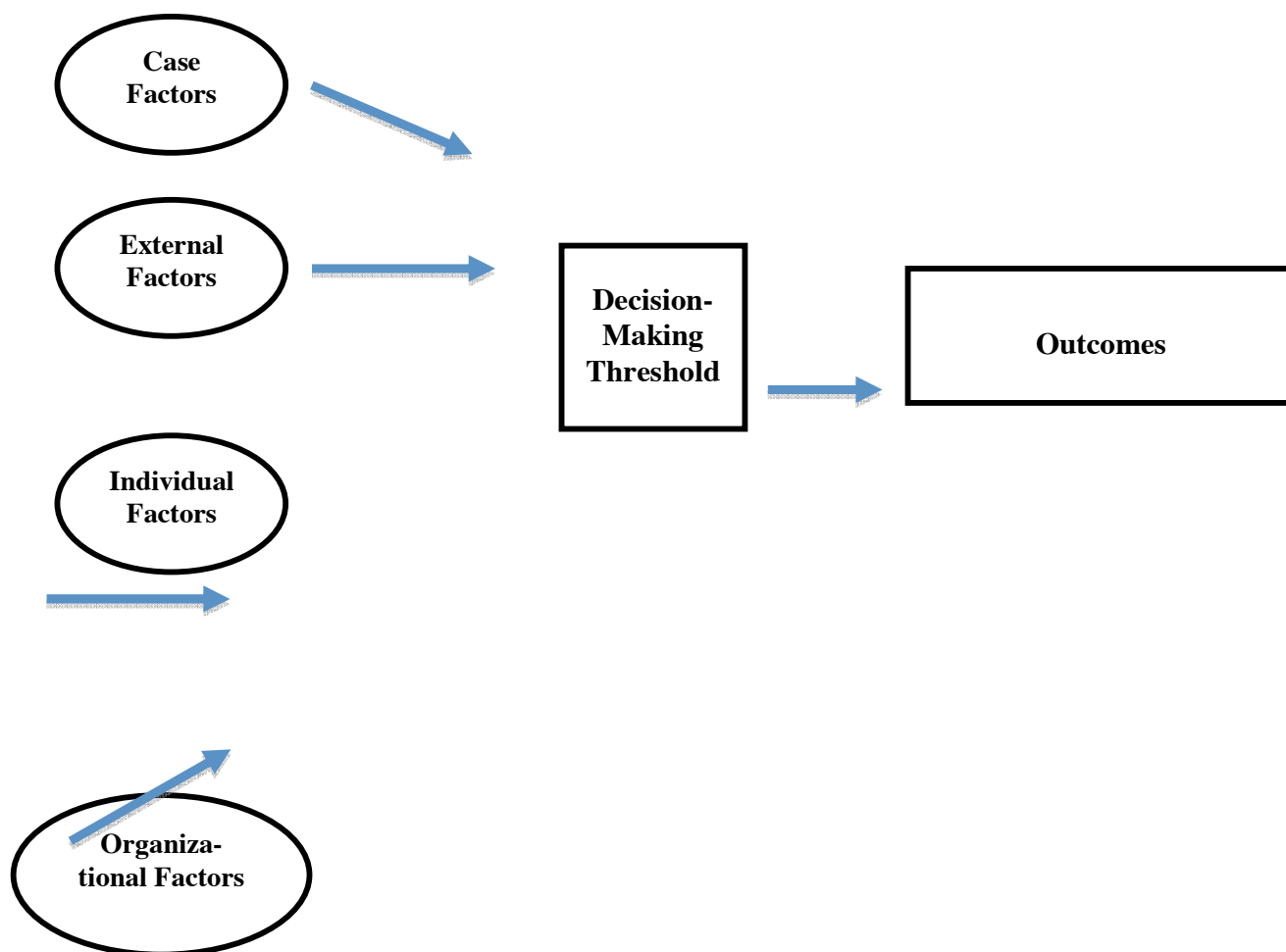


Table 3.1: Socio-demographic attributes of total sample (n=100)

| Attribute | Count | Percent |
|---|--------------|----------------|
| Age | | |
| Total | 100 | 100% |
| 18-30 years | 60 | 60% |
| 31-45 years | 34 | 34% |
| 46-60 years | 5 | 5% |
| Over 61 years | 1 | 1% |
| Highest level of education | | |
| Total | 100 | 100% |
| High school diploma or equivalent | 0 | 0% |
| Associate's degree | 0 | 0% |
| Bachelor's degree | 81 | 81% |
| Master's degree | 18 | 18% |
| Doctoral degree | 1 | 1% |
| Race/ethnicity[^] | | |
| Total | 96 | 100% |
| Black or African-American (non-Hispanic) | 63 | 66% |
| Hispanic or Latino | 19 | 20% |
| American Indian or Alaska Native | 0 | 0% |
| Asian | 2 | 2% |
| White | 12 | 12% |
| Socioeconomic status of family of origin[^] | | |
| Total | 99 | 100% |
| Lower class | 8 | 8% |
| Working class | 42 | 42% |
| Middle class | 41 | 42% |
| Upper-middle class | 8 | 8% |
| Upper class | 0 | 0% |
| Past/present guardian of child | | |
| Total | 100 | 100% |
| Yes | 58 | 58% |
| No | 42 | 42% |
| Time in child welfare[^] | | |
| Total | 98 | 100% |
| Under 6 months | 0 | 0% |
| 6-12 months | 0 | 0% |
| 1-3 years | 87 | 89% |
| 3-5 years | 4 | 4% |
| 5-10 years | 4 | 4% |
| Over 10 years | 3 | 3% |

[^] Denotes variable for which there is missing data.

Table 4.1: Mean responses on the Work Regulatory Focus scale, by dimension

| Dimension | Mean Score |
|--|-------------------|
| Promotion Focus | |
| Achievement, or Nurturance Needs | 3.91 |
| If my job did not allow for advancement, I would likely find a new one. (Item 13) | 3.73 |
| A chance to grow is an important factor for me when looking for a job. (Item 14) | 4.28 |
| I focus on accomplishing job tasks that will further my advancement. (Item 15) | 3.72 |
| Strong Ideals | 3.65 |
| I spend a great deal of time envisioning how to fulfill my aspirations. (Item 16) | 3.79 |
| My work priorities are impacted by a clear picture of what I aspire to be. (Item 17) | 3.65 |
| At work, I am motivated by my hopes and aspirations. (Item 18) | 3.53 |
| Gain and Non-Gain | 3.26 |
| I take chances at work to maximize my goals for advancement. (Item 10) | 3.38 |
| I tend to take risks at work in order to achieve success. (Item 11) | 3.06 |
| If I had an opportunity to participate on a high risk, high reward project I would definitely take it. (Item 12) | 3.35 |
| Prevention Focus | |
| Security Needs | 4.19 |
| I concentrate on completing my work tasks correctly to increase my job security. (Item 1) | 4.19 |
| At work, I am often focused on accomplishing tasks that will support my need for security. (Item 5) | 4.00 |
| Job security is an important factor for me in any job search. (Item 7) | 4.39 |
| Strong Oughts | 4.37 |
| At work I focus my attention on completing my assigned responsibilities. (Item 2) | 4.40 |
| Fulfilling my work duties is very important to me. (Item 3) | 4.54 |
| At work, I strive to live up to the responsibilities and duties given to me by others. (Item 4) | 4.18 |
| Loss and Non-Loss | 4.10 |
| I do everything I can to avoid loss at work. (Item 6) | 4.12 |
| I focus my attention on avoiding failure at work. (Item 8) | 4.24 |
| I am very careful to avoid exposing myself to potential losses at work. (Item 9) | 3.95 |

Table 4.2: Emotional responses to maltreatment vignettes

| Emotional response | Count[^] | Percent |
|--------------------------------|--------------------------|----------------|
| Physical abuse vignette | | |
| Sad/discouraged | | |
| Total | 81 | 100% |
| Extremely | 6 | 8% |
| Very | 13 | 16% |
| Somewhat | 19 | 23% |
| Minor | 16 | 20% |
| Not at all | 27 | 33% |
| Agitated/worried | | |
| Total | 81 | 100% |
| Extremely | 4 | 5% |
| Very | 13 | 16% |
| Somewhat | 23 | 28% |
| Minor | 17 | 21% |
| Not at all | 24 | 30% |
| Neglect vignette | | |
| Sad/discouraged | | |
| Total | 81 | 100% |
| Extremely | 1 | 1% |
| Very | 11 | 14% |
| Somewhat | 26 | 32% |
| Minor | 15 | 19% |
| Not at all | 28 | 34% |
| Agitated/worried | | |
| Total | 81 | 100% |
| Extremely | 7 | 9% |
| Very | 14 | 17% |
| Somewhat | 27 | 33% |
| Minor | 13 | 16% |
| Not at all | 20 | 25% |

[^]The responses of 81 of the total sample of 100 CPIs are included here. Emotional responsivity to the two vignettes was checked against the regulatory focus of participants who scored high on both the promotion and prevention sub-scales of the WRF scale (n=48) versus those who had high scores on the prevention sub-scale and moderate-to-low scores on the promotion sub-scale (n=33, for a total of n=81).

Table 4.3: Distribution of responses to questions related to assessments of risk[^]

| | None | Low | Moderate | Significant | Very high | Total |
|---|-------------|------------|-----------------|--------------------|------------------|--------------|
| Immediate Danger of Serious Harm | | | | | | |
| Physical abuse vignette | 0% | 19% | 36% | 28% | 17% | 100% |
| Neglect vignette | 0% | 4% | 27% | 51% | 18% | 100% |
| Risk of Future Harm | | | | | | |
| Physical abuse vignette | 2% | 12% | 30% | 46% | 10% | 100% |
| Neglect vignette | 0% | 6% | 23% | 54% | 17% | 100% |

[^] This reflects the entire sample (n=100) of child protection investigators who participated in the study, not just those who returned completed WRF scales.

Table 5.1: Overview of study questions and associated test statistics

| | Sample [^] | Statistical Test | Test Statistic | p-value |
|---|---|--------------------------|---|-------------|
| Are scores on the promotion subscale significantly different for CPIs with high prevention/high promotion focus versus CPIs with high prevention/moderate-to-low promotion focus? | n = 81 | Wilcoxon-Mann-Whitney | $z = -7.6233$ | $p < .0001$ |
| Do placement recommendations vary by workplace self-regulatory orientation? | High prevention/high promotion: n = 48 High prevention/moderate-to-low promotion: n = 33 | Kruskal Wallis | Chi square = 3.8252 | $p = .0505$ |
| Are CPIs more likely to recommend out-of-home care in response to the physical abuse situation versus the neglect situation? | n=100 | Wilcoxon signed rank sum | Wilcoxon S statistic = -738 | $p < .0001$ |
| Correlation between risk assessment scores (composite) and placement recommendation: physical abuse | n = 100 | Spearman correlation | Spearman correlation coefficient = .632 | $p < .0001$ |
| Correlation between risk assessment scores (composite) and placement recommendation: neglect | n = 100 | Spearman correlation | Spearman correlation coefficient = .358 | $p = .0003$ |
| Are prevention-focused CPIs more likely to recommend out-of-home care in response to the physical abuse vignette than the neglect vignette? | High prevention/high promotion: n = 48 High prevention/moderate-to-low promotion: n = 33 | Kruskal Wallis | Chi square = 3.355 | $p = .0670$ |

[^] Procedures in which regulatory focus was not implicated utilized the full sample of 100 child protection investigators. Procedures that involved regulatory focus utilized the sample of 81 child protection investigators who (1) completed the WRF scale in its entirety and (2) had prevention/promotion subscale scores that fell into one of the two prominent groupings.

Table 5.2: Distribution of responses, placement recommendations

| Response option | Count[^] | Percent |
|---|--------------------------|----------------|
| In response to the neglect vignette... | | |
| I would absolutely recommend foster care placement for these children | 3 | 3% |
| I am very likely to recommend foster care placement for these children | 8 | 8% |
| I would consider recommending foster care placement for these children | 38 | 38% |
| I am unlikely to recommend foster care placement for these children | 38 | 38% |
| I would definitely not recommend foster care placement for these children | 13 | 13% |
| Total | 100 | 100% |
| In response to the physical abuse vignette... | | |
| I would absolutely recommend foster care placement for these children | 6 | 6% |
| I am very likely to recommend foster care placement for these children | 25 | 25% |
| I would consider recommending foster care placement for these children | 33 | 33% |
| I am unlikely to recommend foster care placement for these children | 30 | 30% |
| I would definitely not recommend foster care placement for these children | 6 | 6% |
| Total | 100 | 100% |

[^] This reflects the total sample of child protection investigators who participated in the study (n=100).

Figure 5.1: Distribution of responses, extent to which placement is recommended: By maltreatment type

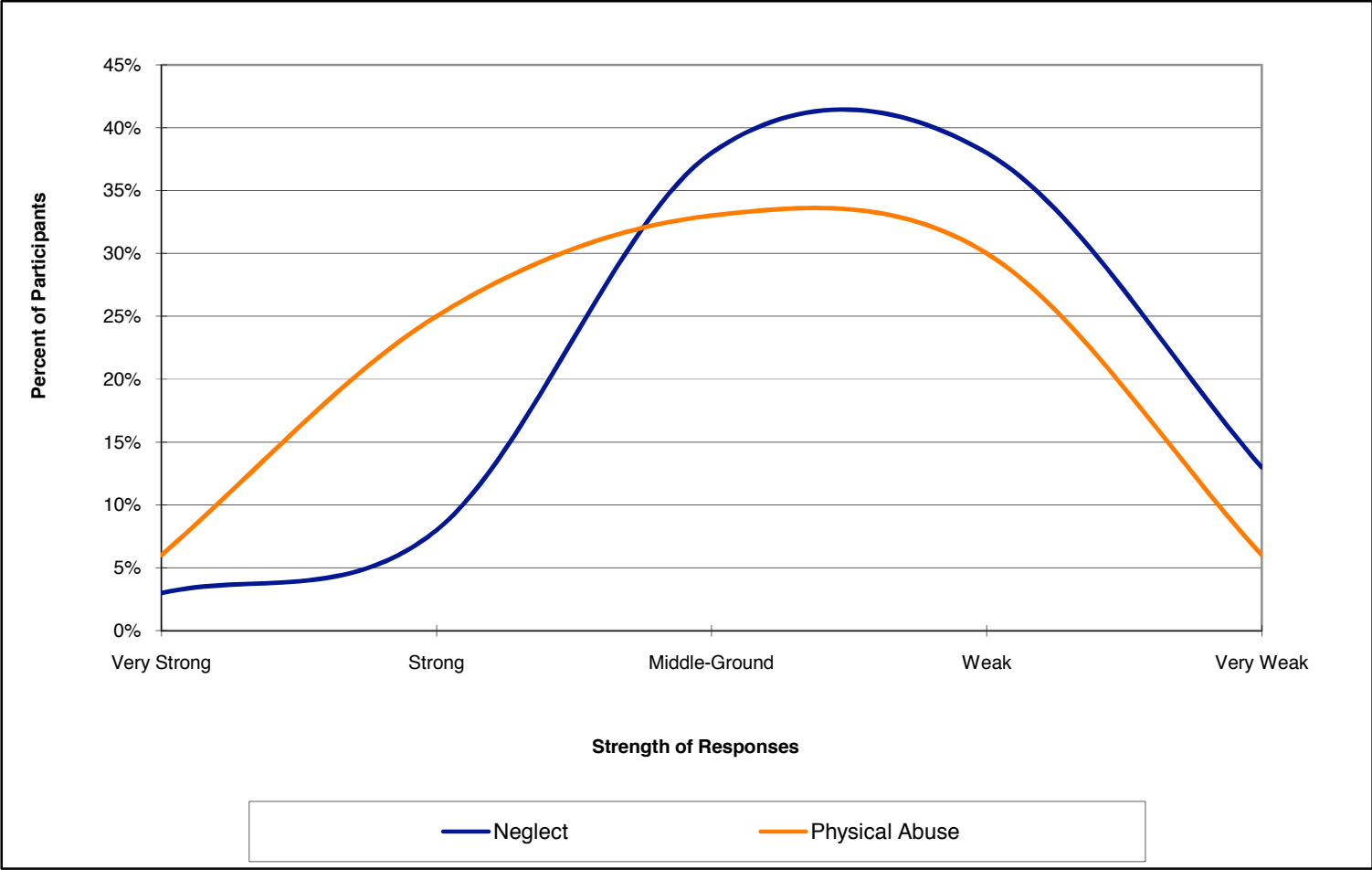


Figure 5.2: Strength of placement recommendations compared to extremity of risk assessments: Neglect

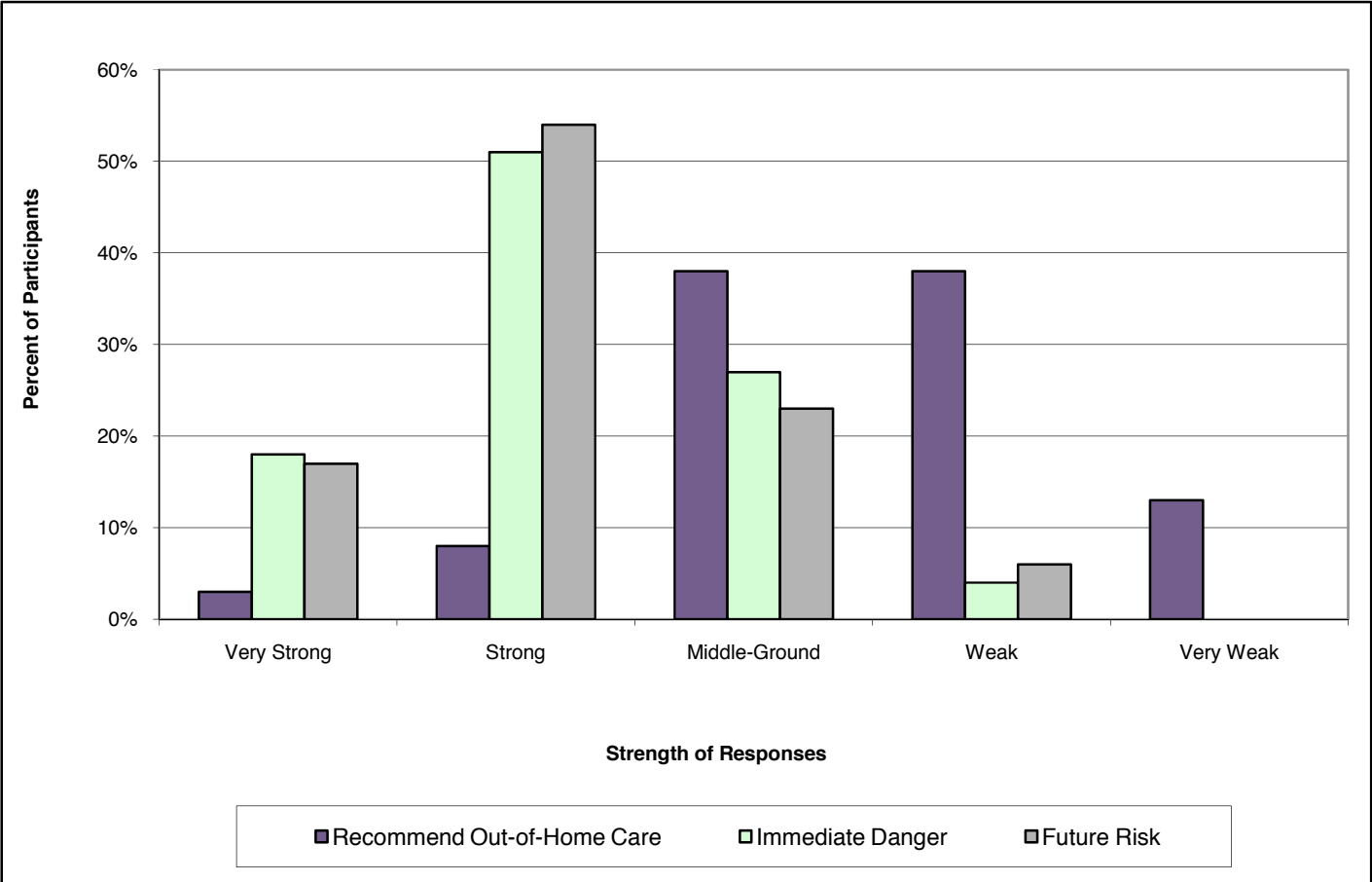


Figure 5.3: Strength of placement recommendations compared to extremity of risk assessments: Physical abuse

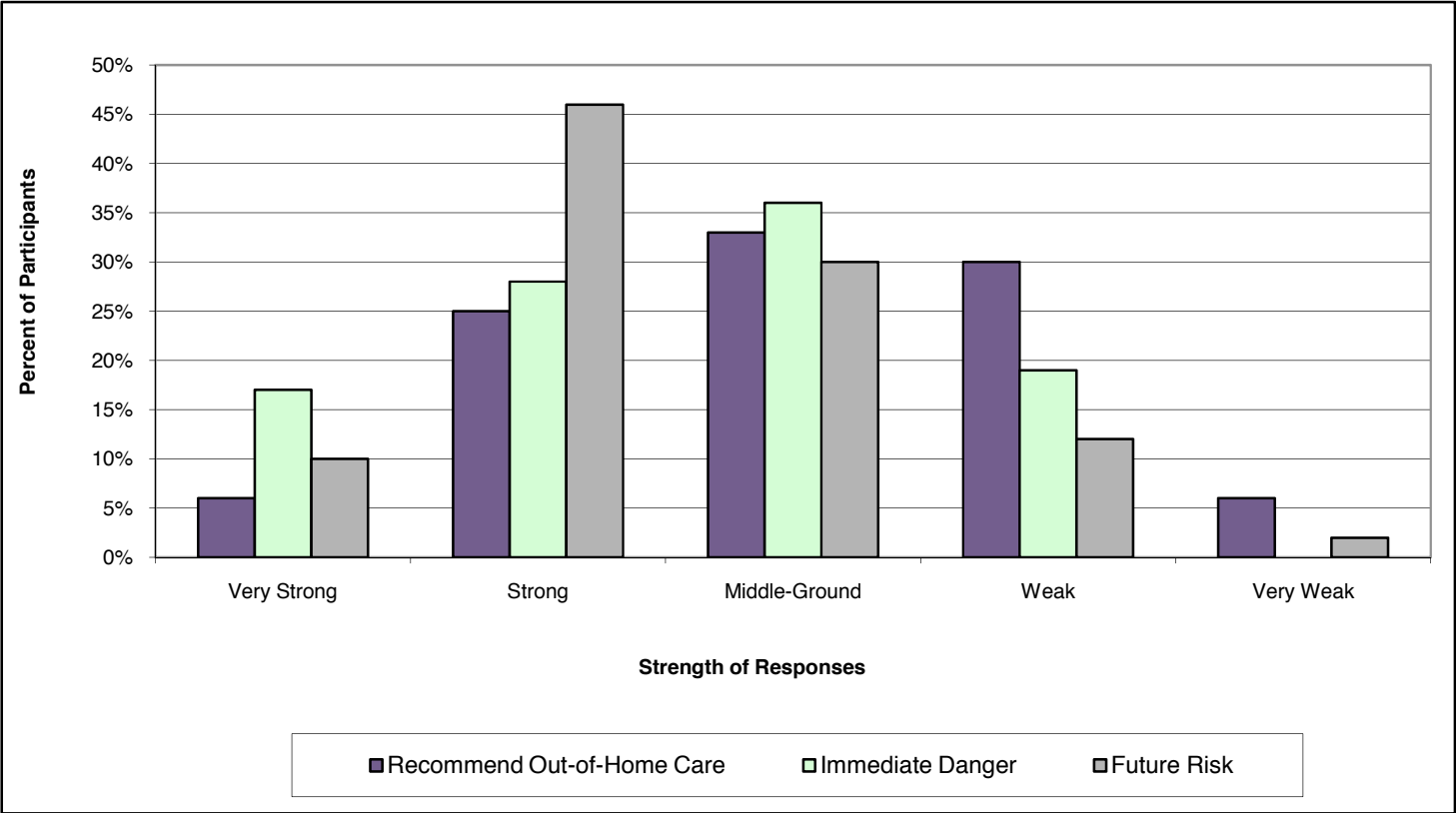


Figure 5.4: Strength of placement recommendations compared to extremity of risk assessments (composite): Physical abuse

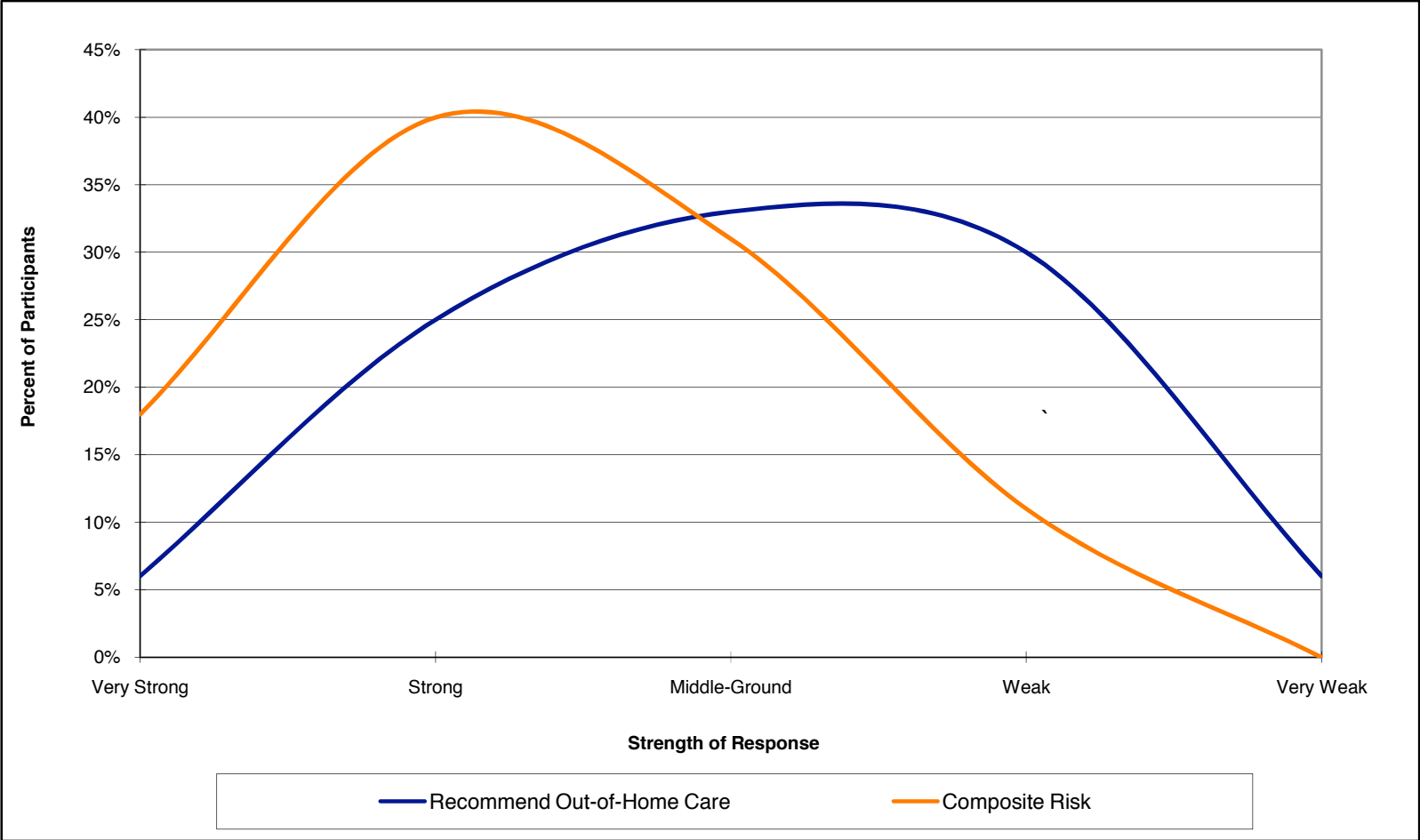


Figure 5.5: Strength of placement recommendations compared to extremity of risk assessments (composite): Neglect

