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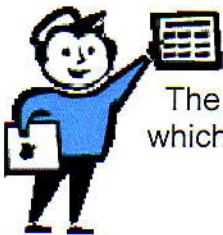
Procedure for **Good** Photocopying

➢ **Slow Down,** and make sure the copies are the absolute best.
➢ **Zoom** in to enlarge the page, if necessary. This cuts down on the amount of toner used on both ends.
➢ **Use those muscles,** and put pressure on the spine of bound volumes. Don't break the glass, but if you press down, you can help eliminate curved edges or missing text.
➢ **If making a Hard Copy,** check each page as you copy to make sure it is the best copy. If scanning, check each page once the article has transmitted over to the computer.
➢ **Be proud of the work you have produced!**

Please look at the attached examples. You will notice a difference between *Example A* and *Example B*. Our patrons should only be receiving copies like *Example A*.

The key to great copies is having conscientious students and staff. Also, use a copier with the features that automatically eliminate black lines and borders (such as Book Copy & Non-Image Erase, which Konica offers).

The above procedures will allow us to produce excellent copies so that we can provide quality service to our patrons, while cutting down on time and use of supplies.

The end result is that patrons are presented with a high quality copy which efficiently assists them in their research!

exposure, the SAVE has demonstrated excellent psychometric properties and a stable factor structure (Hastings & Kelley, 1997). Additionally, the SAVE screens for violence exposure in both the home and community settings. Thus, by controlling for violence in the home settings, this study allows for a more thorough investigation of the unique contribution of community violence on adolescent psychological functioning. This is particularly important given the fact that many previous studies have only examined a single type of violence, despite evidence that children are often exposed to various forms of violence, both as direct victims and/or witnesses (Kilpatrick & Saunders, 1999; Saunders, 2003).

It is hypothesized that after controlling for demographic factors and family violence, parental mental health will moderate the relation between CVE and adolescent internalizing symptoms, specifically adolescent PTSD and depression symptoms, such that community violence-exposed adolescents whose parents indicate high levels of psychopathology will experience greater psychological distress than those whose parents indicate low levels of psychopathology.

METHOD

Participants

Participants were 121 (60 males, 61 females) 13–16-year-old junior high and high school students and their parent/guardians. Seventeen dyads were excluded from the statistical analyses because of missing data (> .05 of data overall) or invalid data ($p > .98$ on TSCC Hyperresponse/Underresponse scales). Adolescent participants attended one of three public schools located in high-crime neighborhoods within a mid-sized southern city. These neighborhoods were selected because their crime rates were higher than the national average for murders, robberies, aggravated assaults, burglaries, and theft (Baton Rouge, Louisiana, Crime Statistics and Data Resources, 2002). Participants had a mean age of 15, and 97% of the sample was African American. The sample was predominantly of low socioeconomic status, with 71% reporting a yearly income of less than $20,000. The majority of parent/guardian questionnaires were completed by mothers (88%).

Materials

Demographic Questionnaire. Guardian participants provided information on child age, grade, gender, and race/ethnicity, as well as parent age, marital status, education level, occupation, and income level on a one-page demographic questionnaire.

Screen for Adolescent Violence Exposure (SAVE). The SAVE is an adolescent self-report scale (Hastings & Kelley, 1997), which assesses frequency of violence exposure in settings relevant to adolescent adjustment (school, neighborhood, and home). The SAVE consists of 32 items, which are administered in a 5-point Likert format (never, hardly ever, sometimes, almost always, always). Scores range from 0 to 160, with higher scores reflecting greater violence exposure. Three factors have been identified for each setting scale: Traumatic Violence (severe victimization experiences), Indirect Violence (witnessing or being informed of less severe interpersonal violence), and Interpersonal Aggression (threatened harm directed at the participant). The SAVE has been found to classify successfully low- and high-violence groups, and has demonstrated good internal consistency, test-retest reliability, and validity. The SAVE has been found significantly correlated with both independent violence data and theoretically related constructs (Hastings & Kelley, 1997).

testing and piloting indicated the soundness of my theoretical assumptions.

From this I do not infer, as Mancuso and Sarbin suggested, that schizophrenics are "bad," "evil," and "no good." Goldman's formulation does however strongly suggest that when an S is deprived of a variety of gratifying experiences with significant others because of an unfortunate personal history, he will not be in a position to construe his relationships with others as relatively free of power variables, to flexibly choose how close or remote he wishes to be from others, and to maintain cognitions which show relatively small discrepancies between his realistic and ideal appraisals of a given relationship with a significant other person. Insofar as my own beliefs and attitudes are relevant to these considerations, I am convinced that the relatively "primitive" constructions of role relationships of many psychotic patients are quite adaptive and realistic in reference to the social conditions in which they are required to function.

The second area of criticism deals with my "improper" use of personal construct theory. Mancuso and Sarbin referred to recent usage of construct theory which shows that a theorist profits from stressing the *dimensional* (Mancuso and Sarbin's italics) nature of the cognitive structures known as constructs. "The behaving person is then seen to operate with a finite number of bipolar dimensions . . . [p. 149]." This is exactly what I attempted to achieve by means of spatial solutions on my instrument. The Ss are enabled to construe their role relationships on the Personal Construct Inventory (PCI) by recourse to a number of finite and essentially bipolar variables: up–down, left–right, large–small, close–remote.

Mancuso and Sarbin further accuse me of "interpretative confusion," *inferring* that I infer that a large self-circle equals a large self-construct. Not so. In my discussion of choice of procedures for validation studies with the PCI, I am clearly opting to ignore the content and meaning of individual constructs in favor of looking at Ss' test behavior

across tasks as a means of styles of construing relations p. 175). To equate size with ally on an armchair basis evidence, would indeed be and Sarbin's concern with t to believe that they somehow terms with the cardinal poin tion: my interest in *how* Ss cally portraying role relatior to what *meaning* Ss at portrayals.

Mancuso and Sarbin furt misread Kuethe (1962) be overlooked the fact that sponded differently to geome cutouts. Again, not so. The ceptual difference in being a metric cutouts to a feltboar instruction, or to require S self and others as circles. I Mancuso and Sarbin fail to s

In summary, my study d schizophrenia as a construc set of comparative develop by assessing the mode of c trasting groups of Ss. Fina references as to the "meanin; along the score parameters c who differ in opportunities fo interpersonal world will, on different parameters to port ships spatially.

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