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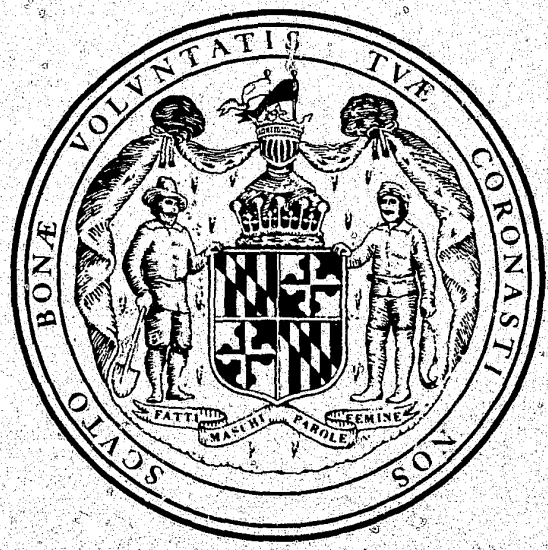
GROUP HOME EVALUATION SYSTEM DEVELOPMENT PROJECT

Summary of Final Report

for

JUVENILE SERVICES ADMINISTRATION



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by

International Training, Research and Evaluation Council

Fairfax, Virginia

VIRGINIA

Group Home Evaluation System Development Project: Summary Report

prepared by

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Table of Contents

Section		Page
Part I:	Building the Foundation for an Ongoing Evaluation System for Community-Based Treatment Programs	
I	The History of the Project	1
	Introduction	1
	The Two Years in Capsule	3
II	Design and Implementation of First Year Process Focused Evaluation	4
	Introduction	4
	Data Generation	5
	Selection of the First Year Sample	5
	Evaluation Instruments	5
	Data Collection Procedures	7
	Analysis Strategy	9
III	A Summary of Major Findings and Implications from the First Year	11
	Introduction	11
	Resident Data	11
	Responsible Behavior	11
	Rebellious Group Home Behavior	13
	Self Respect	15
	Two-Way Communication	18
	The Treatment Elements Analyzed in Relation to all Group Homes Objectives	19
	Staff Data	20
	Job Satisfaction	21
	Burn-Out	22
Part II:	Development of an Ongoing Evaluation System	
IV	Introduction to Second Year	24

Table of Contents (Cont.)

Section		Page
V	Overview of the Development of JSA's Evaluation System	28
	Introduction	28
	Resident Evaluation Framework	30
	Outcome Criteria: Behavioral and Psychological	30
	Resident Characteristics	38
	Resident Treatment Environment	38
	Staff Evaluation Framework	41
	Outcome Criteria: Job Satisfaction and Burn-Out	41
	Staff Characteristics	44
	Staff Working Environment	44
VI	Orientation Workshops	48
	Introduction	48
	Planning for the Workshops	49
	Summary of Workshops	49
VII	The Group Home Evaluation System Development Project: Looking Back and Beyond	54
	Introduction	54
	Highlights	54
	Difficulties Encountered	59
	Plans for Implementation	60
	Scope of Participation	60
	Procedures for Ongoing Operations	61
	References	62

Table of Charts

Title		Page
Chart 2-1:	Overview of Project Activities	25
Chart 2-2:	Framework for Resident Section of the Evaluation System	31
Chart 2-3:	Overview of Validation Process: Development of Measures	32
Chart 2-4:	Items Included in Resident Program Components	39
Chart 2-5:	Framework for Staff Section of the Evaluation System	41
Chart 2-6:	Development of Staff Measures	44
Chart 2-7:	Items Included in Staff Program Components	46

Table of Tables

Table 2-1:	Orientation Workshops	50

Part I

BUILDING THE FOUNDATION FOR AN ONGOING EVALUATION SYSTEM FOR COMMUNITY-BASED TREATMENT PROGRAMS

Section I

THE HISTORY OF THE PROJECT

INTRODUCTION

The Juvenile Services Administration (JSA), an agency of the Maryland Department of Health and Mental Hygiene, serves approximately 2,000 juveniles per year, or 700 at any given time, in community-based facilities. To insure that quality care is provided to the youth served by this treatment approach, JSA adopted a policy to develop an evaluation and monitoring program for these residential community facilities.

The Group Home Evaluation System Development Project was designed to help implement this policy. An earlier step was taken during 1974, with a study conducted by the National Council on Crime and Delinquency (NCCD). The NCCD work, although not providing an evaluation base line, offered inputs to the development of Maryland's first set of standards and guidelines for group homes. It was not until 1975, however, with the establishment of the Department's Monitoring and Evaluation of Residential Facilities (MERF) program that systematic review of group homes began. In its infancy, the MERF program focused on physical monitoring and insuring the safety and health needs of the residents. As the program matured, its focus expanded and became more sophisticated, monitoring not only the physical facilities, but also program plans, detailed budgets, case files, and personnel. Currently, in addition to assessing compliance with the standards and guidelines, the MERF program is involved in licensing homes and helping new facilities meet the established standards so that they may be permitted to accept residents.

To aid the MERF program in expanding its monitoring and analysis capabilities, a proposal for the development of an evaluation system was submitted to the Maryland Governor's Commission on Law Enforcement and the Administration of Justice in early 1976. The grant application represented a joint effort between JSA's Division of Research and Analysis and Community Services. It was reasoned that the combined perspective embodied in the request was essential to insure the development of an evaluation system which was based on scientific principles yet was within the framework of the MERF program. The grant application was subsequently approved by the Governor's Commission.

To insure that the resulting system employed the most advanced and responsive techniques available, JSA requested the assistance of outside experts. In August 1976, following a selection process, the International

Training, Research and Evaluation Council (ITREC) initiated efforts toward the development of the proposed evaluation system to complement JSA's ongoing monitoring program. Staff assigned to the project by ITREC and the JSA project director and coordinator worked as a team for the duration of the grant, sharing responsibilities at all stages.

While non-use of existing information may be typical of many human service organizations, JSA's desire to develop a sophisticated evaluation system documented the agency's concern with the internal dynamics of programs that serve youth under JSA's authority. Moreover, JSA not only articulated a need for data concerning the association of programmatic features and program goals but maintained that such information should be gathered and analyzed on a continual basis.

This strategy which emphasizes usable evaluation research results is an outgrowth of the 1960s' "evaluation research boom" (Patton, 1978:14-19). Basically, the approach takes into consideration three sets of factors which were viewed as critical to a viable evaluation system. First and foremost, it is imperative to develop a system that will generate evaluation findings which are compatible with the needs of a variety of users. These users include JSA's MERF team, administrative and research staff and the staff of Community Residential Treatment programs. Importantly, data would be provided to those responsible for monitoring program activity as well as those who are providing the services and have an interest in self improvement through program modification and development. A second important consideration in developing the evaluation system is collaboration between JSA and Community Residential Treatment personnel. On an ongoing basis, JSA personnel will be responsible for maintaining the evaluation system while program staff will be responsible for providing accurate data. In turn, the collaborative efforts of all the parties are needed to produce usable evaluation results. Third, users' awareness and understanding of the evaluation methods and procedures are viewed as important factors in the development of the evaluation system. It is assumed that users' basic understanding of how the system functions is associated with commitment to the maintenance and use of its results. The general frame in which these factors have been addressed is highlighted throughout this report.

THE TWO YEARS IN CAPSULE

Efforts during the project's first year were focused on collection of data from group home administrations, staff and residents; data analysis; and, the dissemination of project findings. 1/ This phase of the project served to demonstrate the usefulness of results which stem from a social environment focused evaluation. During this process, JSA program personnel and community treatment staff played key roles in the project by identifying data elements to be included in the evaluation system. For example, information to be considered for inclusion in the system was pin-pointed through a series of site visits to many of Maryland's group homes by two members of ITREC staff and by the JSA Project Director. Notably, during these visits, inputs to the evaluation system were aggregated and the need for cooperative relationships between all users of the system was stressed. Additionally, the first year efforts helped increase decision makers' awareness and understanding of process evaluation and the utility of its results.

A number of methods of disseminating the evaluation results of the first year were utilized. They included the development of a detailed evaluation report and an executive summary document. Additionally, the ITREC team appeared at a number of briefing presentations and conferences, i.e. annual vendors conference.

During the second year of the project, data were collected from additional community-based residential programs during two different time periods. This information was gathered using instruments which were derivations of those developed during the first year. The intent during the second year was to enhance the scientific status of the evaluation system by establishing reliability and validity of the instruments. Unlike the first year, the emphasis was not on uncovering results, hence discussion of second year findings is minimal in this report.

A series of orientation workshops also was held during the second year of the project. These workshops were designed to familiarize group home personnel and administrators with the system's ongoing operation and with their anticipated roles. It also provided opportunities for the MERF team to become familiar with the system they will be called upon to maintain.

It is important to note that the evaluation approach employed in the development of JSA's ongoing system was tailored to user needs and transferable to other states. This report has been prepared to facilitate the efforts of others who may have an interest in incorporating such a system into their community-based treatment program. The remaining sections provide information on how the Group Home Evaluation System was developed. Following is a discussion of project year one efforts, including the data generation, analyses, and important results.

1/ See Johnson, Rusinko and Girard (1977a; 1977b).

Section II

DESIGN AND IMPLEMENTATION OF FIRST YEAR PROCESS FOCUSED EVALUATION

INTRODUCTION

The principal concern in the first stage of the Maryland Group Home Evaluation project was to identify and develop measures of primary program objectives as well as elements of the various treatment programs that were representative of the majority of homes from which JSA purchases care as well as state-operated homes. In the terminology of a process focused evaluation throughout this report, these primary objectives of group homes such as responsible behavior of residents are referred to as "outcomes", which are comparable to dependent variables. The elements or components of the treatment program which are expected to affect the outcome, such as use of positive reinforcements, are referred to as environmental measures, comparable to independent variables. Other aspects of group home programs, which may be related to the outcomes but are not elements of the treatment process per se were also examined. These included such measures as size of facility, location and recreational facilities, and are discussed as "structural" measures throughout this report.

To maximize the likelihood that the product would be useful to all group home operators, a sample of programs reflecting the broad range of facilities operating in the state was drawn. Detailed instruments were then designed to provide in-depth descriptions of the facilities and programs. During this process, care was taken to word items so their meaning was consistent across all homes and to include measures of program elements which group home operators considered important. Data were then collected from group home administrators, staff and residents. The procedures that were used to obtain data minimized disruption of group home routines.

The remaining aspects of the work concerned data analysis. Factor analysis procedures were used to reduce redundancy in the data and to provide measures which were both valid and reliable. 1/ Finally, the analysis provided information and evidence as to relationships between organizational, structural and programmatic elements and important objectives of group homes as applicable to both residents and staff. To date, Moos (1975) has done the most comprehensive research in conceptualizing and operationalizing treatment environments. Whereas Moos assumed that treatment dimensions identified in the validation process were important considerations, the development of JSA's evaluation system includes goal attainment criteria to assist in decisions about the relative importance of environmental dimensions which, it was assumed, could change over time.

1/ Factor analysis is a technique used to identify groups or clusters of items which are measuring the same basic concept.

DATA GENERATION

This section details the steps taken in generating data for the first phase of the evaluation project. The various procedures described were adopted to insure that the data gathered was reliable as well as valid. In addition, they were utilized to enhance the potential for collaboration between JSA and group home operators which would thereby maximize the potential of the findings being seriously considered by those who operate Maryland community-based treatment programs.

Selection of the First Year Sample

The criteria for sample selection were developed jointly by ITREC and JSA program and research staff. Homes were eliminated from consideration if they served a special or restricted category of clientele, provided adult-oriented services, were institutional in nature or were foster homes. Community Treatment Facilities and Structured Shelter Care were homes not included since they fit into the above category. Remaining for selection were:

Youth Group Homes, and Community Residences:

Homes from both of these categories were included in the sample and the ongoing system was designed to evaluate essentially all of the facilities covered. In essence, they span the continuum of JSA's community-based residential treatment program when special purpose or short term facilities are eliminated. It was reasoned that the latter programs would require individual evaluations. Throughout the report, the terms "group homes" and "community-based residential facilities" are used interchangeably and refer to the two categories described.

Based on these factors, a total of twenty three (23) group home facilities from fifteen (15) parent organizations were selected for participation in the first year of the study. These homes were located throughout the state; utilized varying treatment modalities; and, employed differing staffing patterns.

Evaluation Instruments

Numerous sources were consulted in relation to the design of the evaluation instruments. For example, an exhaustive literature search pertaining to community-based treatment was conducted and a number of important "treatment elements" were identified; ITREC and JSA staff attended several meetings of the Maryland Association of Residential Facilities for Youth (MARFY) to gain inputs from practitioners; and, a survey instrument was distributed to operators to develop information

regarding the objectives of the group homes as well as important aspects of the content of their programs. This latter data set was augmented by JSA staff, particularly the MERF team, vis-a-vis the identification of additional policy-relevant variables. Finally, each of the fifteen participating group home operators was visited by ITREC and JSA staff in October and November, 1976. While an important objective of these visits was to provide administrators with an understanding of the project, the research team used the opportunity to obtain considerable information regarding elements and objectives of the participating programs pertaining to both residents and staff.

Six evaluation instruments were developed as a result of this process. Three of these were designed to elicit information from group home residents. The Residents' Psychological Inventory contained ninety-five (95) items purporting to measure seven psychological outcomes pertaining to youth. These included responsibility, insight, independence, self-respect, goal orientation, effective communication, and value of education. The majority of these items were selected from established psychological instruments based on face validity; the remainder were developed by the research team. The Residents' Behavioral Checklist contained forty-five (45) behavioral outcome items. These items were designed to determine the frequency of the youths' involvement in various types of responsible and rebellious behavior in the group home and the community over a two month period. These items in the main were drawn from an instrument utilized by the Oregon Research Instute in conjunction with the evaluation of the Teaching Parent Model. 1/ The third instrument administered to residents was the Resident Interview. This instrument was used to document residents' appraisals of environmental processes and program dynamics. The instrument's forty-three (43) items focused on elements of the major treatment modalities being implemented in various combinations at the group homes. These included Positive Peer Culture, Guided Group Interaction, Reality Therapy, Behavior Modification, Teaching Parent Model, Traditional Casework and the Family Model.

Two of the six instruments used during the first year were completed by staff. One of these was a Staff Questionnaire, which was completed anonymously by all staff. It contained items designed to measure the outcomes of Job Satisfaction and Burn-Out. 2/ In addition, this instrument

1/ Information concerning that research is available from M. J. Howard, Oregon Research Institute, Eugene, Oregon.

2/ Job satisfaction items were drawn from a scale provided in Locke, Edwin A., "The Nature and Causes of Job Satisfaction", Handbook of Industrial and Organizational Psychology (New York: Rand McNally, 1976), pp. 77-89 and passim. Burn-out items were developed by the International Training, Research and Evaluation Council.

was used to document various aspects of the organization of the group homes, programs and working conditions (e.g., staff discretion, decision-making, etc.) pertaining to staff; and, the backgrounds and personal characteristics of those who were involved in the treatment programs. 1/ The second, entitled the Staff/Youth Specific Questionnaire, was also completed by group home staff, but pertained to individual residents. That is, the staff member most familiar with each resident completing the instruments described above completed a Staff/Youth Specific Questionnaire about these youths. As a result, the staff provided inputs on the same behaviors self-reported by residents on the above referenced Behavioral Checklist. This served as a validity check concerning the information provided by the residents and also provided a measure of disparity, i.e. the difference reported by a youth and staff member on the same item. This instrument was also used to document background and personal characteristics of the youths as well as the types and frequency of positive reinforcements and negative sanctions that were utilized with the various residents.

The final instrument was an Administrative Questionnaire. It was completed by group home administrators and/or house directors. The information obtained through this instrument pertained to characteristics of the programs, facilities, staff, residents and communities in which the group homes are located.

The final phase concerning instrument development involved pretesting and revision. During December 1976 and January 1977, the instruments were pretested in six group homes. Four administrators, 12 staff and 46 residents participated in these tests. Revisions were made and the instruments finalized as a result of these tests.

Data Collection Procedures

Data collection commenced February 2, 1977 and was completed on April 16, 1977. Procedures were designed to minimize disruption of regular group home activities and elicit the cooperation of group home personnel. For example, in most instances, preliminary visits to the facilities were made by members of JSA staff to explain procedures to personnel, select appropriate locations for data collection within the homes, set an optimum time for administering the resident instruments and deliver the three instruments to be completed by program personnel (e.g., Staff Ques-

1/ Many of the items pertaining to organizations were drawn from the Work, Family, Career Questionnaire developed by B. Schneider and H. Peter Dachler, Department of Psychology, University of Maryland.

tionnaire, Staff/Youth Specific Questionnaire and Administrative Questionnaire). 1/ Where a preliminary visit was not feasible due to distance, these steps were accomplished by mail and phone. Additionally, each of the 23 group home directors/administrators was contacted by phone at least two weeks prior to the data collection visit. At that time they were advised of the exact date of the site visit and asked to prepare a list of code numbers for participating residents. The code numbers insured residents' anonymity, yet permitted the Research Team to match the various instruments pertaining to individuals. The Research Team at that time was composed of JSA's ject Coordinator, ITREC's Research Coordinator, and a student placed with JSA.

The majority of data collection visits were conducted upon the residents' return from school in the late afternoon. As a first step, youths reported individually to a private location where they were interviewed in turn by a member of the research team. After completing the ten-minute interview, an individual youth would proceed to another private location to listen to a ten-minute tape of the Behavioral Checklist and respond on a specially designed answer sheet. Simultaneously, another youth would be completing the interview phase of the data collection. This process was continued until all participating residents had completed both phases. Finally, the Residents' Psychological Inventory was administered on tape in a group setting. In some cases, more than one administration of the Inventory was necessitated by the large number of participating residents and the Research Team's desire to enhance control by conducting the sessions in small groups. Again, residents responded on specially designed answer sheets. These sessions ran for approximately twenty minutes. As referenced above, code numbers were used instead of names. During this visit, Staff, Staff/Youth and Administrative Questionnaires were collected by the Research Team.

As a result of these procedures, coupled with the cooperation of group home personnel and residents, data were generated from one-hundred and fifty-one (151) residents and one-hundred eight (108) staff persons. Eighty-seven percent (87%) of the residents were between the ages of fourteen and seventeen inclusive. Sixty-six percent (66%) were shite; thirty-four percent (34%) were non-white. Seventy-two percent (72%) were males. Eighty-four percent (84%) of the youths had resided at the participating group homes no more than one year, forty-three percent (43%) no more than six months. Only one percent had spent over two years at the particular group home. Ninety-one percent (91%) of the youths had had at least one court appearance prior to their referral to the group home; fifty-seven percent (57%) had previous group home stays.

1/ Staff were provided with envelopes in which they could seal their completed questionnaires before giving them to house directors to hold for collection by the research team.

Seventy-three percent (73%) of the group home staff sampled were 30 years of age or younger; thirty-six percent (36%) were 25 or less. This finding is consistent with the entry level nature of the majority of group home positions. Forty-six percent (46%) were non-white. In terms of educational level, sixty-one percent (61%) held college or advanced degrees, and only fifteen percent (15%) had had no college experience. Fifty-four percent (54%) of the sample had counselor-type positions; fifteen percent (15%) were house parents and twenty-three percent (23%) were house directors. The remaining staff were volunteers, teachers and social workers. Salaries were generally low, with sixty-six percent (66%) of the staff surveyed earning less than $10,000 annually. In terms of length of employment, twenty-five percent (25%) of the respondents were in their first six months with the organization; fifty-four percent (54%) in the first year; and seventy-one percent (71%) had been employed less than two year. Only ten percent (10%) reported over four years of service. These results are indicative of the high turnover rates which have plagued group homes.

ANALYSIS STRATEGY

As noted above, the six instruments were used to generate two major categories of information, environmental data and outcome data. The initial step in the analysis strategy was to obtain reliable and valid measures of the various aspects of group home treatment programs (elements of the environment) and the goals or objectives of the programs (outcomes). This was accomplished by combining individual questionnaire items which were statistically determined to be measuring the same underlying phenomenon, whether a treatment element (e.g., Intensity of Group Meetings) or an outcome (e.g., Responsible Behavior). This grouping of individual items to provide measures composed of several indicators serves the purpose of reducing redundancy in the data, as well as providing confidence that the resulting process and outcome scores are measuring the actual concept or element of interest.

These data were then analyzed to provide two types of findings, descriptive findings and process evaluation findings.

Descriptive Findings. Findings which describe the situations in group homes were obtained. This involved selecting variables that relate to group home policies (e.g., residents' length of stay; extent of use of reinforcements; etc.) and developing detailed descriptive information regarding these various aspects of program operation. First, JSA research and program staff were presented with detailed lists of variables available for analysis. They selected the variables felt to be most policy relevant for intensive analysis.

Process Focused Evaluation Findings. Findings regarding relationships between environmental variables (e.g., positive reinforcements) and outcome variables (e.g., responsible behavior) were obtained through the use of a "process focused evaluation" strategy.

The process focused evaluation approach is not intended to produce evidence of success or failure of the group homes under study, but rather to provide insights as to aspects of group home operations (treatment elements) which are related to the attainment of certain goals and objectives (outcomes). These relationships were examined through the use of appropriate statistical techniques. 1/

An example of this type of finding is as follows. It was found that residents who reported frequent involvement in helping and leading activities with their peers also reported high levels of responsible behavior. Such a finding suggests that group home staff develop program features which permit residents to help and lead their peers in various areas.

1/ Chief among these were Analysis of Variance/Covariance and Multiple Classification Analysis, which is equivalent to Multiple Regression using dummy rariables.

Section III

A SUMMARY OF MAJOR FINDINGS AND IMPLICATIONS FROM THE FIRST YEAR

INTRODUCTION

This section presents a summary of important findings which emerged from the analysis of resident and staff data during the first year. Further details regarding the various findings and implications can be found in The Group Home Evaluation System Development Project: Phase I Report.

RESIDENT DATA

Separate sets of findings related to each of four outcome measures or group home objectives studied during project year one are detailed. These included Responsible Behavior, Rebellious Group Home Behavior, Self Respect and Two-Way Communication. These four were selected by JSA staff as being of primary interest for extensive data analysis in the first year. The environmental variables or aspects of group home programs discussed in terms of their relationships with the objectives are those that emerged as most important after analysis of all the program elements identified as having relevance for program development and modification.

Responsible Behavior

For purposes of the research, "responsible behavior" was considered to be made up of commendable activities that group home residents reported being involved in, in the two months prior to testing. These activities included such things as helping a friend; teaching someone something; talking another youth out of doing something dangerous or illegal; etc. When the information provided by the residents was compiled, two things became evident. First, some residents in all of the homes are involved in activities considered to reflect Responsible Behavior. Second, although the promotion of Responsible Behavior is a major goal at the group home facilities, it was found that most residents reported little participation in activities considered by the study to be responsible.

In analyzing the data, it was found that four of the treatment practices identified were related to Responsible Behavior: Leadership Roles, Vocational Training, Positive Reinforcement and Negative Sanctions. 1/

1/ Negative Sanctions should not be confused with Negative Reinforcements, which is the removal of an aversive stimulus or punishment. Negative Sanctions refers to the actual punishment techniques.

Study findings indicated that the majority of residents are not often involved in helping or leading other youth in the group homes sampled. When the data concerning Leadership Roles were analyzed in terms of their relationship with Responsible Behavior, it was found that this program aspect was directly associated with behaving responsibly. That is, those residents who reported higher levels of leadership involvement also said that they behaved more responsibly. These findings suggest that youth be given as many opportunities as possibly to exercise leadership and to do things which will involve them in helping fellow residents solve problems.

A way in which group home staff can increase opportunities for residents to become involved in leadership activities involves Vocational Training. The various house directors and administrators reported that the majority of youth sampled have no access to vocational training in the homes. However, when Vocational Training was analyzed in terms of its relationship with Responsible Behavior, it was found that the provision of one or more types of vocational training is associated with higher involvement in Responsible Behavior. While this relationship was not strong, it may be that the availability of vocational training provides opportunities for residents to assume Leadership Roles by helping other engaged in the activity, etc.

Another way group home staff may consider expanding opportunities for residents' involvement in Leadership Roles relates to conditions where particular youth need support or assistance in certain areas (i.e., school, hobbies, drug usage, etc.). Study findings suggest that staff might call on residents who are good at such things to "help" their peers.

Group home staff reported that they are using Positive Reinforcements (i.e., allowances, later curfews, etc.) to varying degrees in all of the facilities studied. When the use of such reinforcements was analyzed in terms of its relationship with Responsible Behavior, a number of interesting findings resulted. On the one hand, it was found that residents who received medium amounts of Positive Reinforcement also reported high Responsible Behavior. 1/ On the other hand, in cases where staff reported that they had used this technique very little or a great deal, youth were not becoming involved in activities that were considered as indicative of Responsible Behavior.

In summary, study findings indicate that although there is a relationship between Positive Reinforcement and Responsible Behavior, there is an optimal level at which this technique can be applied if it is to be effective. In attempting to reach this optimal level, group home staff might consider

1/ Medium amounts of Positive Reinforcements were considered those which were scored as 8 through 10 on a scale of 1 through 18.

carefully planning the use of Positive Reinforcement. Apparently, too little reinforcement will not strengthen desired behavior. However, too much reinforcement does not appear to be effective either, so consideration might be given to not rewarding the youth on every occasion of Responsible Behavior, but rather at frequent, but varying intervals, and over a period of time, rewards for the same type of Responsible Behavior might be gradually reduced. If this approach is used, the youth may adopt the responsible activities as part of their life styles as opposed to just doing certain things knowing or expecting to be rewarded.

Staff also reported that they are using Negative Sanctions (i.e. reduction in allowance, restriction, etc.) to varying degrees in all of the homes studied. The use of Negative Sanctions appeared to be related to Responsible Behavior, although its overall effects were not as strong. That is, residents who received a small amount of Negative Sanctions tended to report high Responsible Behavior. As Negative Sanctions (or punishment) was increased beyond a moderate degree, the Responsible Behavior of residents dropped, indicating that while some punishment may be profitable in terms of behavioral change, large amounts of it may be counterproductive. Reasons for this are obvious; constant punishment arouses feelings of anger and hostility or even submissiveness, rather than a desire to assume responsibility. The findings suggest that while judicious use of Negative Sanctions can be very effective, the application of such techniques should be carefully planned.

Rebellious Group Home Behavior

For purposes of the research, "rebellious group home behavior" was defined as recent activities that residents reported being involved in which reflected a lack of adjustment. These activities included such things as talking back to staff; picking on or threatening other residents; failing to do chores; damaging group home property; etc. The major finding which emerged concerning Rebellious Group Home Behavior was that most of the residents were not frequently involved in these types of activities. Not surprisingly, a majority indicated that they had been involved in various types of rebellious activities in the past.

In analyzing the data, it was found that the four treatment practices were related to Rebellious Group Home Behavior: Negative Sanctions, the use of Physical Restraint, Disparity-Staff Tone of Authority, and Experience with Staff Concern.

As previously noted, study findings indicated that the use of Negative Sanctions, as reported by staff, varies considerably across the group homes studied. When Negative Sanctions was analyzed in terms of its relationship with Rebellious Group Home Behavior, a number of interesting findings emerged. First, the data indicated that Rebellious Group Home Behavior did not increase or decrease steadily as the use of Negative Sanctions changed.

Second, it was found that the lowest occurrence of Rebellious Group Home Behavior was among residents who had seldom been punished. Third, residents who had received a moderately low level of punishment were found to be the most rebellious. Lastly, Rebellious Group Home Behavior proved high among residents who had received punishment very frequently.

While the pattern of relationship between Negative Sanctions and Rebellious Group Home Behavior differs somewhat from its pattern of relationship with Responsible Behavior, the same implication can be drawn. The findings suggest that punishment myst be utilized carefully in order to be a useful technique. It may be beneficial for group home staff to examine their policies and practices with regard to applying punishments. Following such a review, staff may wish to experiment and develop a system for the use of Negative Sanctions. Such techniques as immediately applying the punishment upon occurrence of the behavior; designing negative sanctions to "fit" the undesired behavior; and, tolerance of certain types and amounts of Rebellious Group Home Behavior are examples of the various system approaches that group home staff might investigate.

Staff reported that only 19 percent of the residents have ever had to be physically restrained, and none of these more than "once or twice". When Physical Restraint was analyzed in terms of its relationship with Rebellious Group Home Behavior, it was found that those residents who had been physically restrained reported significantly higher involvement in Rebellious Group Home Behavior than those who had not.

This finding can be explained from the standpoint that physical restraint has to be used with certain residents due to the fact that they "act out" frequently and seriously. While this is a logical argument, the argument can be made that needless use of force may stimulate more youth to act rebelliously. Residents' sense of injustice may be a primary consideration in attempting to foster certain types of behavior and control other types.

Support for this position was evidenced in terms of study findings related to residents' Experience with Staff Concern. Specifically, when Experience with Staff Concern was analyzed in terms of its relationship with Rebellious Group Home Behavior, it was found that the more such experience residents have had, the lower their involvement in Rebellious Group Home Behavior tended to be. Although this relationship was not a strong one, this finding suggests that residents who feel that staff are available and caring are less likely to develop a sense of injustice which might lead to greater involvement in Rebellious Group Home Behavior.

During the study, staff were asked how often they used a "tone of authority" in everyday interaction with residents. Similarly, the youth were asked how often they had felt "bossed around" by staff. It was reasoned that the difference between those two points of view would shed light on the relationship between what staff thought they were doing in terms of using authority as a treatment approach and what residents perceived was happening to them. 1/ When the differences in responses were compiled, it was found that the majority of the residents reported less staff use of Tone of Authority than group home personnel say they are trying to employ. When this difference was analyzed in terms of its relationship with Rebellious Group Home Behavior, on the one hand it was found that rebelliousness was lowest among the majority of residents who reported that staff were using less of an authoritative tone than staff reported using. On the other hand, residents who felt that staff were bossing them around, while staff maintained that they were not, were youth who had reported being involved in frequent rebellious activities.

These findings suggest that group home staff cannot assume that their actions are being accurately perceived by the residents. In fact, the data indicates that it is not what the staff say they are doing that is related to Rebellious Group Home Behavior, rather it is what the residents "think" in terms of the use of authoritarian tones that is important. Consequently, group home personnel may want to consider the same sort of development of feedback mechanisms which will help them determine whether their interactions are actually being realized by the youth. In order for staff to affect resident behavior, they need to be aware of how the approaches and techniques they are using are "coming across" to the residents.

Self Respect

"Self respect" was considered to be made up of various self attitudes reflecting confidence and self acceptance. These included such statements as "I have a number of good qualities"; "I usually have good judgement"; and, "I do what is right most of the time". The data which were obtained revealed that most of the residents had generally high levels of Self Respect. It appears that staff may be overestimating the extent of this particular problem among the youth with whom they work.

1/ Disparity scores were created for numerous treatment elements to measure the difference between the average score per home for staff's use of certain treatment techniques and residents' reports of their experiences with the same techniques.

Four treatment practices were related to Self Respect: Experience with Staff Authority, Disparity - Conditions for Success, Disparity - Staff Tone of Authority and Staff Average Education.

Study findings indicated that the majority of residents stated that staff did not use authority frequently. When the data concerning Experience with Staff Authority were analyzed in terms of their relationship with Self Respect, several important findings emerged. A tendency was observed for Self Respect of Residents to decrease as their Experience with Staff authority increased. However, those residents with extremely low Experience with Staff Authority reported less Self Respect than did residents with slightly higher experience with Staff Authority.

While these findings suggest that a high level of Staff Authority may have detrimental effects on self respect of residents, they also indicate that some degree of staff authority is necessary to illustrate to the youths that group home personnel are concerned and care about them. Although the study did not uncover why this occurs, it may be that the higher levels of staff authority are seen by youth as degrading, which lowers their levels of self respect. In short, the findings suggest that group home personnel should bear in mind that there is probably an optimal level of authority, optimal in the sense that the levels of authority which are utilized be such that youth do not feel that staff is apathetic or unconcerned about them or that group home personnel are attacking residents' self concepts. Reaching such a level will be a matter for experimentation among staff and residents.

Creation of Conditions for Success was also strongly related to Self Respect. In particular, efforts were made to determine the difference or disparity between what staff felt was happening and what youth said was going on. In developing this measure, staff were asked how often they "set up" conditions for the residents to experience success, and the residents were asked how often this actually occurred in the homes. Findings revealed that the majority of residents experienced less success than the staff reported trying to stimulate. When this information was examined as it related to Self Respect of residents, a noteworthy pattern emerged. On the one hand, Self Respect was low where the staff reported setting up conditions for success but the residents were not experiencing a high level of success. This most likely occurred due to the residents' perceived inability to accomplish things when opportunities are being provided. On the other hand, Self Respect was also low where the staff reported not setting up conditions for success, and the residents said they were experiencing success. Apparently, the mere experience of success is not sufficient to guarantee high Self Respect; rather, success must be recognized by others if it is to impact on the Self Respect of youth.

One way to achieve such recognition may be to insure that successful experiences of residents are acknowledged by "significant others" (i.e., staff). Such an approach is consistent with much of the self esteem/self concept literature which maintains that a person's actions develop meaning through the reactions of others. Hence, findings suggest that if group home staff provide opportunities for success, which all residents are capable of experiencing, and clearly show the youth that they have been successful, Self Respect among the residents may be brought to higher levels than currently exist.

As previously noted, Disparity - Staff Tone of Authority concerns the difference between the levels of staff authority that residents and staff report. It is not surprising, in the light of the above discussion, that Self Respect tends to be lower among residents who reported that the staff used a tone of authority to a greater degree than the staff indicated. It may be that these residents are "focusing in" on staff's every use of authority because it supports their low self concepts which developed prior to their arrival at the facility. Moreover, these findings suggest that staff consider not only how and when they use authority, but how its usage is being perceived by the residents.

Average Education of Staff, while not found to be strongly related to Self Respect, did in fact produce some interesting findings. It was found that the majority of residents sampled are in group homes staffed by individuals with college educations. When this program aspect was considered in terms of its relationship with Self Respect, it was found that as the average educational background of staff in a particular facility rose, the Self Respect of residents in such homes rose.

In light of the above discussion of staff authority, it appears likely that this finding relates to the techniques or methods of authority used by staff. That is, staff with advanced educations may be more effective in achieving that optimal level of authority which is sufficient to maintain control yet not degrading to the residents. These staffs may base their authority on collaboration rather than conflict. The reader will recall that a similar implication was presented with regard to preventing the development os a "sense of injustice" which might contribute to Rebellious Group Home Behavior. It appears of primary importance for group home staff to closely examine their methods of establishing and maintaining authority, with attention to alternative techniques which rely on collaboration and provide justification to the residents for staff's use of authority when it is necessary.

Two-Way Communication

The concept of "two-way communication" was made up of resident behavior and attitudes which reflect a capability of using communication as a problem-solving device (i.e., listening to other peoples' points of view, talking freely to counselors and teachers, etc.).

In analyzing the data it was found that six treatment practices were related in varying degrees to Two-Way Communication: Experience with Staff Concern, Leadership Roles, Staff Average Education, Staffing Pattern; Contentment with the Home Environment and Discussion of Past Delinquency during group meetings. The majority of residents sampled experienced fairly high levels of Staff Concern. Also, as youth's Experiences with Staff Concern increased, reported levels of Two-Way Communication rose.

This finding suggests that Two-Way Communication may be stimulated by outward displays of support and concern from group home staff. This approach toward stimulating Two-Way Communication is supported by results pertaining to residents' attitudes as to Contentment with the Home Environment. More specifically, although most residents reported moderate contentment, when analyzed in relation to Two-Way Communication, it was found that the higher the level of contentment, the greater the degree of Two-Way Communication that existed.

It appears that in order for residents to feel confident and assured in "opening up" to staff, they must believe that staff is concerned about them and have a sense of personal relationships with group home personnel. Thus, study findings reinforced the idea that trust is an important ingredient in effective two-way communication.

As noted within the discussion on Responsible Behavior, most residents had infrequent involvement in leadership and helping roles. However, as was the case with Responsible Behavior, Leadership Roles was found to be directly associated with Two-Way Communication. That is, residents who indicated they were very involved in Leadership Roles also reported high levels of Two-Way Communication.

Apparently, those types of helping roles, as well as stimulating Responsible Behavior, may provide opportunities for residents to practice two-way communication. That is, through the use of Two-Way Communication in helping roles, they have increased opportunities to develop appreciation for its utility in working out problems. It is logical to conclude that group homes may enhance program efforts by developing opportunities for residents to exercise helping and leading behaviors with peers.

Staff Average Education was also found to have a significant relationship with Two-Way Communication. In fact, the more educated the group home staff, the more the residents of the home tended to use two-way communication to solve problems.

This finding may have emerged in that staff with advanced educations may be more inclined than less educated personnel to utilize two-way communication as a problem-solving method. Importantly, when educational attainment findings are considered in combination with the possible tendency for highly educated staff to base their authority on a collaborative model as discussed above, it appears that group home directors would be well advised to provide added training in counseling skills to personnel that have not had an opportunity to do college work in these areas.

Sixty percent of the residents sampled live in homes that utilize a Counseling Model. The remaining youth reside in facilities that employ the House Parent or "ma and pa" approach. Importantly, when Staffing Pattern was analyzed in terms of its relationship with Two-Way Communication, findings revealed that residents of homes that use the counseling model scored significantly higher on Two-Way Communication than those who live in homes with house parent programs. This finding suggests that staff with counseling backgrounds may have more highly developed skills related to influencing residents to utilize two-way communication and to see it as a source of assistance with problems than personnel who have not received training in various counseling methodologies. Moreover, providing training in this area may well be an avenue that administrators of House Parent homes may wish to pursue.

During the study, one additional method of stimulating Two-Way Communication was documented. More specifically, it was found that the majority of residents sampled rarely discuss their past delinquency during group meetings. Yet, when Discussion of Past Delinquency During Meetings was analyzed in relation to Two-Way Communication, it was found that residents who frequently discussed their past delinquency during such meetings tended also to be two-way communicators. Although the relationship was weak, the discussion of past delinquency during group meetings may be one way for staff to stimulate Two-Way Communication. Other methods may be tried by those staff who are oriented toward Reality-Therapy and would direct residents' attention away from the past.

The Treatment Elements Analyzed in Relation To All Group Homes Objectives

Additional treatment elements were analyzed in relation to all four objectives in Responsible and Rebellious Group Home Behavior, Self-Respect

and Two-Way Communication. These included: Staffing Pattern. (i.e. a measure of the number of group homes that use the House Parent or "ma and pa" versus the Counseling Model); and, Length of Stay. (i.e. a measure of the length of residents' stays in group homes at the time of data collection in terms of calendar months).

As previously discussed, Staffing Pattern proved to be an important program element with regard to Two-Way Communication. However, it was found that Staffing Pattern was not strongly related to Responsible and Rebellious Group Home Behavior or Self Respect of residents. This suggests that there is not a significant difference in quality of care between House Parent and Counseling Homes.

Interestingly, analysis revealed that Length of Stay also was not related to any of the objectives studies in the project. Nonetheless, a trend was noted for Responsible Behavior, Two-Way Communication and Self Respect to increase as Length of Stay increased. Unfortunately, these relationships were of insufficient magnitude to warrant conclusions. Analysis also showed that there does not appear to be an optimal length of stay in terms of promoting the various program objectives.

A variety of measures of prominent group treatment modalities also proved to be unassociated with the four outcomes examined during the study. In particular, information about the type and frequency of meetings were analyzed. In addition, residents' experiences and perceptions of the meetings (e.g., extent of anxiety generated in meetings, cohesiveness of residents, staff involvement in meetings, and resident group decision-making) were examined. These analyses suggested that no relationships, positive or negative, exist between these program processes and the outcome measures. Importantly, measures that were found to be strongly associated with one or more of the outcomes (e.g., Leadership Roles, Reinforcements, Sanctions, Staff Concern, etc.) focused on the individual. This is not to say that group methods are not effective. In fact, they may relate to program objectives other than the four examined during the project.

STAFF DATA

This section presents a summary of important findings which emerged from the analysis of the staff data. The objectives were identified through discussions with group home personnel and JSA staff. The environmental variables, or aspects of group home jobs, discussed in terms of their relationships with the objectives are those which emerged as most important after analysis of a wide variety of job aspects identified through the inputs of group home personnel, JSA staff and relevant literature.

Job Satisfaction

Job Satisfaction is often associated with goal attainment. For purposes of the research "job satisfaction" was made up of the enjoyment of the job and a preference for the present group home assignment over others. To gather information in these areas, staff were requested to provide the extent of their agreeement with a series of questionnaire statements pertaining to their jobs (i.e., I am being paid for a job I enjoy doing; This job gives me more satisfaction than jobs I have had in the past, etc.).

Four program aspects proved to have some relationship with Job Satisfaction: Self Determination, Communication, Use of Volunteers and Knowledge of Impact.

The majority of staff members sampled reported medium to high levels of Self Determination in their jobs. Notably, when the data concerning Self Determination were analyzed in terms of their relationship with Job Satisfaction, a direct association was found. That is, those staff members who reported high levels of Self Determination also indicated more satisfaction with their jobs.

Another program aspect which may affect staff's exercise of self determination is the use of volunteers in the group home programs. Study findings indicated that one third of the staff members sampled had access to less than ten hours of volunteer assistance per week. When Use of Volunteers was analyzed regarding its relationship with Job Satisfaction, findings suggested that greater use of volunteers contributes to higher Job Satisfaction. It may be that the provision of an effective volunteer system in the group homes helps to free staff from various routine tasks and allows them more time to exercise discretion and become personally involved in treatment. Importantly, a moderately low use of volunteers (i.e., eleven to seventeen hours per week) seemed to have more detrimental effects on Job Satisfaction than little or no use (i.e., ten or less hours per week). It may be that token attempts at a volunteer system constitute more of a burden than a help to staff, in that they are required to coordinate and direct volunteer activities, but get little in return. This implies that, in order to be of true assistance and to be worthwhile, group home volunteer systems must be well organized and fairly extensive, i.e., at least twenty hours of volunteer hours per week should be considered.

The majority of group home personnel sampled reported high levels of communication between one another and with administrators. When analyzed in relation to Job Satisfaction, Communication was found to be

directly associated with Job Satisfaction. Staff who reported higher levels of communication in terms of being informed of developments and having channels of communication available were more satisfied with their jobs.

One area of communication which was studied involved whether or not staff was provided feedback as to progress and impact they were having on the youth. The majority reported having moderate knowledge of their impact on the residents. When Knowledge of Impact was analyzed in terms of its relationship with Job Satisfaction, only those staff who reported extensive Knowledge of Impact were found to be highly satisfied with their jobs. Those who reported moderate to high Knowledge of Impact were not any more satisfied than those who reported little knowledge. This suggests that increased staff knowledge of success or failure of the youth with whom they are working may not necessarily lead to greater Job Satisfaction. In order for Knowledge of Impact to positively affect Job Satisfaction, it must be very extensive, and not provided to merely a moderate or high extent. Only the most extensive knowledge is related to high Job Satisfaction. As such the development of formalized procedures for channeling feedback to staff on the progress and success of youth after discharge might be considered as a way to improve opportunities for Job Satisfaction.

These findings support the idea that the provision for specific channels of communication is an important element of the group home management. Hence, group home managers may wish to increase the use of such vehicles as staff meetings, informative bulletins and opportunities for decision making. These techniques may result in higher levels of Job Satisfaction due to the increased communications they stimulate.

Staffing Pattern was analyzed and found not to be related to Job Satisfaction. Seventy percent of the staff work in homes using the Counseling Model and the remainder are in homes which rely on the House Parent approach. When comparisons for relationships between Staffing Pattern and Job Satisfaction were made,no important associations appeared. Based on these findings, it may be concluded that the utilization of the House Parent versus the Counseling Model makes no difference in terms of the Job Satisfaction of Staff.

Burn-Out

One of the concerns with regard to staff that was frequently mentioned by group home directors involved the phenomemon of Burn-Out. Burn-Out refers to the emotional wearing down of staff due to the high levels of commitment required in the type of work and the demands on their personal lives. Most directors agreed that their staff personnel cannot afford to

make strong emotional investments in the successful adjustment of all residents. To gather information in this area, staff were requested to provide the extent of their agreement with a series of questionnaire statements pertaining to their jobs (i.e., The longer I am in this job, the more often I feel emotionally drained at the end of the working day; The longer I am in this job, the more pressure there is to neglect my personal life, etc.). 1/

Only one aspect of the working environment proved related to Burn-Out. Most staff reported working an average of over forty hours per week; it was found that as staff-reported hours increased, the Burn-Out levels increased. The average weekly hours may reflect the amount of time that staff are expected to be "on call", supportive and responsive to the problems of residents.

Interestingly, salary levels were not related to Burn-Out; high salaried staff were as likely as low salaried staff to indicate Burn-Out. Also, Staffing Pattern was not associated with the problem; Burn-Out levels were comparable in Counselor and House Parent staffed programs.

As noted above, the bulk of the findings were generated in the project's first year. Part II of this report, to follow, provides information concerning the overall process of validation, revision and refinement of instruments for the evaluation system.

1/ Burn-Out items were developed by International Training, Research and Evaluation Council with reference to the conceptual work of Freudenberger (1975; 1977) and Maslach (1976).

Part II

DEVELOPMENT OF AN ONGOING EVALUATION SYSTEM

Section IV

INTRODUCTION TO THE SECOND YEAR

Establishing an ongoing evaluation system for any service program is a complex and lengthy process. In a program offering services as diverse as that comprised of JSA's group homes, it was an even greater challenge. The goal in this effort was to assess all aspects of the program, which required information from administrators and staff as well as from residents.

The two basic tasks facing the researchers during the two years of this project were to develop instruments for collecting the necessary data and to establish the fact that they were valid and reliable.

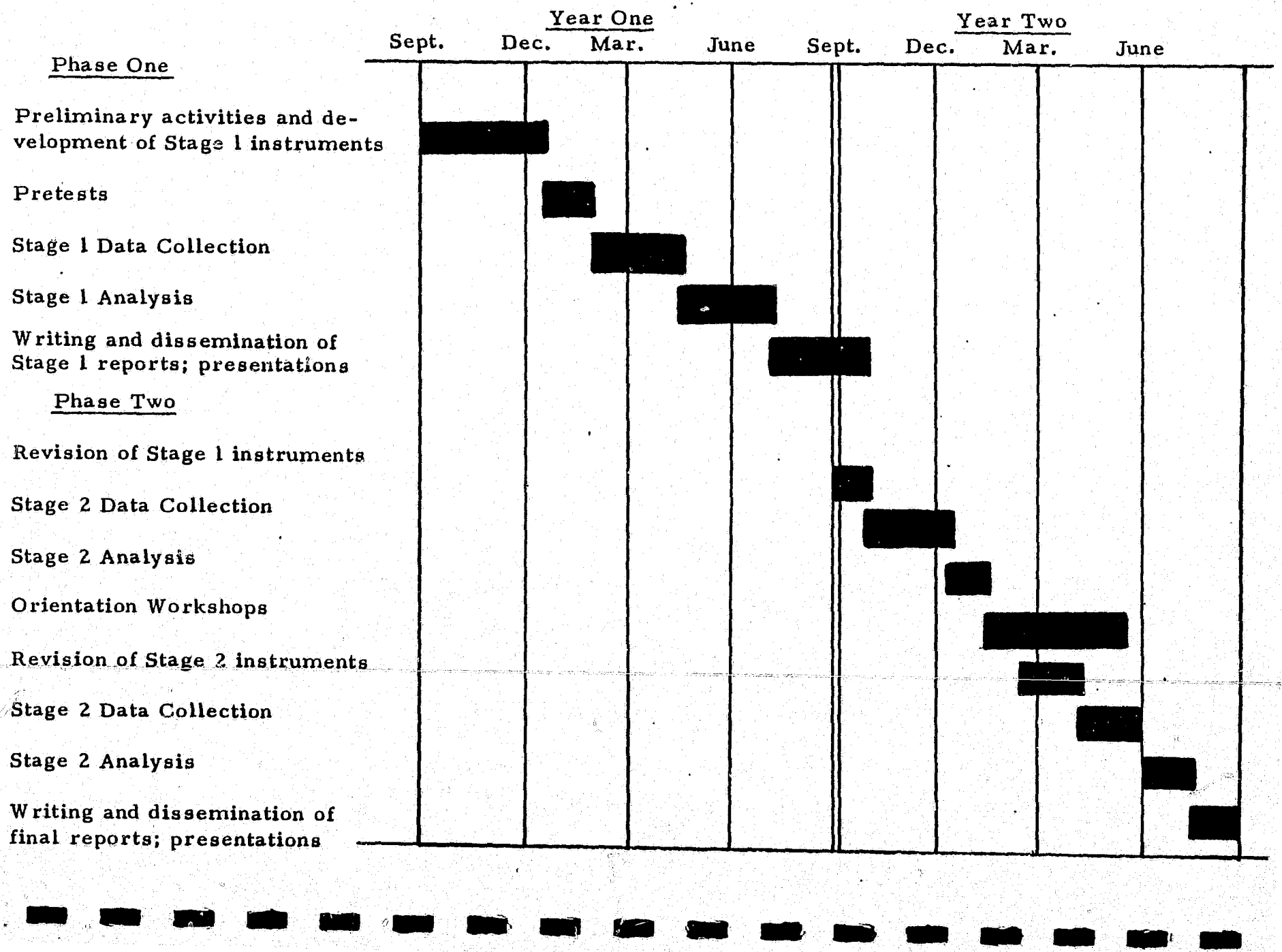
Part I outlined the manner in which the instruments were developed, pretested and administered during the first year of the project and what findings resulted. Part II of the report deals primarily with determining the reliability and validity of these instruments. The reliability of a test refers to the consistency of scores obtained by the same individuals on different occasions or with different sets of equivalent items. Validity refers to the degree to which the test actually measures what it is intended to measure.

Establishing reliability and validity was vital to the decision-making process which led to the final battery of evaluation instruments and data collection procedures. As was the case in project year one, the JSA project director and coordinator, and ITREC staff worked together closely on all phases of the second year. This cooperative working relationship insured results which are policy relevant and methodologically sound and which can be useful to:

- JSA Administrators;
- MERF Team members;
- Research staff; and,
- Community-based treatment program operators.

Data used to make these decisions were collected at three time periods, the spring of project year one (1977), the fall of project year two (1977), and the spring of project year two (1978). For comparative purposes, we refer to each of these data collection periods as Validation Stages 1, 2 and 3 respectively. Chart 2-1 presents an overview of project activities.

Chart 2-1
Overview of Project Activities



Recognizing that "validity is a matter of degree, rather than an all-or-none process" (Nunnally and Durham, 1975: 290), several factors were considered in selecting the items to be included in the system. First, outcomes, measures of the goals or objectives of group home programs, were examined in terms of construct validity across validation stages. Construct validity means that several items relating to the same general type of behavior are correlated and can be used to form a valid measure of the behavior. Items were selected for final outcome measures if they appeared in factors measuring the same underlying phenomenon in two validation stages. Factor analysis was used to produce these clusters of items.

Second, content validity was a concern with respect to both outcome and environmental measures (measures of various elements of the treatment and working environments). Content validity is established by determining how well the items describe the subject matter that one is attempting to measure. This was accomplished through successive reviews of items by JSA research and program staff and ITREC staff and advisors.

Face validity was a third consideration with regard to all measures. This refers to the extent to which respondents can see that items are measuring what is intended. Assurances of this type of validity were obtained through site visits, pre-tests, the actual data generation, the orientation workshops and numerous informal reviews by group home staffs.

Fourth, alpha reliability coefficients were generated to determine the internal consistency of measures developed. 1/

With regard to selecting environmental measures, factor analysis was used to identify potentially important elements of the treatment environment. For example, in Stage 1, the three items with which residents indicated the extent to which they felt "bossed around" by staff, had seen staff persons get angry, and had had staff refuse to listen to their reasons for irresponsible behavior, formed a factor. This indicated that residents who responded in a certain way to one of these items tended to respond the same way to the other two. Hence, an element of the treatment environment relating to staff tone of authority was identified.

The elements of the treatment and working environments identified in the three validation stages were subjected to multiple classification

1/ Alpha is based on the magnitude of intercorrelations among items in a measure as well as the total number of items in a measure.

analysis to obtain some indication of their importance in relating to scores on outcome measures. 1/

This is seen as a significant departure from the work of Moos (1975) who, by developing standardized scales for measuring various treatment environments, assumed the dimensions of the environment to be static, as well as important with respect to treatment objectives. The ongoing use of factor analysis in JSA's evaluation system presupposes the treatment and working environments to be dynamic, and the use of multiple classification analysis is a check on the importance of measuring the various environmental elements.

Section V describes the process of developing final measures for the evaluation system, and Section VI presents a discussion of orientation workshops which included staff from 33 community-based treatment organizations located in Maryland, Pennsylvania, Virginia, and West Virginia. Section VII presents an overview of highlights and limitations of the project, as well as a discussion of plans for implementation and maintenance of the evaluation system.

1/ Multiple classification analysis is equivalent to multiple regression using dummy variables. It provides evidence of relationships between environmental measures and outcome measures while adjusting for the effects of other measures.

Section V

OVERVIEW OF THE DEVELOPMENT OF JSA's EVALUATION SYSTEM

INTRODUCTION

Establishing the reliability and validity of the instruments to be used in the evaluation system was complicated by a number of practical considerations. Some of these included the need for brevity and for simplification and clarification of the instruments and procedures for use on an ongoing basis.

The first major activity of the project's second year involved revising the Stage 1 instruments and modifying related procedures of collecting data from residents, staff and group home directors. This activity continued throughout the year as additional information from each data collection stage influenced final decisions.

The Administrative Questionnaire was revised, based on the experience of the first year and on input from the MERF team regarding duplication of information already obtained through standard monitoring procedures and additional information that may be useful to include. Upon actual implementation of the system, this questionnaire, designed to complement MERF activities, will be returned to the JSA central office prior to the monitoring or licensing visit. This will allow MERF members to peruse the information provided and identify particular areas of concern.

Resident and staff instruments administered during the first year were revised repeatedly during the second year and most of this section will be devoted to describing this process. The procedures for administering the instruments required streamlining, especially in the case of the resident inventories. During Stage 1, three people formed the research team and it was possible to administer two parts of the resident inventory individually; one by means of a personal interview and the other with the use of a taped questionnaire in individual settings with a researcher present to explain unclear items. On an ongoing basis, sufficient personnel will not be available for such a procedure and all parts of the inventory must be administered by means of a recording in a supervised small group setting. This latter procedure was used during the second year of the project and while other testing procedures were carefully maintained, this change was certain to affect reliability and validity to some extent.

The necessity of shortening the instruments also had its impact on their reliability. Theoretically, "the primary way to make tests more reliable is to make them longer" (Nunnally, 1967:223). On the other hand,

the attention span of the youth and the availability of testing time in the schedule of the group home (between the residents' return from school and the often early dinner hour) had to be considered. The time of day was another factor; the youth may be fatigued at the end of a school day and possibly hungry. These factors were overriding and therefore, the instruments were reduced in length in order to retain "optimum effective attention spans".

Much research effort was devoted during the second year to clarifying items and making them easy to answer. There are always problems with self response inventories, although "in most cases, such inventories apparently are more valid than the measures provided by other approaches" (Nunnally, 1967:483). The tendency for subjects to respond in terms of socially desirable answers had to be dealt with. Situational factors were mentioned in the preceding paragraph, response sets may also be present but the biggest obstacle is that "such inventories are beset with severe semantic problems, which occur both in communicating the meaning of items to subjects and in communicating the results of studies to researchers. This type of problem can be illustrated with the following item: 'Do you usually lead the discussion in group situations?' First, the individual must decide what is meant by 'group situations.' Does this pertain to family settings as well as to groups found outside the home? Does it pertain only to formal groups, such as clubs and business groups, or does it also apply to informal group situations? Second, the subject must decide what is meant by 'lead.' Does this mean to speak the most, make the best points, or to have the last say. Third, the subject must decide what is meant by 'usually.' Does that mean nearly all the time, most of the time, or at least half the time" (Nunnally, 1967:481).

This is true of both staff and resident inventories. Staff of most homes assisted in helping to clarify items and response categories during the orientation visits which will be described in Section VI. It was more difficult to obtain resident input but in addition to observation of resident reactions in the testing sessions, responses were reviewed in an effort to augment subjective judgement in item revision. Considerable time was devoted to item writing since "a good test is one composed of well written items" (Westman, 1976:81). Westman further states, "Those who have not tried to write objective test items to meet exacting standards of quality sometimes fail to appreciate how difficult a task it is. The amount of time that competent persons devote to the task provides one indication of its difficulty."

Finding the most appropriate response categories was also difficult and several types of multiple point items were experimented with as well as simple true/false responses. Agreement was not always

universal among the researchers or among staff who were asked to comment but the resulting instruments profited by the efforts to arrive at clarification.

While changes made in the instruments and procedures along the way made the establishment of reliability and validity more difficult, it was a necessary process. "Measurement error is reduced by writing items clearly, making test instructions easily understood, and adhering closely to the prescribed conditions for administering an instrument" (Nunnally and Durham, 1975:289).

The three original resident inventories containing 188 items were reduced to one instrument composed of 95 items. Staff questionnaires were similarly reduced.

RESIDENT EVALUATION FRAMEWORK

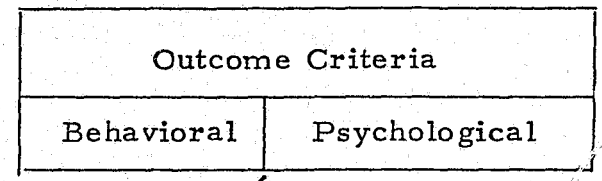
Chart 2-2 presents an overview of the evaluation system, as related specifically to residents of community based residential programs. It illustrates that the treatment environment leads to achievement of the desired outcomes through its effects on the residents. This structure takes into account the fact that certain treatment elements may affect youth differently depending on their age, sex, race, and other characterisitics and that these resident characteristics are important variables influencing the achievement of program objectives or outcomes. Within this framework, three sets of components of the treatment environment (i. e., program components, staff components and organizational components) are viewed as impacting on behavioral and psychological outcome criteria. Resident characteristics such as the above mentioned age, sex, race, etc., however, can greatly influence these associations between components of the environment and the outcome criteria. The development of the evaluation system is discussed in terms of this framework.

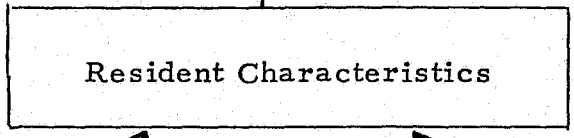
Chart 2-3 is an overview of the development of measures at each validation stage. Details concerning the process of validation in the three stages summarized above are presented in the Group Home Evaluation System Development Project: Final Report. Some items were added to the final core items which are those emerging from Stages 1, 2 and 3 and included in final instruments.

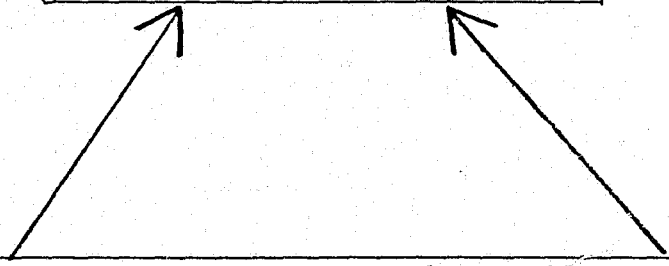
Outcome Criteria: Behavioral and Psychological

This aspect of the system reflects the objectives or goals of treatment programs. Whereas the treatment environment is subject to ongoing modification as new treatment techniques are applied, program goals

Chart 2-2: Framework for Resident Section of the Evaluation System







Treatment Environment for Residents		
Program Components	Staff Components	Organizational Components
Staff/Resident Relationship Behavioral Techniques Treatment Atmospheres Resident Role	Staff Composition Treatment Orientation Disparity	Internal External

Chart 2-3
Overview of Validation Process: Development of Measures

	Resident Evaluation Framework			
	Stage 1	Stage 2	Stage 3	Core Content of Final Instruments
Outcome Measures	Responsible Behavior Rebellious Group Home Behavior Rebellious Community Behavior Self Respect Two-Way Communication Goal Orientation* Submissiveness* Value of Education* (Intrinsic & Extrinsic)	Responsible Behavior Rebellious Group Home Behavior Rebellious Community Behavior Self Respect Two-Way Communication	Responsible Behavior Rebellious Behavior Independence Future Orientation Communication	Responsible Behavior Rebellious Group Home Behavior Rebellious Community Behavior Self Reliance** Self Confidence in Communication**
Environmental Measures	Staff Concern Staff Authority Positive Reinforcements (Staff Reported) Negative Sanctions (Staff Reported) Leadership Roles Manager Roles Cohesiveness of Residents Intensity of Meetings Contentment with Home Environment Decision-Making Power	Staff Concern Staff Authority Positive Reinforcements (Staff Reported) Negative Sanctions (Staff Reported) Involvement Expressiveness Manager Roles Staff Order Spirit Rule Clarity Decision-Making Time Decision-Making Other Areas	Staff Concern Staff/Resident Trust Positive Reinforcements (Resident Reported) Negative Sanctions (Resident Reported) Custodial Atmosphere Structure Friends Program Planning	Staff Concern Staff Authority Staff/Resident Trust Positive Reinforcements (Staff & Resident Reported) Negative Sanctions (Staff & Resident Reported) Involvement Expressiveness Aversive Atmosphere

* These outcomes were eliminated from consideration in the analysis at that time as a result of policy decision.

** These outcomes were developed from items included in Independence, Future Orientation, & Communication in Stage 3.

and objectives are expected to remain relatively stable over time. Hence, items were selected on the basis of their consistency of contribution to outcome measures across validation stages.

During the first year of the project, several behavioral and psychological outcome measures were generated. They were:

- Responsible Behavior;
- Rebellious Group Home Behavior;
- Rebellious Behavior in the Community;
- Two-Way Communication;
- Self Respect;
- Extrinsic Value of Education;
- Intrinsic Value of Education;
- Future Confidence; and,
- Submissiveness.

In order to insure manageability, JSA staff members selected five from this list for further analysis, as they appeared at that time to be most policy relevant. They were: Responsible Behavior, Rebellious Group Home Behavior, Self Respect, Two-Way Communication, and Extrinsic Value of Education. Initial analysis with the Extrinsic Value of Education revealed that the skewness of that measure severely limited the scope of potential explanation and this outcome measure was excluded from further analysis. 1/ Elements of the environments of treatment programs which seem to be related to these outcomes were then uncovered by analytical procedures.

Two of the outcome measures to be considered at Stage 1 were behavioral and two were psychological. Since these types of measures reacted differently across validation stages, with behavioral measures remaining more stable over time, the two types of outcomes will be discussed separately.

Behavioral Outcome Measures. In Stages 1 and 2, the behavioral outcome measures, Responsible Behavior, Rebellious Group Home Behavior and Rebellious Community Behavior, emerged with largely the same factor structures. In Stage 3, additional items purporting to measure these types of behavior were added but the factor structure changed. It was felt that this change could have been caused by a change in response alternatives from never/once or twice/several times/many times to not at all like me/a little like me/quite a bit like me/very much like me. In

1/ Skewness refers to the extent to which responses are disproportionately distributed in one direction or another.

retrospect, the former alternatives (a frequency of occurrence scale) seem to be more applicable to the behavioral items. For instance, a youth might respond that it is "like me" to skip school, although he has not done it because he has not had the opportunity. For this reason, the final decision as to which behavioral items to include in the system was based on consistency or construct validity in Stages 1 and 2.

Responsible Behavior is an important outcome to be included in the system because many of the prominent treatment modalities in group homes are directed primarily at stimulating this type of behavior (Reality Therapy, Behavior Mod., etc.). In some programs, the focus is on promoting responsible types of behavior almost to the exclusion of eliminating negative behaviors. It is generally accepted that youths who exhibit these types of behavior will be more adjusted to school and the community.

Rebellious Group Home Behavior is considered important to measure in the ongoing system because it constitutes an immediate response to the treatment environment. Residents' failure to adjust to group home living is seen as an indicator of potential problems in adjusting to the community. Rebellious Community Behavior is considered important as it includes activities reflecting traditional delinquency, the elimination of which is a primary goal of group home programs.

The items composing these measures are listed below:

Responsible Behavior

In the past two or three months, how often have you:

Done a job without being asked or told?
Helped someone with schoolwork?
Talked someone out of doing something dangerous or illegal?
Helped someone complete a job or solve a problem?
Reported a kid for doing something seriously wrong?
Talked someone out of running away from the group home?
Talked freely about your problems in the home?
Been the leader of a group activity?
Tried to break up a fight in the home?
Done extra school work?

Rebellious Group Home Behavior

In the past two or three months, how often have you:

Had a fist-fight with someone in the home?
Talked back to staff?
Bullied or threatened other kids in the home?
Ridiculed or made fun of other kids in the home?
Kept on talking after you were supposed to be quiet in the home?
Stopped working on a chore when you thought you wouldn't be caught?
Failed to do assigned chores?
Damaged furniture or other group home property?

Rebellious Community Behavior

In the past two or three months, how often have you:

Shoplifted?
Swiped something from another kid?
Skipped school?
Been suspended from school?
Cheated on a test at school?
Had a fist-fight with someone in the community?
Damaged or destroyed property in the community?

Psychological Outcome Measures. A different criterion was used in selecting "Self Reliance" and "Self Confidence in Communicating" as the final psychological outcome measures. Stages 1 and 2 did not provide an adequate base for decisions on final measures since the psychological outcomes developed in the first year, Self Respect and Two-Way Communication, were not replicated in Stage 2. This may have been due to the use of True/False response alternatives with these items, since such dichotomous response scales are less likely than scales with multiple alternatives to produce successful factor analyses. Regardless, Stage 3 was a fresh start with a return to several of the outcome measures which were established in Stage 1 but not chosen for further analysis at that time. Two of them were renamed: Goal Orientation became Future Orientation for purposes of clarification, and Submissiveness was reversed to become Independence, a more positive approach. The response alternatives were not at all like me/a little like me/quite a bit like me/very much like me.

Independence was considered important to measure since one of the problems that group homes frequently have to deal with is that residents are easily influenced by peers and led into undesirable behaviors. Hence, an important objective is to develop a sense of self reliance and independence

among youth. Correspondingly, most group home programs have as a major objective the development of a "future orientation" among youth. That is, it is felt that youth should be making general plans for leaving the group home, that the future should not be faced with a sense of hopelessness and despair and that youth should not be strictly present-oriented.

It was also considered important to measure communication as an outcome even though the earlier psychological outcome of Two-Way Communication was not replicated in Stage 2. The principal means of problem solving in group homes is communication among and between residents and staff; it is important for residents to perceive that communication is a vehicle that they can use in general to solve many problems. Stimulating self confidence in communicating is a major goal of many group home programs.

Factor analysis established that the Independence items and Future Orientation items were measuring largely the same thing, constituting present and future dimensions of Self Reliance. Hence, two measures, Self Reliance and Self Confidence in Communicating, were created. These were included in the developing system based on their construct validity and satisfactory reliabilities in Stage 3, as well as content validity. These two psychological measures were found to be correlated, and could have been "boiled down" to one measure. However, this would have provided a general index of adjustment, whereas more specific outcome measures allow group home operators to tailor their treatment environments to impact on objectives of specific concern to them. For example, a group home operator may be specifically interested in improving communication skills of his residents and would find results pertaining specifically to that area more useful than those pertaining to general psychological adjustment. Cronbach (1971:469) supports this decision, maintaining that even though two constructs are correlated, one may want to separate them according to their utility for different purposes.

A third psychological outcome factor was developed in Stage 3 from items which were added to the questionnaire in the hopes that they would contribute to the Responsible Behavior outcome measure. However, these items proved to be independent, and unlike the original Responsible Behavior items, seemed to be appropriately matched with the alternatives of not at all like me/a little like me/quite a bit like me/very much like me. Hence, a measure called Dependability was retained in the system. Items included in the final psychological outcomes are as follows:

Dependability

I take good care of my own and others' property.
I am an honest person.
I have trouble getting places on time.
I can be trusted to do what I say I will do.
I stick to a job or task until I finish it.
I go ahead to the next job or assignment without needing to be told.
I get started on my regular job or assignment without needing to be told.
I get my work on the job or in school done on time.
I get things done; I do a lot of work in a given time.

Self Reliance

Other people can talk me into things. I tend to go along with what they say.
I have too many problems right now to think about what I'll be doing when I leave the home.
With things going the way they are, it's pretty hard to keep up hoping to amount to anything.
I will cheat on a test when everyone else does.
It's very hard for me to go against what the crowd is doing.
I like to think about what will happen when I leave the home.
There's no point in making plans for the future because I wouldn't follow them anyway.
I get talked into doing things that I should not do.
Most of the time it doesn't pay to try hard because things don't turn out right anyway.
I can make up my own mind and stick to it.

Self Confidence in Communicating

I am afraid of saying the wrong things when I talk to adults.
I would be afraid to talk in front of a group of people.
I'm nervous when I talk to people.
I don't know what to say when I first meet someone.
I don't know what to say when I disagree with other people.
I won't express my opinion in a group if I think others will disagree with me.
I'm too shy and self-conscious.
It is hard for me to win arguments.
People have difficulty understanding what I say because I mumble, get mixed up, or don't talk clearly.
When I am talking with someone, I am able to look them directly in the eyes.

Resident Characteristics

This category of data elements in the evaluation system involves resident characteristics. These data elements concern background and personal information regarding residents, such as Age, Race, Sex, and Length of Stay in the Program. This information is provided by staff on the Staff/Youth Specific Questionnaire. These data elements are important to include in the evaluation system not only for descriptive purposes but to examine their influence on relationships between environmental measures and outcome criteria.

Resident Treatment Environment

As shown in the framework for the resident section of the evaluation system, the components of the treatment environment are viewed as the stimuli which impact on the residents, affecting scores on the outcome criteria. Environmental measures were compared on the same dimensions as outcomes and repetition of this procedure on an ongoing basis, adding items as programs change will provide the system with a degree of flexibility in measuring components of the treatment programs. Treatment environments are considerably less consistent across programs and across time than are the objectives of the programs.

Three sets of components are representative of the shifting internal dynamics of group home treatment. As can be seen in Chart 2-2, they are Program Components, Staff Components, and Organizational Components and were selected on the basis of results in the three validation stages. Chart 2-3 shows their development over the various stages.

Program Components. This set of components is made up of data elements relative to the dimensions of staff/resident relationships, reward/sanction system, treatment atmosphere and resident roles. The primary factor used to select the elements of each dimension was evidence of importance in associating with the outcome criteria. Chart 2-4 presents the items included in the evaluation system which will measure Program Components.

Staff Components. The second set of components of the treatment environment consists of data elements which are based upon information provided by staff concerning themselves, rather than the residents. Such measures were originally created by calculating for each facility the average staff response to particular items and assigning the resulting score to each resident in the corresponding facilities. Staff composition and Treatment Orientation Disparity are the two dimensions of these

Chart 2-4

Items Included in Resident Program Components

Dimension	Data Element	Items
Staff/Resident Relationships	Staff Concern	- I feel that staff care about me and what happens after I leave the group home. - There is someone on the staff who is more like a good friend than a staff person. - Staff notice and tell me when I've done a good job at something. - There is someone on the staff I can go to when I have a big problem.
	Staff/Resident Trust	- For the most part, the staff here trust me. - For the most part, I trust the staff here. - The staff are open and honest in what they tell me and in answering my questions. - The staff listens to my reasons for negative behavior.
	Staff Authority	- I often feel like staff members are bossing me around. - I have often seen a staff member lose his/her temper when a resident has done something wrong.
Reward/Sanction System	Positive Reinforcement	- Received cash for good behavior. - Received store items for good behavior. - Been allowed to attemd group outings for good behavior. - Been permitted later curfews for good behavior. - Been verbally praised for good behavior. - Been moved to a higher privilege status for good behavior.
	Negative Sanction	- Been restricted for negative behavior. - Had allowance reduced for negative behavior. - Been excluded from group outings for negative behavior. - Been given additional chores for negative behavior. - Been verbally scolded for negative behavior. - Been moved to a lower privilege status for negative behavior.

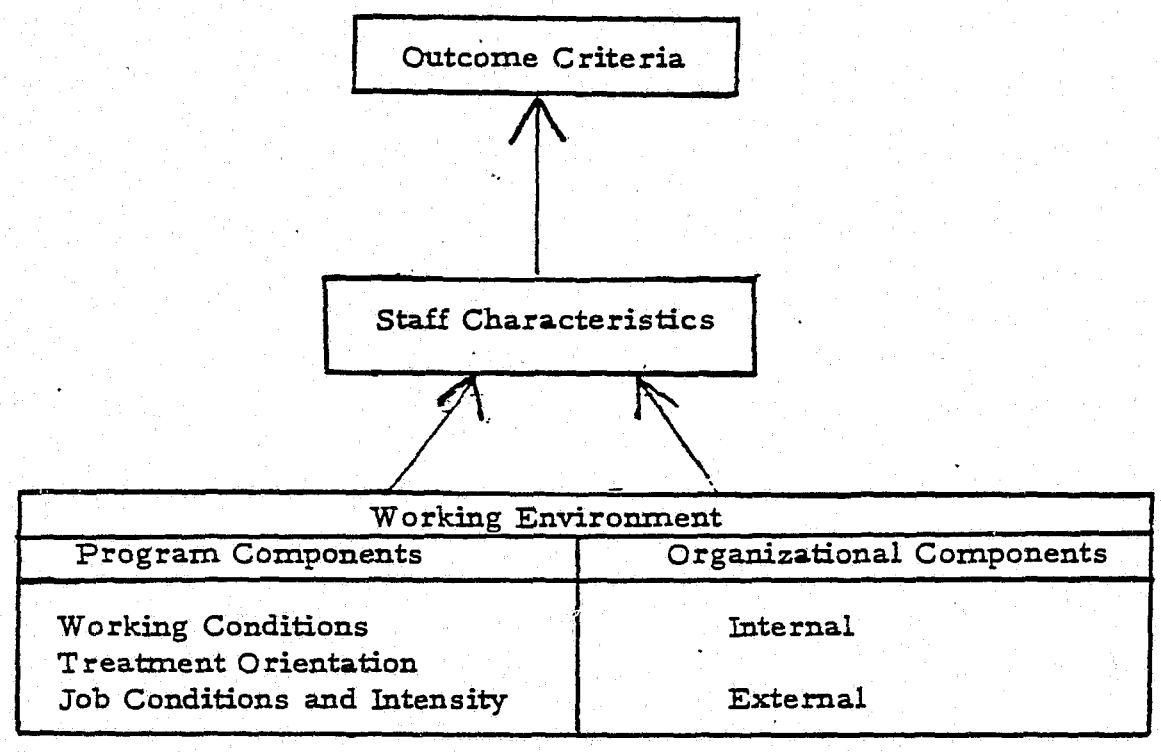
Dimension	Data Element	Items
Treatment Atmosphere **	Involvement	- Very few residents have any responsibility for the program here. - Residents are expected to take leadership here. - Residents can wear whatever they want here.
	Expressiveness	- Residents are encouraged to express themselves freely here. - Personal problems are talked about openly here. - Residents are encouraged to talk about their past. - Residents are encouraged to express their anger here.
	Aversive Atmosphere	- A lot of residents just seem to be passing time here. - Residents often cut down or joke about the staff. - I feel like I am in a regular home and family.
	Program Planning *	- Residents are expected to make plans for the future. - There is a lot of discussion about what residents will be doing when they leave the home. - Staff here think it's important to make plans for leaving the home.
Resident Roles		- Have you acted like a big brother/sister to new kids coming into the program? - Have you cooked a meal or washed the dishes in the home? - Have you been in charge of a group meeting? - Have you done some of the cleaning in the home? - Have you repaired anything in the home? - Have you helped plan outside activities for all the kids in the home?
	Friends *	- I play on teams or belong to clubs outside the home. - For the most part, I feel I can trust the kids in the home. - I often hang around with kids who live outside the home. - My best friends are the kids living in the home.

* Those measures were retained due to policy relevance and not evidence of association with outcomes.

** Items in this dimension were adapted from Moos (1974).

Chart 2-5

Framework for Staff Section of the Evaluation System



components. 1/ Selection was based on policy relevance and Stage 1 results.

Organizational Components. The third set of components of the treatment environment consists of information provided by program administrators regarding various internal and external organizational elements. This information concerning policies and structure of the organization can be applied to individual residents for searching for relationships with resident outcomes. Selection was based on policy relevance and Stage 1 results.

STAFF EVALUATION FRAMEWORK

Although providing appropriate care to residents was the primary focus of the evaluation system's development, the concerns of staff working in the group homes were given high priority. Hence, a separate evaluation framework, outlined in Chart 2-5, was developed in the three validation stages. As depicted in the chart, two sets of components of the staff working environment, program components and organization components, are viewed as impacting on certain outcome criteria, while associations are influenced by staff characteristics. Each category on the chart is discussed in terms of specific content below.

Outcome Criteria: Job Satisfaction and Burn-Out

This aspect of the system contains two objectives identified by program personnel as important concerns of group home staff; Job Satisfaction and Burn-Out. Items were selected on the basis of consistency of contribution to outcome measures across Validation Stages 1 and 2. 2/ Chart 2-6 presents an overview of the validation process.

Job Satisfaction. Job satisfaction was considered important to measure because it is an immediate concern of any employee as well as an administrative concern in terms of the effective and efficient functioning of group home organizations. Items measuring this area of concern are as follows:

I am doing work that I enjoy.
I don't mind working more hours than expected of me.
This job gives me more satisfaction than others I have had.
I would recommend this job to a friend with the same interest and education as mine.
If I were starting over in my working career, I would lean toward taking the same type of job as I have now.
I would like to find a different type of job.

1/ See Part I, Section III for details regarding Treatment Orientation Disparity Scores.

2/ Due to the limited number of staff participating in Stage 3, analyses in that stage was limited to identifying additional items with potential to contribute to measures, through correlational analyses.

When I wake up in the morning, I often feel reluctant to go to work.
I would not hesitate to leave this job for a substantial increase in salary in a different type of work.
I feel like walking out on this job for good.
When I am at work, I usually wish I were somewhere else.
This job is rewarding in many ways other than financial.
This job contributes to my self esteem.
When I'm working, I feel like taking a rest or coffee break more often than I should.
When I have some time off, I look forward to getting back to work.
This job is better than many because it provides an opportunity to help others.

Burn-Out. Burn-Out was considered important to measure because group home administrators identified this phenomenon as a possible inhibitor of the effectiveness of group home staff and a factor in the high staff turnover rates which are prevalent among the group homes. Burn-Out refers to the emotional wearing down of staff due to the high levels of personal investment and commitment required in the job. Burn-Out is viewed as a stage in which one's personal life becomes entangled with the working environment. The eventual withdrawal that this may precipitate is seen as a serious threat to staff members' effectiveness.

Items measuring the outcome reflecting this area of concern to group home administrators and staff are:

This job requires too much personal investment.
This job is emotionally draining.
This job causes me to neglect my personal life.
This job requires too much personal and emotional commitment.
Providing understanding to a number of troubled youth is certainly a monumental task.
I have to "psych myself up" to face the pressures in this job.
You can't leave this job behind you when the work day is over.
You have to put a lot of your feelings and hopes on the line in this job.
The stress from this job affects my relationships outside the job.

Chart 2-6
Development of Staff Measures

Stage 1	Stage 2	Stage 3*	Core Content of Final Instruments
Job Satisfaction/ Burn-Out	Job Satisfaction/ Burn-Out		Job Satisfaction/ Burn-Out
Communication	Communication	Availability of Relief	Communication
Self-Determination	Self-Determination	Potential for Advancement	Self-Determination
Knowledge of Impact	Knowledge of Impact	Staff/Administration Relationships	Knowledge of Impact
Personal Relationships	Organizational Control		Resident & Support Orientation
Encouragement of Cohesiveness	Organizational Impediments		Resident Deviance Orientation
Encouragement of Confrontation	Resident Support Orientation		
Career Relationship	Resident Deviance Orientation		
Administrative Decision-Making			
Program Decision-Making			

* Small sample size in Stage 3 limited to the extent of analysis of staff data.

You have to find some forms of "escape" from this job, even while you are working.

I have sometimes felt physical effects from this job, such as headaches, backpains, or insomnia.

Sometimes I want to get as far away as possible from children and child-related activities.

On this job, you sometimes have to laugh at things that are not really funny, just to preserve your sanity.

When I'm not working, I often find myself thinking about particular residents or incidents at work.

I don't talk about things that happened at work to my friends and associates outside the job.

Staff Characteristics

This category of data elements in the staff section of the evaluation system concerns staff background and personal characteristics, such as Age, Education and Position in the Program, which are provided by the staff members. These characteristics may influence relationships between the above discussed outcome criteria and the elements of the working environment to be discussed below.

Staff Working Environment

As depicted in Chart 2-5, the components of the working environment are viewed as the stimuli which impact on staff, affecting scores on Job Satisfaction and Burn-Out. Two sets of these components are included in the evaluation system. Program components are representative of the internal dynamics associated with working in a group home; organizational components are more stable.

Program Components. This set of components is made up of data elements relative to the dimensions of Working Conditions, Treatment Orientation and Job Conditions and Intensity. The primary factor used in selecting elements of each dimension was evidence of importance in associating with outcome criteria in Stages 1 and 2. The items included in the evaluation system which will measure program components are shown in Chart 2-7.

Organization Components. As in the Resident Framework, this category consists of information generated from program administrators which can be applied to individual staff members. One dimension has data elements which are internal to the program effort such as use of volunteers; the other has external data elements such as contacts with public school teachers.

Chart 2-7

Items Included in Staff Program Components

Dimension	Data Element	Item
Working Conditions	Communication	- There is an effort made in this home to get full and accurate information on staff problems. - Staff at all levels are informed about what is going on. - This home provides channels of communication between and among staff and administrators. - Open communication is encouraged in this home. - Information is easily obtained from other staff members.
	Self Determination	- I set my own work goals. - I have the discretion to specify goals for the residents to achieve. - I can decide what I will be working at, at any particular time. - I can determine the procedures for getting the work done. - I can schedule my own work day.
	Knowledge of Impact	- By the time a youth leaves the home, I know if I have had a successful impact on him/her or not. - I always receive feedback about youths who have been discharged from the program. - I can always find reliable indicators of the progress of the youths with whom I work. - I am never really certain when I am having an impact on a youth.
	Availability of Training	- This home provides training in interpersonal skills. - This home provides training in specific treatment techniques. - Staff in this home are encouraged to further their educations. - Staff here are not given the opportunity to get special training to help them do their jobs.
	Availability of Relief	- This home provides opportunities for front-line staff to do work other than working directly with residents. - This home provides a variety of job tasks for each worker. - Staff in this home share responsibilities.

Chart 2-7 (Cont.)

Dimension	Data Element	Item
Working Conditions	Potential for Advancement	- This home provides opportunities for staff advancement. - This is more or less a "dead end" job. - This home rewards good work with more responsible positions.
	Staff/Administration Relationship	- Administrative policies of the home make it difficult for staff to get their jobs done. - Administrators and staff frequently have conflicting goals and objectives. - This home enforces staff rules and regulations.
Treatment Orientation	Resident Support Orientation	- I always notice and praise residents for responsible behavior. - I attempt to give residents a sense of being in a family environment. - I attempt to set up conditions which allow residents to feel a sense of accomplishment. - I am completely honest with residents in everyday interaction.
	Resident Deviance Orientation	- I use a tone of authority in communicating with residents in everyday transactions. - I lose my temper as a result of the irresponsible behavior of residents. - I encourage residents to talk about their past deviance.
	Additional Items	- I refuse to listen to residents' excuses for irresponsible behavior. - I encourage residents to come to me anytime they have a problem. - For the most part, I trust the residents here. - I assure residents that I care about them and what happens to them when they leave the group home. - I attempt to be a personal friend to the residents. - I consciously act as a role model for residents.

Section VI

ORIENTATION WORKSHOPS

INTRODUCTION

One of the primary activities of the second year involved orientation workshops for staff of each of the group homes that will be participating in the ongoing evaluation system. While the workshops contributed to the data collection process, they are discussed separately because they are felt to be essential to the successful implementation of the project.

In Section I of Part I, it was emphasized that "users' awareness and understanding of the evaluation methods and procedures is viewed as an important factor in the development of the evaluation system. It is assumed that users' basic understanding of how the system functions is associated with the commitment to the maintenance and use of its results." It was further pointed out that "Havelock (1973) has found that the relationship between resource personnel, such as evaluators, and decision makers is one key factor regarding whether research findings are utilized." Other authorities have discussed this problem, and since this system is the first ongoing evaluation attempted by JSA, it was deemed of utmost importance to develop a spirit of cooperation between group home staff and JSA personnel responsible for the system's continuance.

Although the focus was on developing a productive relationship, the purpose of the workshops was three-fold. First, group home staff members at all levels were familiarized with project objectives and Stage 1 activities. The results of the Stage 1 analysis were presented as representative of the types of findings which could be provided vis-a-vis the ongoing evaluation system. Second, participating staff members provided valuable input regarding specific content of the Staff and Staff/Youth Specific Questionnaires. In addition to being of practical worth to the Research Team, this activity served to reinforce the foundations of collaboration and cooperation between JSA and the group home operators. Finally, group home staffs were informed of the ongoing procedures of the data collection system and the nature of involvement requested of them. The following pages describe the activities related to this aspect of the project.

PLANNING FOR THE WORKSHOPS

Development of the training workshops began on January 12, 1978. The initial activity was the revision of project instruments which would be reviewed by group home staff. Revisions to the Staff, Staff/Youth Specific and Resident instruments were based on feedback obtained during the Stage 2 data collection. Changes that were made concerned the rewording of specific items to clarify meaning; the basic structure of the instruments remained unchanged. The second activity involved the development of a handbook for use by ITREC and JSA staff during training. The purpose of the handbook was to assure consistency in terms of workshop presentations.

The handbook itself consisted of three major sections, the History of the Project, Summary of Project Year One Activities and Results, and Procedures for the Ongoing System. In addition, the various research instruments described above were included as an appendix to the handbook, along with forms used by the Research Team to record inputs offered during the workshops by group home staffs. Lastly, a Training Agenda was developed with estimated time periods for completing the orientation activities.

SUMMARY OF WORKSHOPS

Between February 16, 1978 and June 6, 1978, ITREC and JSA staff conducted workshops at all group home organizations having at least three JSA-referred youths. Table 2-1 lists 32 workshops which w4re conducted, as well as dates and numbers of participating staff.

Group Home Operators were contacted by JSA staff and requested to select a date and time when all or most of their staffs would be accessible for approximately two hours. In many organizations, the workshop coincided with the regularly scheduled staff meeting. The workshops were conducted by the JSA Project Coordinator, the ITREC Research Coordinator and either the ITREC Research Director or Project Manager. Importantly, all MERF team members assisted with at least one workshop. In this way, personnel from all areas who will be involved in the ongoing evaluation system were introduced to the procedures.

Table 2-1

Orientation Workshops

Date	No. of Staff	No. of Facilities	Organization	Stages Participated In
February 16	9	2	Boys' Group Homes, Baltimore, Md.	1
February 21	5	1	Girls' Group Home, Baltimore, Md.	1
February 21	5	1	Campfire Girls, Baltimore, Md.	1
February 22	5	1	Tri-County, Chaptico, Md.	1, 3
March 2	8	2	Bethel Home, Westminister, Md.	1, 3
March 9	8	3	Youth Sanctuary, Severna Park, Md.	1, 3
March 10	8	4	Boys and Girls Home of Montgomery County, Bethesda, Md.	1, 3
March 16	7	1	Kiva, Millersville, Md.	2
March 20	7	1	Oak Hill, Hagerstown, Md.	1, 3
March 21	7	3	Long Stretch, Frostburg, Md.	1
March 21	5	1	Cumberland Home, Cumberland, Md.	
March 22	6	1	* Renaissance House, Bowie, Md.	1
March 22	2	1	JMF Home, Laurel, Md.	
March 28	7	3	Family Homes, Cheverly, Md.	1, 3
March 28	4	1	Hoffman House, Gettysburg, Pa.	
March 31	6	2	Karma Academy, Rockville, Md.	1
April 4	10	1	New Dominion, New Dominion, Va.	
April 5	10	1	Cedar Ridge, Hagerstown, Md.	
April 5	10	1	YMCA-YDC, Baltimore, Md.	1
April 7	5	1	Boys' Town Home, Baltimore, Md.	1
April 25	4	1	Teen Challenge, Rehobeth, Md.	3
April 27	4	1	Beth Shur, Charlestown, West Va.	2, 3
May 1	4	2	Heritage Lane, Fallston, Md.	2, 3
May 8	10	1	FLOC Wilderness, Strasburg, Va.	2, 3
May 9	3	1	Jesuit Boys, Glenn Dale, Md.	2, 3
May 10	10	3	Bethany Home, Cordova, Md.	2, 3
May 11	3	1	Kent Youth, Chestertown, Md.	2, 3
May 17	6	3	Maple Shade, Pocomoke City, Md.	2, 3
May 23	3	1	Frederick County, Frederick, Md.	2, 3
May 31	6	1	Kinderheim, Upper Marlboro, Md.	2, 3
June 1	2	1	Boys' Home Society, Baltimore, Md.	2
June 6	5	1	Bowling Brook, Middlesburg, Md.	
	194	50		

* Both homes participated in one workshop.

Sessions commenced with a description of the project and an explanation of the purpose of the orientation workshops. Next, a summary of Phase One activities and results was presented, with group home staffs invited to comment and/or question. Staffs were then brought up to date on the second year's activities and/or how these activities continued the process of system development. At this point in the workshops, Staff and Staff/Youth Specific instruments were distributed and group home staff members were requested to fill them out, making note of items which seemed irrelevant, ambiguous, poorly worded, confusing or otherwise problematic. Subsequently, the questionnaires were reviewed and all staff participated in the discussions regarding specific problems with questionnaire content. Comments and suggested rewordings were recorded by the Research Team. These critiques served as the basis for an interim revision of the Staff and Staff/Youth Specific Questionnaires on March 10. These revised questionnaires were used in the remaining workshops. The workshops were concluded with an illustration of the types of items to which residents would be responding, and a description of the procedures to be followed in maintaining the eventual system.

It was considered of paramount importance that variations in responses to items correspond to actual variations in experience and orientation, and not be the result of different interpretations of the meaning of items. As indicative of the types of changes made to the instruments based on group home staff input, the following examples are offered.

One item in the Staff Questionnaire was originally stated as follows at the outset of Stage 2:

- Making an error in the performance of my tasks has serious consequences.

Numerous staff members pointed out that the item was vague in terms of the nature of "error" referred to as well as what "consequences" were involved. Based on workshop input the item was revised to read:

- Making an error in working with a resident can have serious consequences in terms of his/her adjustment.

This change clarifies the fact that the Research Team was not interested in such things as administrative errors and consequences. Further, it insured that the item was clearly focused on the Research Team's chief interest -- resident adjustment. Another Stage 2 item was read as follows prior to the workshops:

- In this job, I set my own work goals.

Staff questioned whether the item referred to salary goals, career goals, or goals pertaining to residents. As a result of the March 10 revision, the item was changed to:

- In this job, I set my own goals in working with the residents.

An item which proved particularly troublesome to workshop attendees was:

- How often have you attempted to develop personal relationships with residents?

Whereas some staff thought this denoted emotional involvement, others felt that the mere staff/resident relationship constituted a personal relationship. Following the March 10 revision, this item became:

- How often have you developed close personal relationships with residents?

Many staff saw this as inferring intimacy, which was not the intention of the research team. As a result, the item was rephrased as a statement:

- I attempt to be a personal friend to residents.

Considerable attention was also focused on the response alternatives provided for answering to the items. During Stage 1 and Stage 2, items in the Orientation Staff Questionnaire were to be answered with either "Not at all accurate," "Somewhat accurate," "Generally accurate," or "Very accurate." Many staff members found it difficult to distinguish between "somewhat" and "generally." Thus, on March 10, "Generally accurate" was eliminated, leaving three alternatives. It was later determined that the majority of staff preferred four alternatives, and some viewed "accuracy" as an all or nothing quality, not a matter of degree. In an effort to alleviate this dilemma, the Research Team experimented with the traditional "Strongly agree/Agree/Disagree/Strongly disagree" scale, which introduced new problems. In orientation workshops, participants did not feel these alternatives applied to the items which were phrased as statements of fact, not calling for agreement or disagreement. Also, they did not provide a middle range. From the Research Team's perspective, this was not necessary in that a neutral category was deemed inappropriate, as limited information is provided by such a response. A subsequent return to the fourpoint "accuracy" scale, with the substitution

of "Slightly accurate" for "Somewhat accurate" finally was judged by participants as acceptable.

The Research Team recognized that no one wording of an item or one set of alternatives would satisfy everyone. However, the process of revisions conducted in conjunction with the workshops was far from an exercise in futility. The team succeeded in obtaining input which unquestionably improved much of the questionnaire content and increased applicability and, consequently, utility.

One of the most rewarding aspects of the orientation for members of the Research Team was the participation and reactions of group home personnel. Although the workshops were conducted in a variety of settings, one thing remained constant. 1/ This was an atmosphere of constructive involvement and thought-provoking discussion. In some programs, the research team initially encountered a measure of apathy; in others a lack of awareness and exposure to the research; and in others, apprehension bordering on cynicism. However, these attitudes were overcome by the Research Team's approach. That is, after preliminary presentations, the workshops took the form of group discussions with everyone's input welcomed. Varying staff types were in attendance and in some cases the group home personnel had participated in staff meetings lasting several hours before the workshops were conducted, yet they became actively involved, raised stimulating questions and offered constructive criticism. The Research Team was impressed by the free flow of information between group home staff and administrators that emerged during the workshops. The warmth and hospitality received in the majority of programs combined with the valuable suggestions and comments of the staff to make the orientation workshops one of the most satisfying and rewarding phases of the project. JSA and ITREC staff both felt that the extensive amount of time spent on these presentations and the distances travelled were well worth the effort. The cooperative atmosphere engendered will certainly contribute to the success of the evaluation system.

1/ For example, workshops were conducted in offices, family rooms, dining halls and trailers. Staff attending the workshops included counselors, houseparents, directors, social workers, teachers, volunteers, etc.

Section VII

THE GROUP HOME EVALUATION SYSTEM DEVELOPMENT PROJECT: LOOKING BACK AND BEYOND

INTRODUCTION

This section presents a retrospective discussion of some of the methodological, procedural and substantive highlights of the two year project. Limitations and difficulties encountered in conducting the project are also discussed.

Patton (1978: 289) states that "utilization-focused evaluation brings together evaluators, decision-makers and information users in an active-reactive-adaptive process where all participants share responsibility for creatively shaping and rigorously implementing an evaluation that is both useful and high-quality." The current project represents an attempt to build an evaluation system which fulfills this directive. In some cases, more questions were raised than answered, as the project touched on issues that merit scientific inquiry in and of themselves. However, the focus never deviated from designing a system which would provide benefits to decision-makers and information users. Considered of utmost importance was the use of approaches which enhanced the compatibility of the evaluation results and the various programs, fostered collaborative arrangements between evaluators and program personnel, and increased awareness of the utility of evaluation among group home practitioners.

Also presented is a perspective on implementation of the Group Home Evaluation System. The scope of system participation, implications for community-based treatment in Maryland, and the things that JSA hopes to accomplish with the system are discussed in the latter part of the section.

HIGHLIGHTS

For purposes of discussion, the following highlights discuss issues related to the overall concept, methodology, procedures, and the orientation workshops.

On a global scale, one of the key features of the system is the provision for expansion. Initially, JSA will be limited by personnel and financial shortages in the extent and types of analyses that can be conducted. However, the system has been designed to provide data which allow for analytical investigation of a variety of concerns in community-based programs. The extensive use of the Statistical Package for the Social Sciences (SPSS) lends itself to a system that can either be self-contained or interfaced with an agency-wide information system. Flexibility is another quality that is critical in a system intended to provide information on an ongoing basis. The system has been structured under the assumption that new data elements must be injected as the nature of treatment provided changes and expands. Program personnel will be instrumental in identifying these inputs, reinforcing collaborative relationships developed during the project and increasing compatibility of products and users. Notably, the treatment environment is one of two overall dimensions of concern. The system is also unique in that the working environment of group home staff has not been neglected.

Another element of the system's flexibility concerns the format in which results are presented to group home operators. These results can take the form of a collective assessment of the group homes from which JSA purchases care, as in Stage 1. Alternately, group home operators can be provided with profiles of results relative to their individual programs, which can then be compared across time or to the norm for all other programs. Individual programs cannot be compared with one another, for the various programs have differing criteria of acceptance of youth, and in some cases specific problem areas are emphasized in the treatment approaches. However, program directors may find it valuable to compare the scores of their residents on outcome measures such as Rebellious Community Behavior to scores of past testing in their program or to a collective score for residents of other programs. Program scores on such environmental measures as Staff Concern may also be compared to the norm.

The project was innovative in terms of some of the concepts operationalized. Staff Burn-Out immediately comes to mind. The phenomenon of burn-out has been recognized in the field of practice for some time; it is the progressive wearing down of human service workers through emotional drain and intense personal involvement with clients. Only recently have some sporadic articles appeared concerning this phenomenon, and some research in

this area has been conducted in California. 1/ This project has almost certainly produced the first Burn-Out measurement scale, and ITREC and JSA researchers have already begun to pursue aspects of the phenomenon beyond the scope of the project. 2/ Plans are being made to investigate the effects of burn-out on client well-being and employee turnover.

Other measures notable for their originality are Administrative and Staff Collective Properties and Staff/Resident Disparity Scores. It was shown that measures developed from data provided by administrators regarding overall aspects of the operation could be associated with individual resident and staff outcomes. For example, staff in programs having access to twenty or more volunteer hours per week were found to be more satisfied with their jobs than staff in other programs. It was also shown that measures developed from data provided by staff and averaged per home could associate with individual resident outcomes. For example, residents in programs with high staff average educations tended to score higher on Two-Way Communication. Finally, staff/resident disparity scores were computed by taking the difference between average staff scores per home on the use of certain treatment techniques and the extent of experience with these techniques reported by residents of the respective homes. It was found, for example, that residents who reported numerous experiences with and observations of staff's use of authority and who resided in programs in which staff reported little use of authority had significantly lower self respect. Such findings suggested a strong focus on resident perceptions of staff actions.

The project also had numerous methodological highlights. Chief among these was the use of multiple classification analysis, a technique which contributed several benefits. First, it provided a sound basis for making decisions as to which elements of the treatment and working environments should be incorporated into the system. Second, it provided a control for spurious relationships, i. e. apparent associations between two variables which are actually attributable to another variable. Third, it allowed for investigation of curvilinear relationships. For example, an optimal

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1/ See Freudenberger (1975; 1977); Shubin (1978) and Maslach (1976).

2/ See Johnson et. al., "Job Satisfaction and Burn-Out: A Double Edged Threat to Human Service Workers," paper presented at the Academy of Criminal Justice Sciences Meeting, New Orleans, 1978.

level of both Positive Reinforcement and Negative Sanctions was found with regard to the Responsible and Rebellious Behavior of group home youth. Conventional multiple regression would have obscured this phenomenon. The entire project makes a strong statement questioning the adequacy and appropriateness of linear techniques in investigating social science problems. The use of one method based on the linear model, factor analysis, as an exploratory technique in determining the shifting structure of treatment and working environments was also somewhat unique.

Various means of validating self-reported delinquency data have been reported in the literature, including official records, verification by associates, and polygraph examinations. In this project, instruments were structured so that resident-reported behavior could be compared with staff estimates of the behavior of each individual resident. Results supported those of other studies in this area--self-report is a valid means of collecting data on illegal and rebellious activities of youth.

Several additional methodological techniques are noteworthy, one of which was the method used to fill in missing data on outcome measures. Rather than simply assigning the sample mean score for each measure to the missing case, scores were assigned to missing items composing the measure based upon the individual's average score on completed items in the measure. In cases where half or more of the individual items were missing, the missing outcome score was maintained. This strategy provides scores that are closer approximations of "true" scores, rather than scores which are neutralized while allowing for inclusion of additional cases. It was also determined that it is unnecessary to weight the scores of individual items composing a measure by their factor loadings. Although this weighting procedure allows items to contribute to scores on measures according to their contribution to factors, it was found that weighted measures correlated with unweighted measures in excess of .99. Use of unweighted measures will reduce the time and complexity of analyses to be performed by JSA research staff.

One aspect of the multipoint scale used to collect data from residents deserves mention. The scale of Not at all like me/Somewhat like me/Quite a bit like me/Very much like me was used with negatively worded psychological items to help neutralize contamination related to social desirability. Whereas there is little if any meaningful difference between "quite a bit" and "very much", providing both alternatives allows residents who may be reluctant to select the extreme category to answer basically the same way by dropping back a category. The two categories can then be collapsed

at the analysis stage, based on their similarity of meaning, as well as the finding that measures developed with the original categories and those with categories collapsed were highly correlated. Finally, the previously described methods of generating collective properties and disparity scores also deserve mention as methodological highlights.

Procedures of data collection was an additional area in which interesting techniques were utilized. The Staff/Youth Specific Questionnaire was completed by group home personnel relative to each individual resident. One of the novel aspects of this procedure was that in some cases a team approach was employed. That is, different staff members completed different parts of the instrument for each youth, depending upon their familiarity with a particular aspect of the youth's behavior. For example, in homes with in-board schools, the teacher might complete items pertaining to school behavior, while a social worker might complete items pertaining to behavior in group meetings, and a personal counselor might complete remaining items. Correspondingly, the Staff/Youth Specific instrument has utility as a diagnostic device with which staff members can formulate treatment plans through the case study approach.

With respect to data collection from the residents themselves, cassette tapes were used to eliminate contamination resulting from differences in reading level. It was found that adolescents can select from as many as four alternative responses in the space of several seconds between the reading of items. It was also discovered that taped administrations could be conducted in group setttings, although keeping the groups to six or fewer residents enhanced situational control.

The orientation workshops conducted with the staffs of 50 group homes, discussed in detail in Section VI, rate as one of the highlights of the project. The workshops directly impacted on the three conditions assumed to be necessary for utilization of research. First, the comments, criticisms and suggestions provided by group home personnel clearly increased the potential for compatibility between products and users. Second, the interest expressed by JSA in obtaining the input of group home personnel and explaining the goals of the project served to reinforce collaborative relationships between the agency maintaining the ongoing system and the program personnel. Finally, the workshops increased awareness and understanding of program evaluation and its utility among the group home staff. Notably, the provocative discussions generated in the workshops demonstrated the potential utility of the Staff Questionnaire as a training device to be used to influence staff to consider and discuss important issues relative to their jobs.

DIFFICULTIES ENCOUNTERED

Most of the project's difficulties stemmed from its complexity. Issues emerged which could not be adequately addressed within the scope of the project. For example, analysis results in Stage 1 revealed a significant amount of interaction effects in the staff data, which could not be explored completely within the time frame. Also, some of the data elements created in Stage 1, collective properties and disparity scores, cannot realistically be utilized in the system at the present time.

Other areas were neglected which may have been fruitful to examine. Sources of data in the project were internal to the programs, whereas such external agents as probation counselors, teachers and natural parents play significant roles that impact on the treatment environment. Another area which was not addressed concerns the screening and referral process. Little data were provided which can assist in the differential placement of youths in group homes. It would also have been extremely helpful to obtain follow-up data on residents and staff to assist in validating measures of in-program adjustment. Eventually, such data will be available through the efforts of JSA's research division.

Certain problems existed with regard to procedures of data collection. Although residents could be guaranteed confidentiality, they could not be guaranteed anonymity, as JSA staff can match data collection code numbers to names provided by program directors. Staff were guaranteed anonymity, although procedures of obtaining completed questionnaires were not wholly satisfactory. Staff were instructed to seal their questionnaires in envelopes and give them to the program director to hold for the Research Team. Ideally, questionnaires would go directly from respondent to researcher. This was not possible in that staff work a variety of shifts and many were not available at the time of the data collection visit. In Stage 3, the Research Team experimented with having staff return questionnaires directly by mail. Although the response rate was acceptable, the cost of using this procedure on an ongoing basis would be prohibitive. Also, staff who had not mailed in their questionnaires could not be identified and contacted. With the other method, program directors know who has not completed his/her questionnaire and can remind them.

Another problem encountered resulted from numerous revisions made to the instruments throughout the second year of the project. Those changes in wording and response alternatives limited the value of comparisons across validation stages. Whether differences in results were due to unreliable measures or changes made in items could not always

be determined. This limitation had a positive side, in that the revis. is resulted in numerous improvements in the instruments along the way.

PLANS FOR IMPLEMENTATION

Scope of Participation

The goal of the Juvenile Services Administration is "to plan for each placed youth so that he can be returned to his own home or a setting approximating a normal family setting as soon as is appropriate." The placements available for accomplishing this goal are extremely varied, each unique in regard to some element of the setting or treatment approach, or both. JSA views this diversity as extremely functional, as it provides a rich base for the differential placement of problem youths. Hence, the evaluation system has been designed to focus on elements of various treatment approaches rather than identify any one standard to which all programs should adhere.

The thrust of most of the group home programs is to create a treatment atmosphere in a community setting similar to that to which the youth will return. Following this logic, there are seven homes located in Baltimore City. Five of these facilities are located in residential areas; two of them are in central downtown. The location of these programs enables juvenile workers to place youth near their natural home but in a healthy environment.

Other homes are located in varied geographic regions to serve primarily the youth in those areas. One is located in St. Mary's County and serves Charles, Calvert and St. Mary's areas. The location permits home visits almost every weekend.

Homes on the Eastern Shore focus their admissions on youth from that area, although several invite referrals from the remainder of the state. Some facility directors believe that local support depends a great deal upon the community's perception that the homes serve the local area.

In the Prince Georges, Ann Arundel, and Montgomery County areas, there are 17 homes that provide a variety of services. Four have in-house school programs that provide intensive instruction to those youth who are not ready for public school programs. All of the programs are located in residential areas typical of the greater communities.

Facilities in the western part of the state are located in or near the population centers of Westminster, Frederick, Hagerstown and Cumberland. Two of these programs have an agricultural focus. Located in rural areas, animal husbandry is an important element in the total program. The directors of these programs believe caring for the livestock provides a very important treatment component. Both urban and rural youth seem to relate to this aspect of the programs and learn to take increasing amounts of responsibility.

Two of the programs in Virginia are based on a completely different philosophy--a youth must be totally removed from his home community. These programs feature a wilderness experience as the treatment mode. The program plan calls for groups of ten boys to live in a small tent community with two counselors. Each facility maintains three or four groups at a time. Though there is some interaction between groups, the main locus of treatment takes place within the primary group, with each group sleeping, eating, playing, working, and travelling together.

This wide variation of homes, from those on small lots on city streets to others isolated and surrounded by many acres, provides numerous environments in which to place youth. Treatment programs in the homes reflect similar heterogeneity. This is appropriate, however, since delinquency is found in all socio-economic groups, and while treatment settings and strategies may vary widely, the goal remains the same--to prevent its recurrence. Accordingly, JSA's evaluation system should be uniform across homes, assessing the attainment of the same objectives by different methods.

Procedures for Ongoing Operations

The final set of instruments developed during the two years of the project will be administered annually at 45 to 50 facilities, with approximately 450 residents at any given time. These will include all of the youth group homes as defined by JSA and most of the community residences. The policy established in the evaluation project is to evaluate all homes in the two categories that care for at least three JSA referrals and are within 200 miles of Baltimore. Some homes in neighboring states which meet these criteria will also be assessed.

The goal of the evaluation system is to provide staff in the homes and JSA with a continuous source of information on the functioning of the purchase of residential care program. To make the product of this effort valuable to the individual vendors, findings will

provide the homes with data relating program elements to objectives considered to be important by group home operators (e.g. providing residents with opportunities to become involved in activities promoting Responsible Behavior). In this way, staff will be able to strengthen their programs.

This objective will be achieved through implementation of several overall strategies, some of which are completed or underway. During the development phase, great care has been taken to simplify the evaluation process so that it will impose a minimum of disruption to the home programs and inconvenience to staff and residents.

The Group Home Evaluation System will be begin to be integrated into Juvenile Services' ongoing Monitoring System by September, 1978. To prepare the group home administrators and staff members for this development, the Juvenile Services Administration, in collaboration with the International Training, Research and Evaluation Council, arranged a series of meetings with group home personnel to familiarize everyone with the new procedures.

Juvenile Services will report results to the group homes annually. There will be a written summary of findings relating to the purchase of care program generally and a discussion of policy issues.

The specific procedures to be followed will incorporate evaluation data gathering as part of the annual monitoring visit. Approximately four weeks prior to the visit of the Monitoring Team, an evaluation package will be mailed to the facility director. It will contain three instruments:

- An Administrative Questionnaire, to be filled out by the director or administrator;
- Staff Questionnaires, one to be filled out by each staff person who has contact with the residents; and
- Staff/Youth Specific Questionnaires, one for each resident to be filled out by the staff member(s) most familiar with the resident.

To assure the staff that their responses will be kept confidential, an envelope will be enclosed for each completed questionnaire. The instruments will be returned to Juvenile Services' Central Office at least ten days prior to the scheduled visit of the Monitoring Team. At or near

the time of the on-site monitoring visit, a JSA staff member will administer a questionnaire to the residents in the facility placed there by JSA. This instrument will be tape recorded and will take no longer than thirty minutes. The scheduling of this visit will be done so as to minimize any disruption of normal activities. The completed instruments will be analyzed by the research section of JSA.

This evaluation system will be the first of its kind in Maryland. Its success will depend upon a close working relationship between the research section and program staff to collect and analyze data, and to present the results to group home operators. When the Maryland Automated Juvenile Information System is operational, other data relating to group home residents will be readily available such as prior records, school grade averages and test scores, as well as considerable socio-economic information. If resources permit, some of this data can be incorporated into the evaluation system to add another dimension.

Potentially, the system could be adapted to other programs, with modifications. It is designed to assess all facets of an operation from the treatment and structural elements themselves to the resident and staff's perceptions of and feelings about the program. Frequently, one or more of these aspects is ignored; JSA feels that all are equally important.

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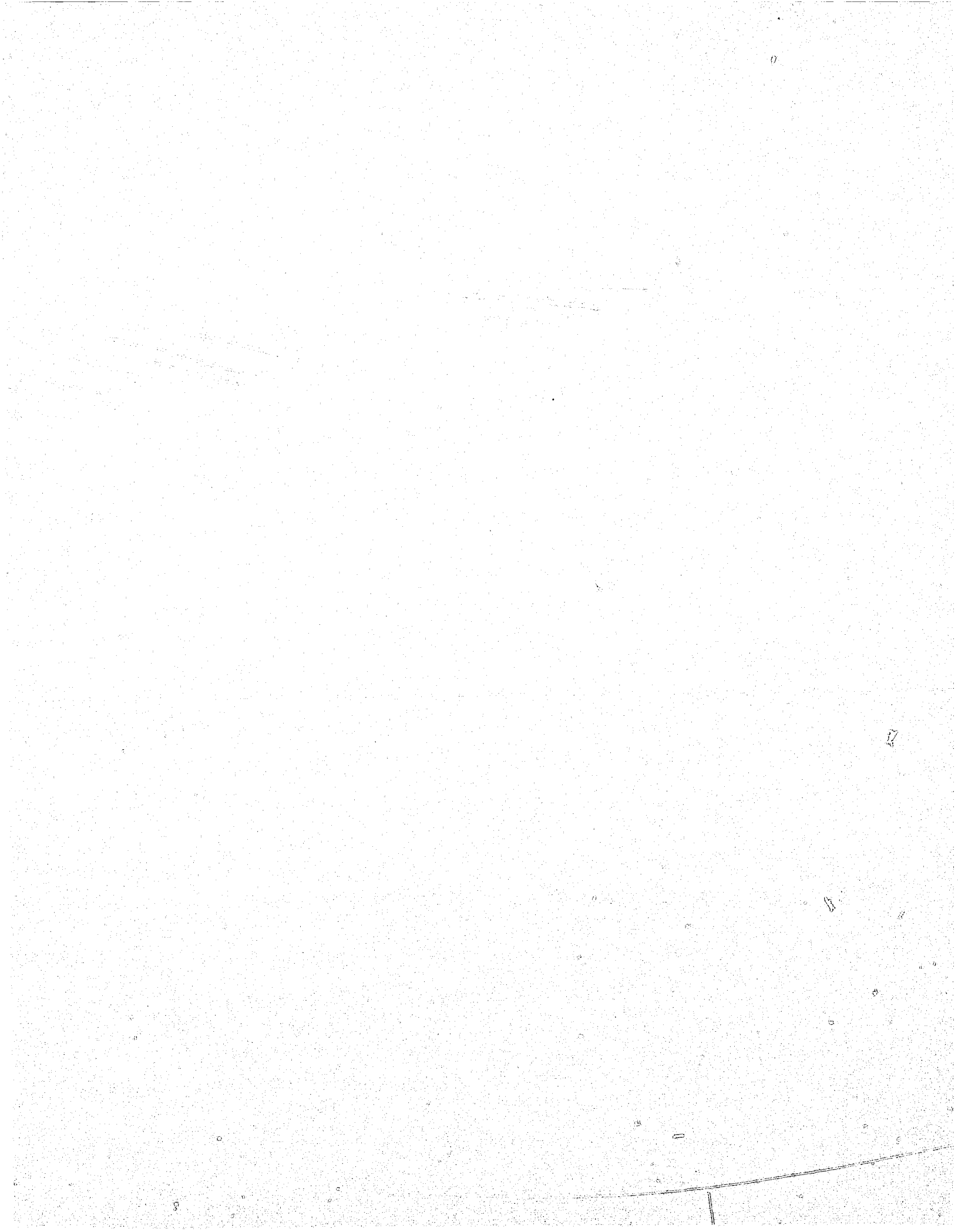

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