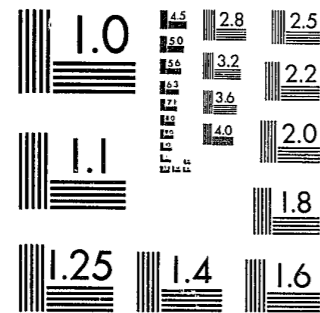


National Criminal Justice Reference Service



This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504.

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U. S. Department of Justice.

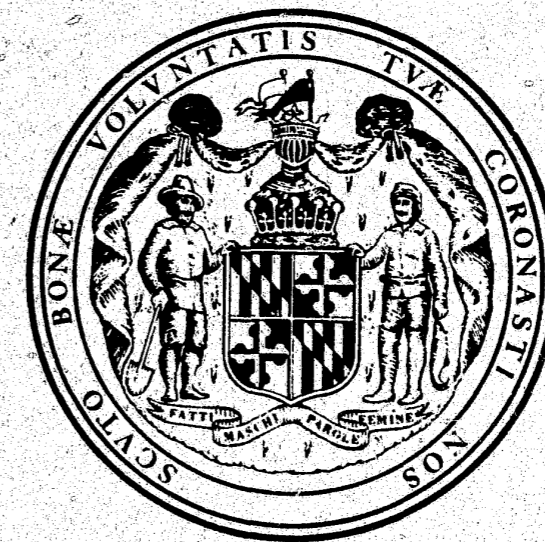
National Institute of Justice
United States Department of Justice
Washington, D. C. 20531

12/14/82

MF-1

GROUP HOME EVALUATION SYSTEM DEVELOPMENT PROJECT

Final Report
for
JUVENILE SERVICES ADMINISTRATION



84652

by
International Training, Research and Evaluation Council
Fairfax, Virginia

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/LEAA

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

Group Home Evaluation System Development Project:
Final Report

prepared by

International Training, Research and Evaluation Council
Research Team

Knowlton W. Johnson, Ph.D., Research Director
William T. Rusinko, Research Coordinator
Charles M. Girard, Ph.D., Project Manager

in collaboration with

Ruth C. Schliemann, Project Director
Juvenile Services Administration

NCJRS

AUG 3 1982

ACQUISITIONS

This project was supported by Grant Number 76EAJD5-6208 awarded by the Maryland Governor's Commission on Law Enforcement and the Administration of Justice to the Juvenile Services Administration, with funds available from the Law Enforcement Assistance Administration under the Crime Control Act of 1976. Points of view or opinions stated herein are those of the International Training, Research and Evaluation Council and do not necessarily represent the official position of the Maryland Governor's Commission on Law Enforcement and the Administration of Justice.

Acknowledgements

The International Training, Research and Evaluation Council (ITREC) would like to express its appreciation to those who assisted throughout the two years of the project. We would first like to thank a number of Juvenile Services Administration (JSA) staff. From the outset of the study, Ruth C. Schliemann served as Project Director. Her grasp of the subject area coupled with her review, editing, and writing skills facilitated the development of a useful and pragmatically oriented evaluation system. Further, her communication skills were of great assistance during the design and implementation of the orientation workshops conducted during the second year of the project. Mr. Marvin Tossey, Project Coordinator, labored diligently to insure total involvement of the group homes during the two years of the project. Mr. Martin Schugam, Chief of Special Services and Mr. Joseph Szuleski, Chief of Research and Analysis also provided substantial help and guidance throughout the project period.

The members of the Monitoring and Evaluation of Residential Facilities (MERF) team were always available for advice and consultation and their suggestions were most helpful.

Gratitude is extended to the directors and staffs of the various community-based child care facilities that participated in the project. Their assistance was invaluable. ITREC and JSA also wish to acknowledge the support and cooperation provided the project team by the members of the Maryland Association of Residential Facilities for Youth (MARFY).

Table of Contents (Cont.)

<u>Section</u>	<u>Page</u>
IV A Summary of Major Findings and Implications from the Resident Data.....	I-36
Introduction.....	I-36
Responsible Behavior.....	I-37
Introduction.....	I-37
Elements of the Treatment Environment Considered to Promote Responsible Behavior.....	I-38
Treatment Elements Related to Responsible Behavior: Findings and Implications.....	I-39
Treatment Elements Unrelated to Responsible Behavior: Findings and Implications.....	I-41
Rebellious Behavior.....	I-42
Introduction.....	I-42
Elements of the Treatment Environment Considered in Relation to Rebellious Behavior.....	I-43
Treatment Elements Related to Rebellious Behavior: Findings and Implications.....	I-44
Treatment Elements Unrelated to Rebellious Behavior: Findings and Implications.....	I-46
Self Respect.....	I-47
Introduction.....	I-47
Elements of the Treatment Environment Considered to Promote Self Respect.....	I-47
Treatment Elements Related to Self Respect: Findings and Implications.....	I-48
Two-Way Communication.....	I-51
Introduction.....	I-51
Elements of the Treatment Environment Considered in Relation to Two-Way Communication.....	I-51

Table of Contents (Cont.)

<u>Section</u>	<u>Page</u>
IV (Cont.) Treatment Elements Found to be Related to Two-Way Communication: Findings and Implications.....	I-53
Treatment Elements Unrelated to Two-Way Communication: Findings and Implications.....	I-55
The Treatment Elements Analyzed in Relation to all Group Home Objectives.....	I-55
Overview.....	I-56
V A Summary of Major Findings and Implications from the Staff Data.....	I-58
Introduction.....	I-58
Job Satisfaction.....	I-58
Introduction.....	I-58
Elements of the Staff's Working Environment Analyzed in Relation to Job Satisfaction.....	I-59
Program Aspects Related to Job Satisfaction: Findings and Implications.....	I-60
Program Aspects Unrelated to Job Satisfaction.....	I-62
Burn-Out.....	I-62
Introduction.....	I-62
Elements of the Staff's Working Environment Analyzed in Relation to Burn Out... ..	I-63
Job Aspects Related to Staff Burn Out: Findings and Implications.....	I-64
Job Aspects Unrelated to Staff Burn Out: Findings and Implications.....	I-65
Overview.....	I-66

Table of Contents (Cont.)

<u>Section</u>	<u>Page</u>
Part II: Development of an Ongoing Evaluation System	
VI Introduction to Part II.....	II-1
Overview of Two Years of the Project.....	II-1
Problems Encountered in Evaluating the Instruments.....	II-2
Overview of Participants.....	II-6
Overview of Part II.....	II-7
VII Overview of Evaluation System for Jsa's Community-Based Residential Care Program....	II-8
Resident Evaluation Framework.....	II-13
Outcome Criteria: Behavioral and Psychological.....	II-13
Resident Characteristics.....	II-20
Resident Treatment Environment.....	II-20
Staff Evaluation Framework.....	II-27
Outcome Criteria: Job Satisfaction and Burn Out.....	II-27
Staff Characteristics.....	II-30
Staff Working Environment.....	II-30
VIII Details of Comparative Results of Resident Data Generated at Data Collection Stages One, Two and Three.....	II-36
Introduction.....	II-36
Revision of Instruments and Procedures In Stage 2 and Comparisons with Stage 1.....	II-37
Outcome Measures in Stage 2.....	II-40
Environmental Measures in Stage 2.....	II-43
Revision of Instruments and Procedures in Stage 3 and Comparison with Stage 2.....	II-49
Outcome Measures in Stage 3.....	II-52

Table of Contents (Cont.)

<u>Section</u>	<u>Page</u>
VIII (Cont.) Environmental Measures in Stage 3.....	II-56
Summary.....	II-59
IX Comparative Results of Staff Data Collection Stages 1, 2, and 3.....	II-61
Introduction.....	II-61
Revision of Instruments and Procedures in Stage 2 and Comparison with Stage 1.....	II-61
Outcome Measures in Stage 2.....	II-62
Environmental Measures in Stage 2.....	II-65
Revision of Instruments and Procedures in Stage 3 and Comparison with Stage 2.....	II-69
Outcome Measures in Stage 3 Environmental Measures in Stage 3.....	II-72
Summary.....	II-75
X Orientation Workshops.....	II-76
Introduction.....	II-76
Planning for the Workshops.....	II-77
Summary of Workshops.....	II-77
XI The Group Home Evaluation System Development Project: Looking Back and Beyond.....	II-82
Introduction.....	II-82
Highlights.....	II-82
Difficulties Encountered.....	II-87
Plans for Implementation.....	II-88
Scope of Participation.....	II-88
Procedures for Ongoing Operations.....	II-89
References.....	II-92
Appendix A: First Year Data Collection Instruments	
Appendix B: Final Data Collection Instruments	

Table of Charts

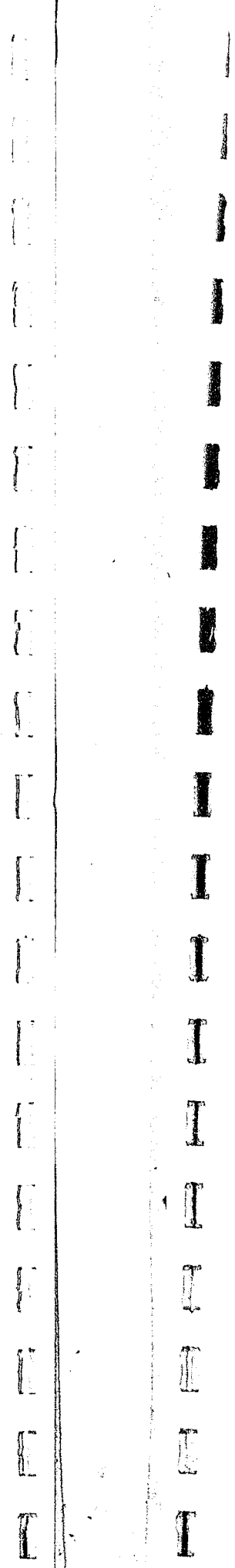
	<u>Page</u>
Chart 2-1: Overview of Project Activities.....	II-5
Chart 2-2: Overview of Validation Process; Development of Measures.....	II-10
Chart 2-3: Framework for Resident Section of the Evaluation System.....	II-14
Chart 2-4: Items Included in Behavioral Outcome Measures..	II-16
Chart 2-5: Items Concerning Psychological Outcome Measures.....	II-18
Chart 2-6: Items Included in Resident Program Components..	II-22
Chart 2-7: Framework for Staff Section of the Evaluation System.....	II-28
Chart 2-8: Items Included in Staff Outcome Measures.....	II-29
Chart 2-9: Items Included in Staff Program Components.....	II-32

Table of Tables

	<u>Page</u>
Table 1-1: Individual Items Composing Resident Outcome Measures.....	I-22
Table 1-2: Individual Items Composing Resident Environmental Measures.....	I-26
Table 1-3: Individual Items Composing Staff Outcomes.....	I-31
Table 1-4: Individual Items Composing Staff Environmental Measures.....	I-33
Table 2-1: Results of Resident Outcome Scale Construction in Stage 1 and 2.....	II-41
Table 2-2: Results of Factor Analysis of Resident Process Items in Stage 1 and 2:.....	II-44
Table 2-3: Eta Statistics for New Treatment Environmental Variables.....	II-49
Table 2-4: Comparison of Results of Resident Outcome Scale Construction in Stage 2 and 3..	II-53
Table 2-5: Comparison of Resident Environmental Measures Developed in Stage 2 and 3.....	II-57
Table 2-6: Eta Statistics for Multiple Classification Analysis with Stage 3 Resident Processes and Outcomes.....	II-60
Table 2-7: Outcome Measures Developed from Staff Data in Stage 1 and Stage 2.....	II-63
Table 2-8: Staff Environmental Measures Developed in Stage 1 and Stage 2.....	II-66
Table 2-9: Eta Statistics for New Stage 2 Environmental Measures.....	II-69

Table of Tables (Cont.)

	<u>Page</u>
Table 2-10: Number of Correlations of New Job Satisfaction Items with Established Items.....	II-71
Table 2-11: Number of Correlations of New Burn-Out Items with Established Items.....	II-73
Table 2-12: Orientation Workshops.....	II-78



Part I
Building the Foundation
for an Ongoing Evaluation System
for Community Based Treatment Programs

Section I

THE HISTORY OF THE PROJECT

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 residential facilities of various types. These facilities offer an alternative to institutional treatment for juvenile offenders, while providing greater supervision and guidance than traditional probation. The philosophy of JSA is that treatment in the community is as effective and more appropriate than commitment to a rehabilitative facility since the goal of the agency is to return the youth to his own home or to a setting approximating a normal family situation as soon as possible. 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. This was only part of the purpose; another part was to attempt to develop an on-going evaluation system, as opposed to one-shot evaluation, and, if this worked here, to try the idea in other programs. Thus, one purpose was to evaluate group homes; another was to experiment with developing an on-going mechanism for expansion to other JSA programs.

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.

With the monitoring system operating successfully, attention turned to the fact that there was still no indication of how successful JSA's Community Based Residential Facilities were. This was highlighted by recent findings in many areas of the nation that recidivism rates appear to be as high in such facilities as in traditional institutions and that cost savings may also be illusory. Therefore, 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 Divisions 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.

Section II

THE STRATEGY UTILIZED TO FORMULATE A UTILIZATION FOCUSED EVALUATION SYSTEM

INTRODUCTION

The development of systems for generating evaluation and feedback in human service organizations is a recent phenomenon. According to Miller and Willer (1977) data storage in most human service agencies is one of stacks of files being kept in some basement office. Other than taking up precious space, files of information, quite often, serve little purpose.

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. More details about these factors and the general frame in which they have been addressed in the two-year program are presented below.

FACTORS TO CONSIDER IN THE DEVELOPMENT OF AN EVALUATION SYSTEM

Some authorities such as Caro (1971) have stated that the social and behavioral sciences have failed to measure up to expectations in supplying either knowledge upon which to base intervention programs, or information upon which the success or failure of various action approaches can be measured. Other writers such as Schulberg and Baker (1971), Argyris (1971), and Weiss (1971) have suggested that it is not only the lack of available knowledge, but also the viability of the evaluation strategies which affect the utilization of results.

With regard to the development of a viable evaluation system which focuses on program processes, three major problem areas exist. They are:

- the incompatibility of evaluation products with the user's needs;
- the lack of collaboration between resource personnel (e.g., evaluators and decision makers who may have some use for evaluation products); and,
- the lack of awareness and understanding of program evaluation and its utility.

Compatibility of Evaluation Products and the Needs of the Users

Havelock (1973) and others have discussed the problem of scientific status of research findings, i.e., how valid and reliable, in a scientific sense, are results? While this question must be addressed in any evaluation project, Horst, et al (1974) and others point to more practical problems relating to the delivery of appropriate evaluation products to decision makers. The following are among the problems which have been associated with the ineffectiveness of program evaluations.

- Evaluations may not be planned to support decision-making.

- The timing, format and precision of evaluation studies may not be geared to user needs.
- Evaluation findings may not be adequately communicated to decision makers.
- Different evaluations of the same program may not be comparable.
- Evaluations frequently fail to provide cumulative and accurate bodies of evidence.
- Evaluation studies often address unanswerable questions and thus produce inconclusive results.

To avoid such problems, JSA and ITREC focused on the development of an evaluation system which generates useable information about the treatment environment for residents and the working environment of program staff. In formulating the evaluation approach, the community based treatment program was viewed as comprised of elements, including treatment modalities, people and structure. These elements form the framework for social processes to be operationalized within the context of the program. Hence, the evaluation approach in this project is referred to as a "process focused evaluation."

In implementing a process focused evaluation, primary emphasis is placed on describing the social environment of the organization and using goal attainment criteria as frames of reference rather than as measures of effectiveness. This evaluation strategy can be utilized at any time after a program's activities become operational, provided sufficient numbers of observations exist for a computer analysis.

Collaboration Between JSA and Community Program Personnel

Questions have also been raised concerning the nature of the relationships which should exist between evaluation research personnel and those who will utilize the information generated. For example, does program staff view the evaluators as competent and trustworthy? Do the evaluators understand the community and organizational environment in which the processes are to be assessed? Can the evaluators communicate with various audiences who will be involved in the evaluation process? Do the evaluators have the ability to overcome barriers which are often present in the world of practice?

Extensive evidence exists to support the notion that affirmative answers to these questions usually lead to collaborative relationships between researchers, program staff and decision makers associated with action programs. Documentation also is available which shows that such relationships enhance the utilization of research findings. 1/ Unfortunately, there have been frequent reports that evaluators lack the expertise and/or interpersonal skills to conduct program evaluation projects in the oftentimes difficult criminal justice environment. 2/

Moreover, collaboration was recognized as an essential ingredient of the ongoing evaluation system to be developed. As such, the strategy entailed elements intended to foster positive relationships between JSA research staff and other users of the evaluation system both within the Maryland State Government and among the group homes. The specific steps taken are explained elsewhere in this report.

Awareness and Understanding of Program Evaluation

Adams (1975) and Horst (1974) address a third problem area -- decision makers' level of understanding of program evaluation and its utility. Horst (1974) specifically states that those in charge of programs frequently lack the motivation, understanding, ability and/or authority to act on the findings and conclusions of evaluations. Even beyond Adams and Horst, many questions are now being asked about the level of awareness and understanding of decision makers in general government as well as local criminal justice agencies. Such questions include:

- Do decision makers understand how to create a favorable atmosphere for conducting program evaluation?
- Is decision makers' knowledge of research and procedures sufficient to adequately communicate with research personnel?

1/ 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.

2/ Weidman (1975) and Adams (1975) also point to these problems in the field of criminal justice.

- Do decision makers know how to interpret program evaluation results?
- Do decision makers know how to utilize program evaluation products (i. e., MIS, reports, etc.) as management tools?

Moreover, for Maryland's system to be viable, ITREC and JSA felt that the state's community-based treatment program decision makers needed to have an awareness and general understanding of its components and the results that the evaluation system could generate. Hence, an extensive in-service training/executive briefing process was undertaken as an integral part of the work.

THE TWO YEARS IN CAPSULE

While anticipating that the above factors may affect the development of an ongoing evaluation system, JSA and ITREC took the following measures to enhance the system's viability during the first year of the project. In particular, the first year was devoted to the development of an evaluation framework and instruments; the 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.

1/ Johnson, K. W., Rusinko, W. T. and Girard, C. M.; The Group Home Evaluation System Development Project: Phase One Report and Executive Summary Report; International Training, Research and Evaluation Council, 1977. See also, Johnson, K. W., Rusinko, W. T. and Girard, C. M.; Descriptions of Group Home Programs, International Training, Research and Evaluation Council, 1977.

A number of methods of disseminating the evaluation results of the first year were utilized. These 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. A complete documentation of the events and evaluation results produced during the first year of the project appears in Section 3.

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 of the project. The intent during the second year was to enhance the scientific status of the evaluation system by including only data elements which proved to be policy relevant the first year. Questions were reworded to increase face, content and construct validity. In addition, new questions were added in instances of marginal reliability of specific measures. Additional questions from standardized instruments were also included in these two data generation stages.

A series of orientation workshops also was held during the second year of the project. These workshops were conducted at all community group homes that served a minimal number of JSA referrals, i. e., three. Several important goals were accomplished during the training period. First, group home personnel and administrators were made aware of how the system will operate on an ongoing basis and of what will be expected of them. Anticipated benefits to them in forms of program improvement were also explained. Second, the Research Team composed of JSA's Project Coordinator, ITREC's Research Coordinator and either the Research Director or Project Manager, obtained valuable feedback regarding the instruments which will be completed by group home staffs upon implementation of the system. Numerous suggestions from workshop participants were incorporated into successive revisions of the instruments. This was a significant contributor to fostering collaboration between JSA research staff and group home decision makers. Further, JSA's concern about developing a system that will be meaningful and useful to the group home operators was well documented through the process. Finally, the workshops provided opportunities for members of the MERF team to become familiar with the system which they will eventually be called upon to maintain.

It is important to note that the process focused evaluation approach employed in the development of a 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 detailed 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. Since the scientific status of the system is important, technical information regarding validity and reliability checks will also be incorporated into several sections. Part II entails a discussion of the sequence of events associated with making final decisions about the battery of instruments to be used on an ongoing basis. These instruments, along with the instruments used to generate Phase One data during the first year are included as appendices. Finally, plans for implementation and maintenance of the evaluation system on an ongoing basis are included.

Section III

DESIGN AND IMPLEMENTATION
OF PROCESS FOCUSED EVALUATION

INTRODUCTION

The primary problem area addressed during the first year of the project was the issue of compatibility of evaluation products and users. Hence, work focused on developing a firm understanding of the inner workings of Maryland's group homes and designing an evaluation strategy that could be used to improve various aspects of the treatment environment for residents and the working environment of program staff. To date, Rudolf Moos (1974, 1975) has done the most comprehensive research in conceptualizing and operationalizing the treatment environment for the purpose of program evaluation. Through the process of validation and refinement of concepts and evaluation measures within numerous correctional programs, Moos uncovered a multi-dimensional treatment environment. In turn, he developed several climate scales for evaluating treatment environments in the field of corrections, both institutions and community based facilities. 1/

Similarly, the development of JSA's evaluation system began by formulating a conceptual framework and was followed by a series of validation stages which involved community treatment programs for troubled youth. Moreover, as in the case of Moos's work, the Maryland Group Home Evaluation project uses a social ecological approach to evaluation research. 2/ It is noteworthy, however, to mention several important distinctions in the two validation studies. First, Moos focused only on the treatment environment associated with resident care, whereas JSA's/ITREC's general framework includes elements of both the treatment environment for residents and the working environment of program staff. Second, Moos defined the treatment environment in terms of resident and staff perception of the social climate. JSA/ITREC, on the other hand, looked at both perceptions of and individual experiences in the treatment environment. Third, in the

1/ Notably, corrections is only one of nine types of treatment environments for which Moos has developed social climate scales.

2/ A social ecological approach to evaluation research focuses attention on an evaluation of environmental variables which are associated with an organization or treatment program. This assures that environments have unique "personalities" just like people (Moos; 1975:4).

development of Moos's social climate scales, he assumed that the varying dimensions uncovered in the validation process were all important considerations in future evaluations. Conversely, the development of JSA's evaluation system included goal attainment criteria as yard sticks to assist in making decisions about the relative importance of dimensions of the treatment environments, which, it was assumed, could change over time. This was accomplished by correlating environmental measures (e.g., positive reinforcements) with program outcomes (e.g., responsible behavior of residents) at each analysis stage. ^{1/}

Notably, 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 and 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 outcomes such as use of positive reinforcements or staff communications 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 indepth 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.

^{1/} The primary analysis techniques used in this effort were analysis of variance/covariance and multiple classification analysis, which is equivalent to multiple regression using "dummy" variables.

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.

The following sections provide details in terms of each of these key steps which were taken during the first year of the project.

DATA GENERATION

This section details the steps taken in generating data for stage one of the evaluation project. The various procedures described were adopted to insure that the data gathered were 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 for the findings to be seriously considered by those who operate Maryland community-based treatment programs.

Selection of The First Year Sample

For the purposes of the project, a "group home" was defined loosely. By law, JSA is authorized to license four types of community based residential facilities. They are:

^{1/} Through the use of the Factor Analysis procedure, separate groupings of variables can be produced. These groupings are based upon a statistical determination of the extent to which the items in any particular set are measuring the same underlying concept. The meaning of these groupings, or factors, is based upon the content of the individual items which are included. Composite score variables are created by combining the items in a factor to provide an overall measure of the underlying concept. These measures have a particular type of validity, "construct" validity.

- Community Residences;
- Community Treatment Facilities;
- Structured Shelter Care; and,
- Youth Group Homes.

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 sample selection were:

Youth Group Homes, defined as:

A community based, family type dwelling housing between five and twelve youths, operated separately or as part of an affiliate corporation. The purpose of the home is to offer a group living experience in a neighborhood not unlike the original community from which the youth originates and to which he/she is expected to return; and,

Community Residences, defined as:

A series of family-type dwellings on the same ground where each dwelling is self-contained, but administration and services are provided through parent corp. This term may also apply to single dwellings that serve more than 12 youth. The degree of contact with the community and intimacy is somewhat less in these facilities than in group homes.

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 by these definitions. 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 sample of twenty-three (23) group home facilities from fifteen (15) parent organizations were selected for participation in the first year 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 Monitoring and Evaluation of Residential Facilities (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. 1/ 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. 2/ 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. These items in the main were drawn from an instrument utilized by the Oregon Research Institute in conjunction with the evaluation of the Teaching Parent Model. 3/ The third instrument administered to residents was the Resident Interview. This instrument was used to document residents' appraisals of environmental processes and program dynamics. This 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.

1/ These first year instruments are presented in Appendix A.

2/ These included the Jesness Behavior Checklist, the California Test of Personality, California Psychological Inventory, the Quay Test, the Personal Orientation Index, the Institutional Impact Instrument, the Self Attitude Index, the Tennessee Self Concept Scale, the Rosenberg Self Esteem Scale, and the Value of Education Test. Many items were reworded by the research team, particularly those intended for adult samples.

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

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 process evaluation outcomes of Job Satisfaction and Burn-Out. 1/ In addition, this instrument was used to document various aspects of the organization of the group homes, programs and 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. 2/ 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.

1/ 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.

2/ Many of these 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.

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 Questionnaire, 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 was composed of JSA's Project 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

^{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.

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 small 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 groups of six or less. 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 white; thirty-four percent (34%) were non-white. Seventy-two percent (72%) were males. Twenty-eight percent (28%) were females. 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.

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 houseparents 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 years. Only ten percent (10%) reported over four years of service. These results are indicative of the high turnover rates which have plagued group homes.

PREPARATION OF DATA FOR FINAL ANALYSIS

Considered of paramount importance in laying the foundation for the ongoing system in the first year was the development of measures evidencing considerable degrees of validity and reliability. Validity, which concerns whether instruments actually measure what is intended to be measured, entailed the employment of a two-stage validation strategy. First, content-analytic validation was used in constructing instruments. Dunnette (1966: 124) discusses this strategy as "an aid during the initial specification and writing of test items." It involves a careful content analysis of items and inferring from their content what the behavioral correlates of various responses might be. Second, construct validity was determined. To the extent that a variable is abstract rather than concrete, it is a measure of a construct. Nunnally and Durham (1975:297) assert that "all theories in science mainly concern statements about constructs rather than about specific observable variables." Further, they state that "factor analysis is at the heart of the measurement of psychological constructs," as it provides an indication of the extent to which a group of items "go together," inter-correlate, or measure aspects of the same underlying dimension. ^{1/}

^{1/} The unavailability of concurrently and subsequently observed behaviors mitigated against the use of concurrent or predictive validation strategies respectively. Reliability concerns the extent to which measurements are repeatable. It was considered important to determine the internal consistency (i. e. the extent to which items within a measure correlate highly among themselves) of measures developed in Phase One. Nunnally and Durham (1975:332) state that "coefficient alpha is the basic formula for determining the reliability based on internal consistency." Further, "reliability estimated from internal consistency is usually very close to the reliability estimated from correlations between alternative forms." As such, alpha coefficients were calculated for all measures developed. Alpha reliability procedures were used in both single and multiple factor scaling. Notably, more appropriate reliability procedures for multi-factor scaling have been advanced, such as Theta, developed by Armour (1975). In view of the recency of Theta's development, the insufficiency of documentation regarding its use and the lack of guidance in deriving such coefficients, it was decided that alpha would be more feasible for use in an ongoing evaluation system.

This section is concerned with the mechanics involved in developing program outcome and environmental measures for process and structure. The various methods used in the construction of the following sets of variables are discussed.

- Resident Outcome Measures: behavioral and psychological;
- Resident Environmental and Structural Measures: composite scores, administrative and staff collective properties, and treatment orientation disparity scores;
- Staff Outcome Measures;
- Staff Environmental and Structural Measures: composite scores and administrative collective properties.

Development of Resident Outcome Measures

The development of reliable and valid outcome measures was considered one of the most important stages of the analysis. Two types of outcome measures corresponding to these objectives were developed: behavioral measures and psychological measures. Each is discussed in the following paragraphs.

Behavioral Measures. Variables from the Behavioral Checklist, were first divided into two groups. One group consisted of activities or behaviors which reflected responsibility. The other group included activities deemed as rebellious types of behavior both in the home and the community. Study participants were asked to report the frequency of their involvement in these types of behavior in terms of the following categories: Never, Once or Twice, Several Times, and Many Times. When the outcome data were factor-analyzed, three reliable factors emerged. A principal factor solution of the responsible behavior variables produced an eight-item factor with loadings in excess of .40. ^{1/} The reliability of this factor, measured through calculation of Cronbach's Alpha

^{1/} This cutoff point was selected based upon its general acceptance in factor analytical research as the minimal factor loading to be used as a criterion in selecting items. The principal factor solution is the most widely used factoring method. It attempts to identify a single common factor for the items entered. Factor loadings are simply each item's correlation with the factor.

was .71. 1/ The outcome measure, "Responsible Behavior" was then constructed by weighting each item score by that item's factor loading and summing those to produce a composite score for each resident. 2/ Individual items and factor loadings are presented in Table 1.

Initially, factor analysis of rebellious behavior variables, using a varimax rotated factor solution, produced two independent factors which were conceptually distinguishable on a situational basis. 3/ One factor consisted of variables relating to behavior occurring within the group home, the other consisted of behavior occurring in the community. A principal factor solution of each of these was then obtained, and the resulting variable loadings were used in constructing the composite measures. The Alpha reliability coefficient for both scales was .78. It was decided to restrict further analysis to the Rebellious Group Home outcome measure, as JSA staff members indicated that this measure would have greater policy relevance for group home programs. Item and factor loadings for this outcome measure are presented in Table 1. 4/

Psychological Measures

Items were selected for the Residents' Psychological Inventory on the basis of their potential as measures of seven psychological objectives provided by group home administrators. Residents studied indicated if these items were "true" or "false". When the seven groups of items were factor analyzed, satisfactory principal factors for six psychological outcomes were found. These were:

- 1/ The generally accepted minimum reliability coefficient is .60. Reliabilities of all project outcome measures are in excess of .70.
- 2/ Missing data on outcome measures were filled in by assigning scores to missing individual items, based upon the average score on other items composing the outcome scale in question. In cases where half or more of the individual items were missing, the missing outcome score was maintained.
- 3/ Varimax is the most widely used method of rotation to achieve simpler and theoretically more meaningful factor patterns than principal factoring.
- 4/ It should be noted that this outcome measure cannot always be considered directional in terms of desirability, as either the absence or the occurrence of rebellious behavior may be considered functional in individual cases.

Table 1-1

INDIVIDUAL ITEMS COMPOSING RESIDENT OUTCOME MEASURES

<u>Variables</u>	<u>Never</u>	<u>Once or Twice</u>	<u>Several Times</u>	<u>Many Times</u>	<u>Missing</u>	<u>Factor Loadings</u>
<u>Resident Outcome - Responsible Behavior</u>						
Since Thanksgiving, have you:						
Helped someone with schoolwork?	19.2	28.5	31.1	21.2	0	.4000
Talked someone out of doing something dangerous or illegal?	8.6	39.1	31.1	21.2	0	.46278
Helped a friend?	1.3	15.9	34.4	48.3	0	.52858
Reported a kid for doing wrong?	45.7	29.8	15.2	8.6	.7	.52182
Talked someone out of running away?	29.1	39.1	17.2	13.9	.7	.42526
Done extra schoolwork?	23.8	31.1	25.8	17.9	1.3	.52411
Taught someone something?	4.6	36.4	33.8	25.2	0	.58194
Been the leader of a group activity?	23.8	33.1	21.2	20.5	1.3	.50179
					Eigenvalue	1.96910
<u>Resident Outcome - Rebellious Group Home Behavior</u>						
Since Thanksgiving, have you:						
Failed to do assigned chores?	27.8	44.4	18.5	8.6	.7	.55150
Talked back to staff?	21.2	27.8	27.2	23.8	0	.61193
Picked on or threatened another kid?	39.7	39.7	15.2	4.6	.7	.56449
Damaged furniture or other property?	66.9	25.2	5.3	2.6	0	.40417
Ridiculed or laughed at other kids?	27.8	37.7	23.2	10.6	.7	.60064
Kept talking after being told to be quiet?	21.2	36.4	25.2	14.6	2.6	.64691
Stopped working on a chore?	51.7	35.1	6.6	6.0	.7	.57004
Had a fist-fight with someone in home?	50.3	33.8	9.9	5.3	.7	.47306
					Eigenvalue	2.48860

Table 1-1 (Continued)

<u>Variables</u>	<u>Never</u>	<u>Once or Twice</u>	<u>Several Times</u>	<u>Many Times</u>	<u>Missing</u>	<u>Factor Loadings</u>
<u>Resident Outcome - Two-Way Communication</u>						
Since Thanksgiving, have you:						
Tried to have friendly talk w/ staff?	6.6	16.6	24.5	51.7	.7	.62923
Listened to others' points of view?	4.6	15.9	27.8	50.3	1.3	.52570
Talked freely about yourself?	19.2	17.2	29.8	33.8	∅	.69068
			<u>True</u>	<u>False</u>	<u>Missing</u>	<u>Factor Loadings</u>
When I have a problem, it helps to talk to someone.			76.2	21.9	2.0	.53267
I talk freely about myself to counselors and teachers.			52.3	43.7	4.0	.55818
I learned a lot here by talking about myself.			56.3	41.7	2.0	.64055
					Eigenvalue	2.15494
<u>Resident Outcome - Self Respect</u>						
I often wish I were someone else.			33.8	65.6	.7	.50154
I do what is right most of the time.			82.8	16.6	.7	.44475
I usually have good judgement.			87.4	11.3	1.3	.61901
I feel that I have a number of good qualities.			84.8	11.9	3.3	.59795
I do not have much to be proud of.			15.9	82.1	2.0	.44141
I cannot be depended on.			10.6	87.4	2.2	.50988
I can never seem to finish what I begin.			13.9	86.1	∅	.50939
It is hard for me to work unless someone tells me what to do.			15.2	84.8	∅	.52466
It is easier to do things that other people decide.			21.2	75.5	3.3	.40000
					Eigenvalue	2.33905

- Two-Way Communication;
- Self Respect;
- Extrinsic Value of Education;
- Intrinsic Value of Education;
- Future Confidence; and,
- Submissiveness.

JSA staff selected the first three listed above which they thought were most policy relevant. Initial analyses with the Extrinsic Value of Education revealed that the skewness of that measure severely limited the scope of potential explanation. ^{1/} Therefore, this outcome measure was excluded from further analysis.

The final psychological outcomes selected were Two-Way Communication and Self Respect. Notably, the Two-Way Communication measure is made up of a combination of three psychological and three behavioral items. These items had loaded in excess of .40 in a single factor during the analysis process. One of these items concerned "residents' willingness to listen to others" as opposed to the remaining items which concerned "willingness to verbally communicate" as a method of problem solving. Therefore, a composite variable was conceptualized as a measure of two-way communication. It is believed that this dimension of willingness to listen contributes to the scale's validity as a measure of truly effective communication. Alpha reliability of this scale was .76. Individual items and factor loadings for this measure are provided in Table 1.

Development of Resident Environmental Measures

Three categories of resident variables were developed: composite process scores from residents' data; collective properties generated from administrative and staff data; and, disparity scores created through joint consideration of resident and staff data. Each is discussed in detail in the following paragraphs.

Composite Scores. The two major concerns in the development of these environmental measures were reducing redundancy in the data and obtaining meaningful scales with multiple indicators providing confidence in the reliability and validity of the measures. The majority of these measures have, as their source, data generated through the Residents' Interview. That instrument was designed so residents responded in terms of "never, sometimes, often or always" to questions concerning their relationships with other

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

residents and staff; and, their participation and experiences in the treatment program. These items were factor analyzed and environmental measures were selected on the basis of factors which emerged from a varimax rotated factor solution. Item content was an additional consideration in selection of final scales. Policy relevant items which failed to load in any of the selected factors were considered individually as potentially explanatory process variables in the analysis. Those items which loaded together and provided meaningful scales were summed to create the environmental measures. ^{1/} The following measures were considered in the analyses:

- Involvement in Leadership Roles;
- Involvement in Manager Roles;
- Experience with Staff Concern;
- Satisfaction with Home Environment;
- Experience with Staff Authority;
- Involvement in Decision Making;
- Cohesiveness of Residents; and,
- Intensity of Resident Group Meetings.

Table 2 presents frequencies of individual items composing these measures.

- Two additional composite score environmental measures were derived from data provided by group home staff in the Staff/Youth Specific Questionnaire. This instrument was designed so staff could respond to the frequency (never/once or twice/several times/many times) with which residents were positively reinforced and negatively sanctioned in a variety of ways in the two-month period prior to data collection. These items were factor analyzed using a varimax rotated factor solution, and two independent factors emerged: one consisting of positive reinforcements and the other negative sanctions. These items were summed to provide environmental

^{1/} These items were not weighted by their factor loadings due to the fact that correlational analysis with weighted and unweighted measures proved that differences were negligible.

Table 1-2

INDIVIDUAL ITEMS COMPOSING RESIDENT ENVIRONMENTAL MEASURES

<u>Resident Environmental Variables</u>	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Missing</u>
<u>Leadership Role</u>					
Keep an eye on other kids and tell them when you think they're messing up.	13.2	34.4	25.2	27.2	0
In meetings, help others with problems.	11.9	47.0	23.8	17.2	0
Been leader of a group or house meeting.	58.3	23.8	15.9	2.0	0
<u>Manager Role</u>					
Had job of saying who does the chores.	76.2	14.6	7.3	2.0	0
Had job of making sure chores were done.	66.9	19.2	9.9	4.0	0
<u>Experience With Staff Concern</u>					
Staff been open and honest.	6.6	18.5	24.5	50.3	0
Staff notices and tells you when you did a good job.	6.0	25.8	22.5	45.7	0
Can go to staff person to talk about a big problem.	9.9	9.9	14.6	64.9	.7
Staff really cares about you.	7.3	15.9	17.2	58.3	1.3
<u>Contentment with Home Environment</u>					
Feel like you're in regular home and family.	21.9	33.8	23.8	20.5	0
Able to do things that make you feel successful.	6.0	29.8	41.1	23.2	0
Staff act like type of adults you would like to be.	14.6	36.4	24.5	24.5	0
Someone on staff who is more like a friend.	12.6	27.8	21.2	38.4	0

Table 1-2 (Continued)

<u>Resident Environmental Variables</u>	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Missing</u>
<u>Experience With Staff Authority</u>					
Staff members boss you around.	31.8	44.4	11.9	11.9	0
Seen staff member get really mad.	16.6	47.0	28.5	7.9	0
Staff willing to listen to reasons for doing wrong.	11.3	22.5	19.9	46.4	0
<u>Residents' Decision Making Power</u>					
Staff allow you to decide: Who gets more privileges.	35.1	16.6	21.2	21.2	6.0
Who gets less privileges/moved back	31.1	20.5	21.9	21.2	5.3
What happens to kids who break house rules.	25.2	17.2	25.8	31.8	0
What kids get for doing good things.	31.1	19.2	25.2	13.2	11.3
<u>Cohesiveness of Residents</u>					
Feel you can trust others in the home.	21.9	38.4	21.9	17.9	0
Talk to other kids about your problems.	25.2	32.5	21.2	20.5	.7
Feel you're really tight with others in the home.	13.9	38.4	19.2	28.5	0
Go places and do things with others from the home.	14.6	28.5	31.8	25.2	0
Other kids helped you solve a problem.	25.8	27.2	29.1	16.6	1.3
<u>Intensity of Meeting</u>					
Felt picked on or hassled by other kids.	52.3	33.8	6.6	7.3	0
It seems like there is going to be a fight.	53.0	33.8	9.3	4.0	0
Feel really nervous in the meetings.	49.0	32.5	7.9	10.6	0
Others in meeting gotten on you about what you did.	33.1	45.7	13.7	7.3	0

Table 1-2 (Continued)

<u>Resident Environmental Variables</u>	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Missing</u>
<u>Positive Reinforcements</u>					
Since Thanksgiving, how often has s/he :					
Received cash for good behavior?	49.7	12.6	14.6	16.6	6.6
Received store items for good behavior?	59.6	17.2	10.6	5.3	7.3
Been allowed to attend group outings?	20.5	15.9	24.5	29.8	9.3
Been permitted later curfews?	46.4	15.9	23.2	11.3	3.3
Been verbally praised for good behavior?	1.3	12.6	28.5	57.6	0
Been moved to higher privilege status?	25.8	27.2	25.2	14.6	7.3
<u>Negative Sanctions</u>					
Since Thanksgiving, how often has s/he:					
Been restricted for negative behavior?	15.2	38.4	31.8	13.2	1.3
Had allowance reduced for negative behavior?	33.1	29.1	25.8	9.3	2.6
Been excluded from group outings?	55.6	26.5	10.6	1.3	6.0
Been verbally admonished for negative behavior?	12.6	29.1	39.7	18.5	0
Been moved to a lower privilege status?	47.7	27.8	15.2	2.6	6.6
Been given additional chores?	47.4	28.4	18.1	4.7	1.7

1-28

measures of positive reinforcement and negative sanction. ^{1/}
Frequencies of items included in those scales are provided in
Table 3.

Collective Properties. Two sets of collective properties were generated: administrative and staff. Individual residents were neither the source nor the subject of the data for purposes of the collective properties variables. Rather, these variables were viewed as having potential effects on resident outcomes in a collective sense. That is, each group home received a score on these variables; residents within each home were subsequently assigned that score. This mixed property model permitted examination of certain structural characteristics, program policies, and staff characteristics in terms of their associations with resident outcomes.

Administrative collective properties were selected from the Administrative Questionnaire on the basis of potential policy significance. The procedure involved generating scores for each home in the sample and assigning these to residents of the home. In some cases, administrative scores were summed to obtain stronger indicators of particular practices or policies. Examples of these are the extent to which outside counseling is used in the program and the staffing pattern.

Staff collective properties were developed by calculating group home averages from responses to the Staff Questionnaire. Residents were assigned staff average scores for the group homes in which they resided. A set of these staff collective properties was used in constructing the final set of process variables, treatment orientation disparity scores. Examples of staff collective properties are staff average education and staff average job satisfaction.

Treatment Orientation Disparity Processes. The treatment orientation items in the Staff Questionnaire were developed to correspond with treatment experience items in the Resident Interview. As such, on the one hand, residents were asked how often their experiences coincided with these orientations. Group home averages were then calculated for the staff and assigned to the appropriate residents. Disparity scores were subsequently constructed by subtracting individual residents' scores from the staff averages for the group homes in which they resided.

^{1/} Notably, Negative Sanctions differ from negative reinforcements in that this type of reinforcement involves the removal of an aversive stimulus. Negative sanctions are the actual aversive stimuli.

Development of Staff Outcome Measures

One section of the Staff Questionnaire contained items purporting to measure Job Satisfaction and Propensity to Burn Out. As such, during the survey process, staff members responded to statements about their jobs in terms of "not at all accurate; somewhat accurate; generally accurate; very accurate". Responses to these items were factor analyzed using a varimax rotated factor solution. Three independent factors with items loading in excess of .40 emerged as a result of this process. Item content indicated a conceptualization of these as measuring Job Satisfaction, Personal Burn Out and Job Burn Out. Conceptually, this split of the Burn Out items relates to respondents' distinctions between:

- burn out as it relates to one's personal life and commitment to the job; and,
- burn out as it relates to one's dealings with the residents.

These outcome measures were constructed by weighting item responses with factor loadings obtained in principal factor solutions for the three scales. Initial analyses revealed that the Job Burn Out measure was substantially skewed; therefore, this outcome was eliminated from further analyses. Alpha reliability statistics for Job Satisfaction and Personal Burn Out were .80 and .83 respectively. Individual items and factor loadings used in constructing Job Satisfaction and Burnout are presented in Table 3.

Development of Measures of the Staff's Working Environment

Two types of staff measures were developed, one from data generated through the Staff Questionnaire and the collective properties drawn from the Administrative Questionnaire.

Table 1-3

INDIVIDUAL ITEMS COMPOSING STAFF OUTCOMES

<u>Variables</u>	<u>Not Accurate</u>	<u>Somewhat Accurate</u>	<u>Generally Accurate</u>	<u>Very Accurate</u>	<u>Missing Data</u>	<u>Factor Loadings</u>
<u>Staff Outcome - Job Satisfaction</u>						
Being paid for a job I enjoy doing.	2.9	14.7	33.3	46.1	2.9	.81069
Feel good working o. t. w/o extra pay.	42.2	28.4	14.7	7.8	6.9	.45514
Would like to find better job soon.	54.9	29.4	9.8	3.9	2.0	-.45730
This job gives me more satisfaction than jobs I have held in the past.	7.8	20.6	29.4	41.2	1.0	.66654
Would recommend this job to friend.	7.8	17.6	35.3	38.2	1.0	.72544
I would take same type job again.	15.7	15.7	27.5	40.2	1.0	.74190
					Eigenvalue	2.59443
<u>Staff Outcome - Personal Burnout</u>						
Requires too much personal investment.	27.5	50.0	11.8	9.8	1.0	.78917
The longer in this job, more emotionally drained at the end of the workday.	45.1	39.2	11.8	2.9	1.0	.60320
More pressure to neglect personal life.	46.1	31.4	18.6	2.9	1.0	.82181
Feelings, hopes and goals on the line.	13.7	31.4	25.5	26.5	2.9	.50740
Can't leave job behind you at end of day.	11.8	42.2	21.6	23.5	1.0	.49833
Requires too much personal and emotional commitment.	32.4	47.1	9.8	9.8	1.0	.85693
					Eigenvalue	2.90212

Responses from three sections of the Staff Questionnaire were further analyzed. One section consisted of the previously described treatment orientation items. A second section listed eight areas of decision-making regarding group home residents and staff members vis-a-vis their involvement in the decision-making process. The final section contained statements regarding various aspects of the job, including relationships with other staff and administrators, career concerns, and role conceptions. Staff members responded to these in terms of "not at all accurate, somewhat accurate; generally accurate; and, very accurate". Items from these three sections were combined on the basis of the factor analysis and content. The staff environmental measures which resulted are: ^{1/}

- Knowledge of Impact;
- Self Determination;
- Personal Relationships with Residents;
- Contribution to Career;
- Staff Communication;
- Encouragement of Resident Confrontation;
- Encouragement of Resident Cohesiveness;
- Role in Resident Group Meetings;
- Decision-Making in Group Home Program;
- and,
- Decision-Making in Screening and Discharge of Residents.

These measures and the frequencies composing the items are presented in Table 4. As in the resident data set, policy relevant individual items which did not load in any of the above factors were included in the analyses.

A second type of staff environmental variable used was administrative collective properties. The same structural, programmatic

^{1/} These items were not weighted by their factor loading, as correlational analysis with weighted and unweighted measures proved differences were negligible.

Table 1-4

INDIVIDUAL ITEMS COMPOSING STAFF ENVIRONMENTAL MEASURES

<u>Variable</u>	<u>Not at all Accurate</u>	<u>Somewhat Accurate</u>	<u>Generally Accurate</u>	<u>Very Accurate</u>	<u>Missing</u>	
<u>Knowledge of Impact</u>						
Know when I have had successful impact or not.	2.0	11.8	61.8	23.5	1.0	
Can find reliable indicators of youths' progress.	2.9	32.4	47.1	15.7	2.0	
Receive feedback about discharged youths.	11.8	39.2	32.4	12.7	3.9	
<u>Self Determination</u>						
I set my own work goals.	4.9	22.5	48.0	24.5	0	
Job has certain specified goals to be obtained.	2.0	14.7	48.0	34.3	1.0	
I can decide what to work at, at any particular time.	11.8	28.4	41.2	17.6	1.0	
I can determine the procedures for getting work done.	5.9	25.5	44.1	24.5	0	
<u>Variable</u>	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Missing</u>
<u>Personal Relationship</u>						
Attempt to develop personal rels.	0	0	5.9	52.0	40.2	2.0
Verbally praise residents.	6.9	4.9	20.6	32.4	28.4	6.9
<u>Career Relationship</u>						
	<u>Not at all Accurate</u>	<u>Somewhat Accurate</u>	<u>Generally Accurate</u>	<u>Very Accurate</u>	<u>Missing</u>	
See job as "stepping stone"	28.7	23.1	20.4	26.9	.9	
Job has nothing to do with career plans.	6.5	0	15.7	75.0	2.8	
Chose job in terms of career contribution.	21.3	30.6	24.1	22.2	1.9	
<u>Communication</u>						
Effort made to get information on staff problems.	5.9	15.7	28.4	49.0	1.0	
Staff informed about what is going on.	4.9	13.7	30.4	50.0	1.0	
Home provides comm. channels b/w staff/admin.	7.8	11.8	31.4	48.0	1.0	
Information easily obtained from other staff.	1.0	16.7	28.4	52.9	1.0	
Open communication encouraged among staff.	1.0	7.8	12.7	77.5	1.0	

Table 1-4 (Continued)

<u>Variable</u>	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Missing</u>
<u>Encouragement of Confrontation</u>						
Encourage peer confrontation.	4.9	2.0	22.5	38.2	28.5	3.9
Attempt to raise level of anxiety.	15.7	17.6	43.1	14.7	4.9	3.9
Encourage challenging others' behavior.	2.0	3.9	32.4	35.3	22.5	3.9
<u>Encourage Cohesiveness</u>						
Encourage keeping an eye on each other.	2.8	3.7	27.8	39.8	20.4	5.6
Encourage group consciousness/cohesion.	0	0	6.5	50.0	40.7	2.8
Encourage doing things as a group.	0	2.8	18.5	39.8	33.3	5.6
Set up conditions for success.	0	.9	25.0	39.8	27.8	6.5
<u>Advisor/Director Meeting Role</u>						
Act as advisor to group in meetings.	2.8	11.1	38.9	23.1	21.3	2.8
Act as director of discussion in meetings.	7.4	23.1	37.0	19.4	10.2	2.8
<u>Decision Making - Group Home Program</u>						
Increase in privileges or promotion.	2.8	1.9	6.5	16.7	72.2	0
Decrease in privileges or demotion.	1.9	2.8	5.6	14.8	74.1	.9
Discipline of individual residents.	1.9	3.7	7.4	15.7	69.4	1.9
Awarding of specific privileges.	3.7	3.7	7.4	12.0	70.4	2.8
Changes in house rules.	1.9	7.4	13.9	12.0	61.1	3.7
<u>Decision Making - Screening and Discharge</u>						
Screening and acceptance into program.	10.2	12.0	15.7	9.3	51.9	.9
Graduation from the program.	9.3	2.8	15.7	4.6	66.7	.9
Discharge of individual residents.	6.5	4.6	28.7	8.3	50.0	1.9

and policy scores from the Administrative Questionnaire which were assigned collectively to residents of the various homes were assigned to the staff respondents in the homes. Thus, all staff and residents in any particular home received the same score on administrative properties, permitting examination of the associations of these variables with both resident and staff outcome measures.

Section IV

A SUMMARY OF MAJOR FINDINGS AND IMPLICATIONS FROM THE RESIDENT DATA

INTRODUCTION

This section presents a summary of important findings which emerged from the analysis of resident data. Descriptive results which provide information as to the extent and nature of various elements of the treatment environments in the homes sampled are provided, as well as evaluation results which show evidence of relationships between these program elements and program objectives. These results serve as the bases for a series of implications which are included in this discussion. Further details regarding the various findings and implications can be found in The Group Home Evaluation System Development Project: Phase I Report.^{1/}

Separate sets of findings related to each of four outcome measures or group home objectives studied during the project are detailed in this section. These included Responsible Behavior, Rebellious Behavior, Self Respect and Two-Way Communication. Seven objectives were originally identified for the research team by group home administrators and personnel. Subsequently, JSA staff selected these four as being of primary interest for extensive data analysis. The environmental variables, or aspects of group home programs, discussed in terms of their relationships with the objectives are those which emerged as most important after analysis of all program elements which the literature, group home personnel and JSA staff identified as having relevance for program development and modification.

While some of the findings may seem to be exactly what one might expect, it is important to obtain research evidence which confirms personal assumptions or expectations. Also, findings show that many of these seemingly self-evident implications have not been extensively applied in group home programs. An effort has been made in this study to address issues which have direct impact on program effort so that results of the evaluation may have practical and useful applications for group home personnel.

^{1/} Johnson, K. W., Rusinko, W. T. and Girard, C. M.; The Group Home Evaluation System Development Project: Phase One Report and Executive Summary Report; International Training, Research and Evaluation Council, 1977.

RESPONSIBLE BEHAVIOR

Introduction

Encouraging responsible behavior among youth sent to group homes is a major goal of those involved in the juvenile rehabilitation process. As a result, many of the treatment approaches used in group homes focus on stimulating residents to behave in responsible ways.

For purposes of the research, "responsible behavior" was considered to be made up of commendable activities that group home residents reported being involved in. These activities included such things as helping a friend; teaching someone something; talking another youth out of doing something dangerous or illegal; etc. To gather information about Responsible Behavior, residents were asked a series of tape recorded questions concerning whether or not they had been involved in such activities between Thanksgiving of 1976 and the date of the home visit (i. e. February-April, 1977). Each youth responded on specially designed answer sheets to insure anonymity.

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.

The paragraphs which follow describe what was learned when information concerning self-reported Responsible Behavior was analyzed in relation to a number of the treatment approaches being used in the group homes. The object of this analysis was to attempt to link the treatment approaches to the occurrence of the behavior. ^{1/}

^{1/} Multiple classification analysis permitted adjustment for the effects of other environmental measures while examining the effects of any particular measure.

Elements of the Treatment Environment Considered to Promote Responsible Behavior

The following aspects of group home programs were analyzed in terms of their relationship with Responsible Behavior.

- Leadership Roles. This was a composite score which measured the extent to which residents assume or are given roles by staff which involve guiding or helping other residents.
- Vocational Training. This measure related to the availability of vocational training opportunities to residents within the home environment.
- Positive Reinforcements. This was a measure derived from data reported by staff. It measured frequency with which various types of positive reinforcement were extended to individual residents, i. e. offering praise, allowing later curfews, etc.
- Negative Sanctions. This was a measure derived from data reported by staff. It measured the frequency of application of various types of negative sanctions with individual residents, i. e. reduction in allowance, exclusion from group outings, etc.
- Resident Decision Making Power. This was a composite score which measured the extent to which residents have decision making power with regard to such things as rewarding and punishing other residents, changing house rules, etc.
- Manager Roles. This was a composite score related specifically to the supervisory function of the residents; i. e. assigning chores to other youth in the group home and verifying their completion. Manager Roles differ from Leadership Roles in that Manager Roles involve a supervisory or "trustee" function, whereas Leadership Roles involve a helping or "big brother" function.

Treatment Elements Related to Responsible Behavior: Findings and Implications

In analyzing the data, it was found that four treatment practices were related to Responsible Behavior, while two practices were unrelated. Those which were related included: Leadership Roles, Vocational Training, Positive Reinforcement, and Negative Sanctions. Those found to be not related were: Resident Group Decision Making Power and Manager Roles. The treatment approaches which were related to Responsible Behavior will be discussed first.

The discussion will focus on Leadership Roles and Positive Reinforcement since they were found to have the strongest relationship to Responsible Behavior. While Vocational Training and Negative Sanctions were found to have weaker relationships with Responsible Behavior, certain trends were observed which, when considered with the stronger relationships concerning Leadership and Positive Reinforcement, may have important implications for program change.

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 possible 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 others engaged in the activity.

Based on these findings, it can be assumed that if group homes provided residents with more access to vocational and similar programs, residents' opportunities for involvement in Leadership Roles would increase. Such a development should encourage the expression of Responsible Behavior. Study findings suggest that such activities be carefully designed so that residents will not merely be participants but will have opportunities to assist one another. Team sports and joint craft or school projects would be examples.

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 carefully planning the use of Positive Reinforcement. Apparently, too little reinforcement will not strengthen desired

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

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 Sanction tended to report high Responsible Behavior. As Negative Sanction (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.

Treatment Elements Unrelated to Responsible Behavior: Findings and Implications

Two additional group home practices were found not to be related to Responsible Behavior. The implications that can be drawn concerning the effect of these treatment methods on Responsible Behavior are limited. These included:

- Resident Group Decision Making Power; and,
- Manager Roles.

These practices were measured and analyzed in that it was assumed that their effects would be comparable with those of Leadership Roles. That logic was employed in that Decision Making, Manager and Leadership Roles all concern areas in which group home residents

can "take charge". The amount of decision making that residents are given varied widely throughout the homes, with most of the residents reporting that they had never been managers. When these program practices were analyzed in terms of relationships with Responsible Behavior, they were found to have no important effects. Therefore, group home operators would not expect the assigning of group decision making power and of manager roles to residents to stimulate Responsible Behavior, although no detrimental effects of these practices were observed. In summary, no implications for change of program practices in the areas of group decision making and manager roles are indicated in this study.

REBELLIOUS BEHAVIOR

Introduction

Paralleling the group home goal of stimulating Responsible Behavior is the control of Rebellious Behavior patterns among group home youth. In fact, a primary objective of many of the prominent treatment elements being used in Maryland group homes is to decrease various types of rebellious activities; therefore, the study of Rebellious Behavior occurring in the group home setting was included in the project.

For purposes of the research, "rebellious behavior" was defined as 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. Information regarding these activities was gathered in the same manner as that concerning Responsible Behavior.

The major finding which emerged concerning Rebellious 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.

The paragraphs which follow describe what was learned when information concerning self-reported Rebellious Behavior was analyzed in relation to a number of the treatment approaches being used in the group homes. The object of this analysis was to attempt to link the treatment approaches to the occurrence of the behavior.

Elements of the Treatment Environment Considered In
Relation to Rebellious Behavior

The following aspects of group home programs were analyzed in terms of their relationship with Rebellious Behavior.

- Negative Sanctions. This was a measure derived from data reported by staff. It measured the frequency of application of various types of negative sanctions with individual residents, i. e. reduction in allowance, exclusion from group outings, etc.
- Physical Restraint. This was a single item, staff-reported measure of the frequency with which residents have had to be physically restrained.
- Disparity- Staff Tone of Authority. This was a measure of the difference between the extent of authority that staff reported using and what the residents said was used.
- Experience with Staff Concern. This was a composite score which measured the extent to which residents see staff members as being available, caring and open with them.
- Intensity of Meetings. This was a composite score which measured the degree of anxiety, tension and confrontation generated during group meetings.
- Leadership Roles. This was a composite score which measured the extent to which residents assume or are given roles by staff which involve guiding or helping other residents.

Unless otherwise noted, all of the information analyzed concerning these treatment techniques and their relationship with Rebellious Behavior was provided by the youth sampled.

Treatment Elements Related to Rebellious Behavior:
Findings and Implications

In analyzing the data, it was found that four treatment practices were related to Rebellious Behavior, while two practices were unrelated. Those which were related included: Negative Sanctions, Physical Restraint, Disparity-Staff Tone of Authority and Experience with Staff Concern. The discussion will focus on Negative Sanctions, Physical Restraint and Disparity-Staff Tone of Authority since they were found to have the strongest relationship to Rebellious Behavior. While Experience with Staff Concern was found to have a weak relationship with Rebellious Behavior, certain trends were observed which, when considered with the stronger associations, may have important implications for program change.

As previously noted, study findings indicated that the use of Negative Sanction, as reported by staff, varies considerably across the group homes studies. When Negative Sanction was analyzed in terms of its relationship with Rebellious Behavior, a number of interesting findings emerged. First, the data indicated that Rebellious Behavior did not increase or decrease steadily as the use of Negative Sanction changed. Second, it was found that the lowest occurrence of Rebellious 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 Behavior proved high among residents who had received punishment very frequently.

While the pattern of relationship between Negative Sanction and Rebellious Behavior differs somewhat from its pattern of relationship with Responsible Behavior, the same implication can be drawn. The findings suggest that negative sanctions must 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 negative sanctions. Following such a review, staff may wish to experiment and develop a system for the use of Negative Sanction. 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 Behavior are examples of the various system approaches that group home staff might investigate. If such a system is developed and negative sanctions are carefully planned, it may be advisable for staff to inform residents of the consequences that will be consistently associated with particular types of behavior. In this way, the youth will be "put on notice" and know what to expect if they are rebellious. However, if the planned approach is not carefully and consistently employed, a "sense of

injustice" may result and lead to higher levels of Rebellious Behavior.

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 Behavior, it was found that those residents who had been physically restrained reported significantly higher involvement in Rebellious 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. Again, 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 Behavior, it was found that the more such experience residents have had, the lower their involvement in Rebellious 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 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. When the differences in responses were compiled, it was found that the majority of the residents reported less staff use of Tone or Authority than group home personnel say they are trying to employ. When this difference was analyzed in terms of its relationship with Rebellious 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 indicate that it is not what the staff say they are doing that is related to Rebellious 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 some 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.

Treatment Elements Unrelated to Rebellious Behavior: Findings and Implications

Two additional group home practices were not found to be related to Rebellious Behavior. The implications that can be drawn concerning the effects of these treatment methods on Rebellious Behavior are limited. These included:

- Intensity of Meetings; and,
- Leadership Roles.

Intensity of Meetings was studied because the major group treatment methods employ intense confrontation in meetings as a tool in attempting to reduce undesirable behavior outside the meetings. Some residents reported highly intense meetings, although most of the residents reported that the group meetings being held in the homes are only moderately intense. When the level of meeting intensity was analyzed in terms of its relationship with Rebellious Behavior, no specific associations were found. Thus, staff might consider re-directing their efforts away from the generation of anxiety and confrontation during group meetings to utilization of other types of treatment approaches.

Although the development of Leadership Roles is an important consideration in attempting to stimulate Responsible Behavior, study findings suggest that providing youth the opportunity for such roles does not affect Rebellious Behavior.

SELF RESPECT

Introduction

Self Respect was studied during the project because it was frequently cited by group home staff and administrators as a significant problem of many home residents. In that many of these youth come from environments providing little or no support for the development of confidence and self-esteem, staff felt that many youth had little self respect. These factors are generally recognized as being important to the successful adjustment to community life.

For the purposes of the research, "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". To gather information about self respect, residents responded in terms of "true" or "false" to a series of tape recorded statements on specially designed answer sheets.

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 which they work.

The following paragraphs describe what was found when the information regarding Self Respect was analyzed in relation to a number of the program elements being used in the group homes. The purpose of this analysis was to attempt to link the treatment approaches to the existing levels of Self Respect.

Elements of the Treatment Environment Considered To Promote Self Respect

The following aspects of group home programs were analyzed in terms of their relationship with Self Respect.

- Experience with Staff Authority. This was a composite score which measured the extent to which residents saw staff as being authoritarian in manner and refusing to listen to excuses for behavior.

- Disparity-Staff Tone of Authority. This was a measure of the difference between the extent of authority that staff reported using and what the residents said was used.
- Staff Average Education. This measure assessed the levels of group home staff's education, i.e., from high school through an advanced degree.
- Disparity-Conditions for Success. This score measured the difference between the extent to which staff reported setting up conditions for resident success (i.e., giving them tasks they can accomplish) and the amount of success the residents said they had experienced in the homes.

Unless otherwise noted, all of the information analyzed concerning these program elements and their relationships with Self Respect was provided by the youth sampled.

Treatment Elements Related to Self Respect: Findings and Implications

In analyzing the data, it was found that four treatment practices were related to Self Respect. Two showed stronger relationships while the remaining approaches exhibited less association. Those which were found to be strongly related included: Experience with Staff Authority and Disparity-Conditions for Success. Disparity-Staff Tone of Authority and Staff Average Education had weaker relationships, thus the following discussion focuses on Experience with Staff Authority and Disparity-Conditions for Success.

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.

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 of a "sense of injustice" which might

contribute to Rebellious 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.

The treatment orientation concerning the creation of Conditions for Success was also studied during the project. 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 of which all residents are capable of taking advantage, and clearly show the youth that they have been successful, Self Respect among the residents may be brought to higher levels than currently exist.

In summary, findings indicated that staff actions and orientations, whether in the area of authority or resident achievement, can significantly impact on the Self Respect of residents.

TWO-WAY COMMUNICATION

Introduction

Two-Way Communication was considered during the study because open communication between residents and staff is considered a requisite of most of the treatment methods used by Maryland group homes. Thus, efforts are being made in the majority of homes studied to help the residents develop their communication skills. Importantly, effective communication requires that youth must be able to express themselves and also be willing to listen to and act on what others are saying.

For purposes of the research, 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.). Information regarding these behaviors and attitudes was gathered by having residents respond to tape recorded questions and statements on specially designed answer sheets that assured confidentiality.

When the information provided by the residents was compiled, it was found that the majority of youth reported moderate to high levels of Two-Way Communication. The following paragraphs describe what was learned when this information concerning Two-Way Communication was analyzed in relation to a number of group home program aspects. The object of these analyses was to attempt to link the treatment approaches to the occurrence of Two-Way Communication.

Elements of the Treatment Environment Considered In Relation to Two-Way Communication

The following aspects of group home programs were analyzed in terms of their relationship with Two-Way Communication.

- Experience with Staff Concern. This was a composite score which measured the extent to which residents see staff members as being available, caring and open with them.

- Contentment with the Home Environment. This was a composite score that dealt with residents' degree of contentment with regard to relationships with staff and the living situation in the home.
- Leadership Roles. This was a composite score which measured the extent to which residents assume or are given roles by staff which involve guiding or helping other residents.
- Staff Average Education. This measure assessed the levels of group home staff's education, i. e. from high school through an advanced degree.
- Staffing Pattern. This was a measure of the number of group homes that use the House Parent or "ma and pa" versus the Counseling Model.
- Discussion of Past Delinquency During Group Meetings. This single-item measure concerned the extent to which residents discuss their past delinquency during group meetings.
- Intensity of Group Meetings. This was a composite score which measured the degree of anxiety, tension and confrontation generated during group meetings.

Unless otherwise noted, all of the information analyzed concerning program aspects and their relationships with Two-Way Communication was provided by the youth sampled.

Treatment Elements Found To Be Related To
Two-Way Communication: Findings and Implications

In analyzing the data it was found that six treatment practices were related in varying degrees to Two-Way Communication. Four of the six showed strong associations. These included: Experience with Staff Concern, Leadership Roles, Staff Average Education and Staffing Pattern. While Contentment with the Home Environment and Discussion of Past Delinquency during Group Meetings were found to have weaker relationships with Two-Way Communication, certain trends were observed which, when considered with the associated treatment approaches, may have important implications for program change.

As reported above, the majority of residents sampled experienced fairly high levels of Staff Concern. When this treatment technique was analyzed in relation to Two-Way Communication, a strong association was found. That is, 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 that 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 that 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.

Treatment Elements Unrelated to Two-Way Communication: Findings and Implications

One treatment approach, when analyzed in terms of its relationship with Two-Way Communication, was found unrelated. The implications that can be drawn concerning the effect of the Intensity of Group Meetings on Two-Way Communication are limited.

Nonetheless, based on the lack of relationship found, staff might consider re-directing their efforts away from attempting to raise anxiety and confrontation levels during group meetings. Instead, they may wish to experiment with the application of counseling techniques that are most likely to foster Two-Way Communication among residents (i.e., listening and non-threatening probing skills).

THE TREATMENT ELEMENTS ANALYZED IN RELATION TO ALL GROUP HOME OBJECTIVES

Two treatment elements were analyzed in relation to Responsible and Rebellious Behavior, Self-Respect and Two-Way Communication. These included:

- Staffing Pattern. This was a measure of the number of group homes that use the House Parent or "ma and pa" versus the Counseling Model.

- Length of Stay. This measured 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 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 studied 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.

OVERVIEW

The findings concerning the residents' data can be summarized in terms of three major issues: group versus individual treatment methods; staff supportive versus staff control orientations; and, communication distortion.

A variety of measures of prominent group treatment modalities 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 supportive behavior also emerged as having important relationships with outcomes. High Staff Concern was related to higher Two-Way Communication by residents, as was the level of staff

education. Staff recognition of residents' accomplishments appeared to be an important factor with regard to strengthening residents' self images whereas residents who had experienced considerable authoritarian reaction from staff reported low levels of self respect.

The final issue involved communication distortion. When group home personnel were asked to report their knowledge of the behavior of individual residents, it became apparent that staff awareness of resident activities, both responsible and rebellious, was generally high. This was determined by matching residents' self-reports, used to construct the Responsible and Rebellious Behavioral Outcomes, with staff reports on the same behaviors of the residents. This provided confidence in the validity and reliability of the measures. Nonetheless, disparities between the treatment techniques and orientations reported by staff and the experiences with these techniques reported by residents proved to be considerable. For example, in homes in which the staff reported frequent attempts to develop personal relationships with residents, it was often found that residents in those homes did not consider the staff to be their "friends". As evidenced above in the case of Disparity -- Staff Tone of Authority, these distortions may be having significant repercussions among the residents. When staff are perceived by residents as being authoritarian, when they do not intend to be so perceived, the residents tend to have less self respect. Moreover, it appears that staff should be attuned to how residents are perceiving their actions and orientations, and not just assume that they are having their intended interpretations.

Section V

A SUMMARY OF MAJOR FINDINGS AND IMPLICATIONS FROM THE STAFF DATA

INTRODUCTION

This section presents a summary of important findings which emerged from the analysis of the staff data. Again, both descriptive and process focused evaluation results are provided, as well as their implications.

Separate sets of findings related to each of two staff outcome measures or objectives, Job Satisfaction and Burn-Out, studied during the project, are documented in this Section. These objectives were identified through discussions with group home personnel and JSA staff. The process 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

Introduction

Job Satisfaction is often associated with goal attainment. Further, managers of all types generally consider employee satisfaction as a critical factor involved with job performance. As a result, the job satisfaction of group home staff was studied during the project.

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 agreement 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.).

When this information provided by staff was compiled, it was found that the majority of staff respondents are moderately to highly satisfied with their present positions.

The paragraphs which follow describe what was learned when the information concerning Job Satisfaction was analyzed in relation to a number of aspects of group home programs which apply directly to group home staff. The object of these analyses was to attempt to link the various program aspects to Job Satisfaction.

Elements of the Staff's Working Environment
Analyzed in Relation to Job Satisfaction

The following aspects of group home programs were analyzed in terms of their relationship with Job Satisfaction.

- Self Determination. This composite score concerned the degree to which staff members can decide their own working methods and goals.
- Development of Personal Relationships. This composite score concerned staff attempts to develop personal relationships with residents and to express verbal praise to residents for responsible behavior.
- Use of Volunteers. This measure was concerned with the number of hours per week that staff have access to volunteer workers.
- Communication. This composite score measured the degree of emphasis placed on maintaining channels of communication among staff and administrators in the group homes.
- Knowledge of Impact. This was a composite score which measured the degree to which staff knew of successful impacts on residents or were aware of indicators of progress in their work. An added dimension was the degree of feedback obtained on discharged youth.
- Contribution to Career. This composite score pertained to the degree that the group home job contributed to the individual's career goals.

- Staffing Pattern. This was a measure of the number of staff who are in group homes that use the House Parent versus the Counseling Model.

Unless otherwise noted, all of the information analyzed concerning program elements and their relationships with Job Satisfaction was provided by the group home personnel sampled.

Program Aspects Related to Job Satisfaction: Findings and Implications.

All six of the program aspects proved to have some relationship with Job Satisfaction. The strongest associations were found with Self Determination and Communication. Thus, the discussion which follows focuses on these program characteristics. In addition, comments are offered concerning the following program aspects due to the fact that weak relationships were uncovered between them and Job Satisfaction: Development of Personal Relationships, Use of Volunteers, Knowledge of Impact, and Contribution to Career.

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.

This finding suggests that staff discretion is an important ingredient in the satisfaction of group home jobs. Facility directors may wish to consider broadening staff responsibility for determining their own working methods and goals.

One area where staff might be given increased discretion concerns the development of personal relationships with residents. Study findings indicated that staff who reported frequent attempts to develop personal relationships with residents were most likely to be highly satisfied 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.

A more global aspect of Self Determination involves the career directions of group home staff. It was considered important to assess whether staff members are currently "where they want to be" in terms of ultimate career objectives. For the most part, study findings indicated that staff members feel that their current jobs constitute medium to high contributions to their careers.

When Contribution to Career was analyzed in terms of its relationship with Job Satisfaction, it was found that satisfaction tended to be highest among those staff for whom the job constitutes a moderate contribution to their careers. One explanation of this finding is that in situations where the job is seen as highly contributive to one's career, there may be a greater tendency to look ahead to more fulfilling positions, hence, limiting satisfaction with the present "stepping stone" job.

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 with the youth they are working with 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 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.

Program Aspects Unrelated to Job Satisfaction

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. ^{1/} 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

Introduction

One of the problems which seems to be endemic among the group homes is the high rate of staff turnover. Explanations for this phenomenon offered by group home administrators focused on the

^{1/} When compared with the previously mentioned finding that only sixty percent of the residents are in homes using the Counseling Model, it is apparent that the staff/resident ratio tends to be higher in these homes.

generally low salaries in most group homes and the tendency for staff to burn out.

Burn Out is a relatively recent concept which has received little or no attention in community corrections literature. In view of its recognition and acceptance in practical circles, Burn Out was studied during the project. For purposes of the research, "burn out" was defined as:

the tendency for staff to become increasingly unable to respond to the demands of the job, due to the high levels of personal and emotional commitment required.

To gather information about Burn Out, staff members were asked to indicate the extent of their agreement with a series of questionnaire statements (i.e., This job requires too much personal investment; You have to put a lot of your feelings, hopes and goals on the line in this job, etc.).

Study findings showed that the majority of staff reported that they had little difficulty in responding to the demands of the job. However, this was considered significant in that Burn Out was seen as a process occurring over time and many of the staff could be seen as having the symptoms or the potential to Burn Out.

The paragraphs which follow describe what was learned when that information concerning staff Burn Out was analyzed in relation to a number of elements of group home jobs.

Elements of the Staff's Working Environment Analyzed in Relation to Burn Out

The following aspects of group home jobs were analyzed in terms of relationships with Burn Out.

- Average Work Week. This measure concerned the number of hours per week that group staff work.
- Uncompensated Overtime. This measure concerned the number of hours of overtime worked by staff, but for which they were not remunerated.
- Annual Salary. This was a measure of base pay received by staff.

- Knowledge of Impact. This was a composite score which measured the degree to which staff knew of successful impacts on residents or were aware of indicators of progress in their work. An added dimension was the degree of feedback obtained on discharged youth.
- Decision Making in Screening and Discharge. This was a composite score referring to decisions in areas normally considered administrative (i. e., screening of new residents, graduation and discharge of residents).
- Staffing Pattern. This was a measure of the number of staff who are in group homes that use the House Parent versus the Counseling Model.

Unless otherwise indicated, all information concerning these job aspects and their relationship with staff Burn Out was provided by group home staffs.

Job Aspects Related to Staff Burn Out: Findings and Implications

Data analysis indicated that three job aspects were related to staff Burn Out, while three were not. Those that were related included Average Work Week, Uncompensated Overtime and Knowledge of Impact. Those job aspects found not be related to staff Burn Out were Annual Salary, Decision Making in Screening and Discharge and Staffing Pattern.

With regard to Average Work Week, it was found that as staff's average work week increased, Burn Out increased. The majority of personnel sampled reported working over 40 hours a week on the average. This finding suggests that efforts be made to reduce the total number of hours that staff are required to work. Where limited finances prohibit the hiring of additional staff, the expanded use of trained volunteers might be considered. Possibly, local colleges and universities would provide needed support.

Another option might involve the establishment of shift schedules with provision for compensatory time. This may be beneficial in that extra hours would occur only when specifically needed.

One fourth of the personnel sampled reported an average of ten uncompensated hours of work per week. Over half reported at least some uncompensated overtime. Interestingly, however, Uncompensated Overtime was found to have only a weak relationship with Burn Out. Although there was a tendency for Burn Out to increase as uncompensated overtime increased, the relationship was not as important as the one concerning Average Work Week.

This suggests that being paid for extra work is not necessarily a solution to the problem posed by long hours. It appears that attention should focus on reducing the actual number of hours worked, paid or unpaid. Again, the provision for compensatory time may be a viable alternative in that flexibility in staff schedules may provide the appropriate manpower at the times when it is most needed, yet it may offer sufficient relief for group home personnel.

Knowledge of Impact was found to have a relationship with Burn Out comparable to its relationship with Job Satisfaction. Staff who reported the most extensive knowledge of their impact on youth were the least likely to be burned out. This suggests that providing extensive knowledge of progress and success of residents may have desirable effects on group home staffs.

Job Aspects Unrelated to Staff Burn Out: Findings and Implications

Over fifty percent of personnel sampled reported Annual Salaries of less than \$9,000. The unrelated nature of this job aspect with Burn Out, suggests that the hours of work, not the payment for such work, is the important consideration in minimizing Burn Out. Although salary increases are always welcome, they should not be viewed as a blanket solution to many staff Burn Out problems that exist.

With regard to Decision-Making in Screening and Discharge, most of the staff reported moderate to high involvement in such administrative decision making areas. However, involving staff in certain administrative areas does not appear to be an effective strategy in alleviating job pressures and dealing with Burn Out. It is possible that such involvement adds to an already burdensome workload in some cases. Perhaps, if used as a diversion from, rather than an addition to regular work with residents, such a strategy could be more effective.

Finally, Staffing Pattern was found to be no more important with regard to Burn Out than it was with Job Satisfaction. Whether group homes employ the Counseling or the House Parent Model is not a critical consideration regarding the staff problems analyzed in this study.

OVERVIEW

One of the unique features of the project is its dual focus on the treatment environment of residents and the working environment of staff. The research focussed on two primary objectives with regard to group home employees. First, as in the case of any employees, it was considered important to have staff who are basically satisfied with their jobs. Second, there has been much discussion among practitioners about a phenomenon that is unique to human service employees -- burn-out. In human service organizations, it is necessary for staff to maintain a certain level of detachment from the clients whom they serve. Staff such as group home counselors cannot afford to provide high levels of emotional and personal support to numerous clients on a continual basis. If such a commitment is made, the likely result is a growing disenchantment with the work, gradual withdrawal and increasing ineffectiveness -- in short, burn-out.

Two measures of elements of the group home working environments proved to be significantly associated with staffs' Job Satisfaction. The more communication among and between staff and administrators that staff members reported, the more satisfied these staff tended to be with their jobs. Also, staff who reported high levels of discretion and autonomy in their jobs reported higher levels of Job Satisfaction.

Two additional aspects of the organization had somewhat different relationships with Job Satisfaction. It was found that staff in programs having access to extensive volunteer support (over 20 hours per week) and staff with extensive knowledge or feedback about the success or failure of clients, were significantly more satisfied than other staff. However, moderate levels of volunteer support and moderate levels of knowledge of impact were not associated with corresponding increases in Job Satisfaction. It appears that token attempts at volunteer and feedback systems are of little consequence.

With regard to Burn-Out, only one job condition was significantly associated. The more hours that staff reported working, compensated or not, the more Burn-Out they reported. Interestingly, salary was not associated with Burn-Out; high salaried staff were as likely as low salaried staff to report high levels of Burn-Out. Apparently, the critical factor is being on call and responsive to problems for long periods of time, often voluntarily.

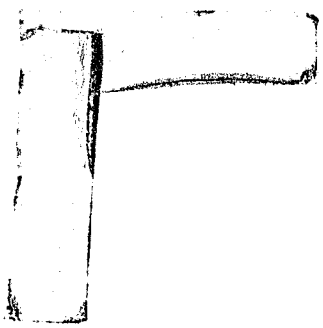
This first stage of the development of the Group Home Evaluation System illustrated the potential utility of results generated, and provided a foundation upon which second year activities could build. During the two data collection stages of the second year, attention focused on revision and refinement of the data collection instruments which would eventually comprise the system.

Part II

Development of an Ongoing Evaluation System

CONTINUED

1 OF 4



Section VI

INTRODUCTION TO PART II

OVERVIEW OF TWO YEARS OF THE PROJECT

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 the development of instruments for collecting the necessary data and establishing their validity and reliability. The field of testing is a dynamic one, subject to constant change and development, and only a relatively few well known instruments have survived the test of time. Cronbach (1970: 115) has stated that "Tests must be selected for the purpose and situation for which they are to be used. Different tests have different virtues; no one test in any field is 'the best' for all purposes -- Some tests work well with children but not with adults; etc."

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. Some items were created for the specific testing situation, while others were taken from existing inventories. This is a common practice in psychological testing, and it accounts for the correlations between tests often offered as evidence of validity. "Test authors are forever borrowing from each other (some questions have been reincarnated in as many as ten or twelve different tests) and what the correlations largely prove is how incestuous tests can be" (Whyte, 1968: 348). Using this kind of "incestual" evidence of validity was fortunately avoided in this project.

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 (Anastasi, 1961: 105). Validity refers to the "degree to which the test actually measures what it purports to measure. The objective evaluation of psychological tests involves primarily the determination of the reliability

and the validity of the test in specified situations."

Whereas Part I focused on activities and products of project year one, the remaining portion of this report describes those of the second year. As stated earlier, an important feature of the Group Home Evaluation System Development Project is that the data requirements for the ongoing system were derived from an empirical examination of over 700 variables analyzed during the first year. This effort provided the basis for further development of a utilization focused system which is comprised of a battery of valid and reliable instruments.

It is important to note that the evaluation system has been designed for a variety of users. Chief among these are:

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

In the case of JSA administrators, accessibility of descriptive data on program operation may be useful for resource allocation, funding and planning. Data elements are also included which were designated by the MERF team as assisting in performing their monitoring function. Moreover, the system has been designed so that JSA's research staff has data available for in-depth analysis of relationships between program operations and outcomes. Importantly, results which are descriptive and exploratory may be supplied to program directors for purposes of program modification and new developments.

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 acceptable for future use.

PROBLEMS ENCOUNTERED IN EVALUATING THE INSTRUMENTS

Establishing the reliability and validity of the instruments to be used in the evaluation system was complicated, as is customary in research of this type, 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.

During the first year of the project, three people formed the data collection 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, but still to youth one at a time with a researcher present to explain unclear items. On an ongoing basis, staff will not be available for such a procedure and all parts of the inventory must be administered by means of a recording in a small group setting with supervision. 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 results 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 and possibly hungry at the end of a school day. 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 easier 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). Social desirability is one problem which will be discussed in reference to Self Respect, an outcome measure established in the first year. 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?' 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).

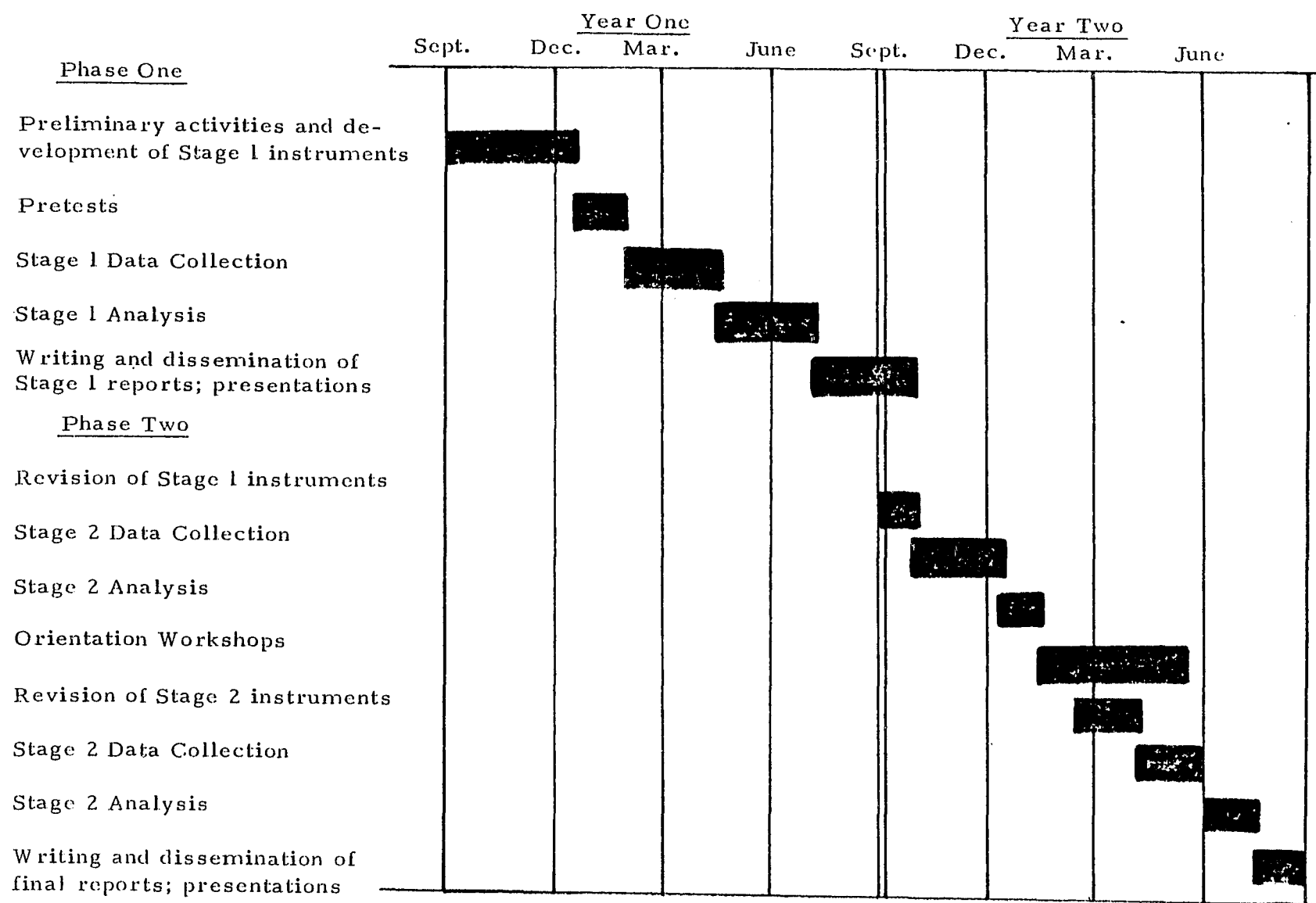
These problems were apparent in both staff and resident inventories. Staff of most homes assisted in clarifying items and response categories during the orientation visits, described in Section X. It was more difficult to obtain resident input, but in addition to observation of behavioral reactions in the testing sessions, responses were reviewed in an effort to augment subjective judgment 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 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 above discussion illustrates some of the practical problems which faced the researchers in the second year's task. Part II of this report has been organized so that readers may closely examine the decision-making process which led to the final battery of evaluation instruments and data collection procedures. In total, 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



OVERVIEW OF PARTICIPANTS

In selecting samples for the testing of instruments during Stages 1, 2 and 3, the research team attempted to have them reflect the geographical, racial and sexual diversity of the Maryland group home population. For example, the Stage 1 sample came from homes in nine different counties ranging from Garrett on the western edge of the state to Dorchester bordering the state of Delaware on the east. Stages 2 and 3 added five additional counties, plus homes in the states of Virginia and West Virginia.

As reported earlier, Stage 1 consisted of data collected from 151 residents and 108 staff from 23 group homes. During the second year of the project, data were collected from 14 additional facilities in Stage 2. Ninety-five residents and 77 staff members participated. In Stage 3, 110 youths from 17 facilities participated and 50 staff members from 11 group home organizations provided data. In all, 40 group home facilities participated in one or more stages.

In Stage 1, sex and race characteristics of the sample were as follows: 43% white males, 28% black males, 23% white females, and 6% black females. This is a fairly close approximation of the statewide group home population of: 54% white males, 25% black males, 15% white females, and 7% black females. Stages 2 and 3 had similar demographic balance.

In Stage 1, 73% of the group home staff sampled were 30 years of age or younger; 36% were 25 or less. In Stages 2 and 3, 60% were 30 or younger and 31% were 25 or less. Thirty-five percent in Stages 2 and 3, compared with 46% in Stage 1, were non-white. Education levels were comparable in the two project years, with 61% and 68% holding at least college degrees, and 15% and 12% having no more than high school educations in the two years respectively. In Stage 1, 66% of the staff reported earning less than \$10,000 annually, whereas 77% reported less than \$10,000 in Stages 2 and 3. This difference is probably due to selection factors. Five programs in Montgomery County, where average salaries are higher than in the rest of the state, were involved in Stage 1 while none were involved in Stages 2 or 3. Also, staff of three state operated group homes participated in Stage 1. The salaries of these classified employees are generally higher than those of the average entry level counselors. Percentages concerning length of employment were similar in the two project years, with 54% and 52% being in their first year with the organization and 71% and 68% in their first two years. These figures reflect the high staff turnover rates which seem to be endemic among the group homes.

OVERVIEW OF PART II

The remaining sections of this report document the research team's efforts to develop instruments for the ongoing system.

Section VII presents a general discussion of the procedures which led to the final battery of evaluation instruments. Criteria for making decisions regarding items to be included in the completed evaluation package were based on a number of reliability and validity checks. These included:

- Construct validity of measures across time periods;
- Content validity;
- Face validity; and,
- Alpha reliability. ^{1/}

An additional criterion used in deciding which data elements are to be collected on a continual basis was the determination of the statistical importance of measures vis-a-vis multiple classification analysis. Notably, statistical control for the effects of other variables was limited by time constraints in Stages 2 and 3; however, analyses were considered appropriate for screening purposes. In essence, this section is a summary of research activities in Stages 1, 2, and 3 and a detailed description of the content of the evaluation system. Sections VIII and IX describe the validation process in detail, and the reader who is not interested in the technical aspects of this process may wish to skip them.

The discussion in Section VIII begins with a comparison of data elements, procedures and scale construction results pertaining to residents in Stages 1 and 2. Next Stages 2 and 3 are compared along the same dimensions. Changes in scale structure are highlighted, with discussion as to why certain scales did not persist across validation stages. Section IX follows along the same lines, but focuses on group home staff members rather than residents.

Section X presents a detailed discussion of orientation workshops which included staff from 33 community-based treatment organizations located in Maryland, Pennsylvania, Virginia and West Virginia. Finally, Section XI 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/} See Part I, Section III and Part II, Sections VII and VIII for detailed discussions of these criteria.

Section VII

OVERVIEW OF EVALUATION SYSTEM FOR JSA'S
COMMUNITY-BASED RESIDENTIAL CARE PROGRAM

INTRODUCTION

This section presents the core content of the evaluation system instruments, which was derived from an analytical process spanning the three validation stages. The strategy throughout, as outlined in Part I, was to identify and develop measures of primary program objectives as well as elements of the various treatment strategies which relate to the achievement of such objectives. Whether or not these goals are predictive of successful subsequent adjustment in the community can only be measured by follow-up studies which are necessarily long range in scope. This project will supply information useful to program administrators in a relatively short time, based on the assessment of immediate objectives of group homes. The following discussion describes the development of the final set of instruments for residents and staff by illustrating the changes made in outcome measures (immediate objectives) and environmental measures (elements of treatment strategies or working environments) during Stages 1, 2, and 3.

Instruments in Stage 1 were developed based on an extensive review of the literature and considerable input from both JSA program staff and group home personnel. Stage 2 instruments were constructed based on the results of Stage 1. Items that contributed to outcome measures or objectives were selected, as well as those that contributed to environmental measures showing evidence of association with the outcomes. New items intended to measure additional elements of the treatment and working environments, as well as items intended to bolster certain Stage 1 measures, were added. For example, items describing the "social climate" of the residents' treatment environment were added to the resident instrument, and, items concerning the availability of staff training were added to the staff instruments. Certain response alternatives were changed in an effort to make them more applicable to the items and some items were reworded. Procedures of data collection from residents were streamlined, with all items administered by means of a two-part cassette tape.

Comparison of Stage 1 and Stage 2 results was the basis for development of Stage 3 instruments. Stage 1 measures which did not materialize in Stage 2 were dropped. Items from measures which did appear in a form similar to that found in Stage 1 were retained. Also,

new measures created from items added during Stage 2 were kept if they showed evidence of association with outcomes. Again, items were added which were intended to measure additional outcome criteria and elements of the treatment and working environments or to bolster existing measures. For example, sixty psychological outcome items regarding independence, future orientations and communication were added to the resident instrument in Stage 3. Staff environmental items concerning potential for advancement in the organization and availability of relief from the pressures of the job were added to the staff instrument. Again, certain response alternatives were changed and certain items were reworded.

Finally, the results of Stages 2 and 3 were compared and items were selected for inclusion in the final instruments. Chart 2-2 provides an overview of the development of measures at each validation stage and the final measures. 1/ As noted above, details concerning the validation process in the three stages summarized above are presented in Sections VIII and IX.

Recognizing that "validity" is a matter of degree, rather than an all-or-none property, and validation is an unending 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. That is, items were selected for outcome measures if they appeared in factors measuring the same underlying phenomenon in two validation stages. For example, in Stage 1, factor analysis produced a cluster of eight items reflecting different types of responsible behavior. 2/ In Stage 2, another cluster of eight items reflecting responsible behavior emerged from the factor analysis, with six of the items repeating from Stage 1. It can be said that the measures of responsible behavior developed by combining the items in the clusters in Stages 1 and 2 have construct validity, meaning that several items concerning the same general type of behavior were correlated and used to form a valid measure of the behavior.

1/ Notably, final evaluation instruments are presented in Appendix B. Slight discrepancies may be noted between items presented in the text and those in the instruments. These are a result of a final review and refinement of instruments occurring subsequent to the writing of this report.

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

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

<u>Resident Evaluation Framework</u>				
	<u>Stage 1</u>	<u>Stage 2</u>	<u>Stage 3</u>	<u>Final Instruments</u>
Outcome Measures	Responsible Behavior	Responsible Behavior	Responsible Behavior	Responsible Behavior
	Rebellious Group	Rebellious Group	Rebellious Behavior	Rebellious Group Home Behavior
	Home Behavior	Home Behavior		Behavior
	Rebellious Community Behavior	Rebellious Community Behavior		Rebellious Community Behavior
	Self Respect	Self Respect	Independence	Self Reliance**
	Two-Way Communication	Two-Way Communication	Future Orientation	Self Confidence in Communication**
	Goal Orientation*		Communication	
	Submissiveness*			
	Value of Education* (Intrinsic & Extrinsic)			
	Environmental Measures 01-II	Staff Concern	Staff Concern	Staff Concern
Staff Authority		Staff Authority	Staff/Resident Trust	Staff Authority
Positive Reinforcements (Staff Reported)		Positive Reinforcements (Staff Reported)	Positive Reinforcements (Resident Reported)	Staff/Resident Trust
Negative Sanctions (Staff Reported)		Negative Sanctions (Staff Reported)	Negative Sanctions (Resident Reported)	Positive Reinforcements (Staff & Resident Reported)
Leadership Roles		Involvement		Negative Sanctions (Staff & Resident Reported)
Manager Roles		Expressiveness	Custodial Atmosphere	Involvement
Cohesiveness of Residents		Manager Roles	Structure	Expressiveness
Intensity of Meetings		Staff Order	Friends	Aversive Atmosphere
Contentment with Home Environment		Spirit	Program Planning	
Decision-Making Power		Rule Clarity		
		Decision-Making Time		
		Decision-Making Other Areas		

* 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.

Chart 2-2
(Continued)

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

II-II

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

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 one is attempting to measure. This was accomplished through successive reviews of items by JSA research and program staff and ITREC staff and advisors. For example, the items combined to form the measures of responsible behavior were examined and determined to reflect responsible behavior (e. g., I help other residents with school work).

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/} Continuing with the responsible behavior example, alpha indicated that the eight items were intercorrelated to such an extent that they provided a stable and precise measure of responsible behavior.

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 concerning staff use of authority was identified.

Notably, such an element of the environment may not be found in the same form in another set of group homes or in a later testing, because staff may modify or have a different treatment environment. This flexibility and ongoing modification of the treatment environment

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

must be reflected in the evaluation instruments. These instruments must be injected with items concerning new developments in the treatment environment, and factor analysis must be employed to determine how these new developments interplay with other elements of the environment.

The elements of the treatment and working environments identified in the three validation stages were subjected to multiple classification analysis to obtain some indication of their importance in relating to scores on outcome measures.^{1/} In the remainder of this section, the resident and staff evaluation system frameworks are discussed. The dimensions and elements of these environments were selected on the basis of the three validation stages with the above-discussed criteria in mind.

RESIDENT EVALUATION FRAMEWORK

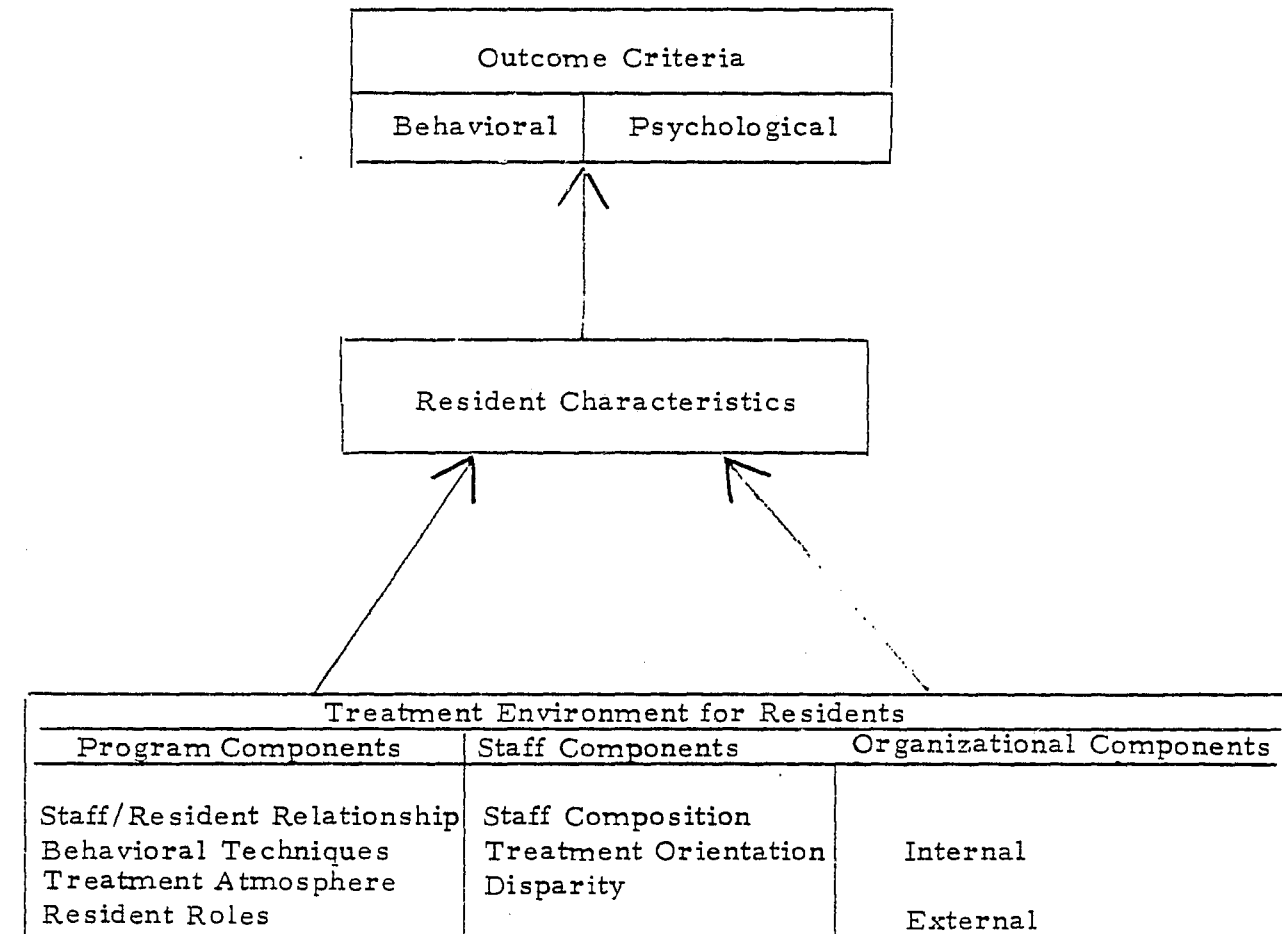
Chart 2-3 presents an overview of the structure of the evaluation system as related specifically to residents of community based residential programs. It illustrates that the treatment environment leads to achievement of the desired outcomes through its effect on the residents. This structure takes into account the fact that certain treatment elements may affect youth differently depending on their age, sex, race and other characteristics and that these resident characteristics are important variables influencing the achievement of program objectives or outcomes. Within the 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. Each category on the chart is discussed in terms of specific content below.

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 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.

^{1/} Multiple classification analysis is equivalent to multiple regression using dummy variables.

Chart 2-3: Framework for Resident Section of the Evaluation System



Behavioral Outcome Measures. Items that contributed to measures of "Responsible Behavior," "Rebellious Group Home Behavior" and "Rebellious Community Behavior" during both Stages 1 and 2, as well as items appearing in either 1 or 2, are presented in Chart 2-4. Those peripheral items appearing in only one stage are included because of their content and face validity, and because of their potential to increase reliabilities of the measures.

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 Modification, 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.

Psychological Outcome Measures. A different criterion was used in selecting "self reliance" and "self confidence in communicating" as the final psychological outcome measures. As is usually the case, psychological measures were not as stable or reliable as behavioral measures. Stages 1 and 2 did not provide an adequate base on which to make decisions for final measures, since the psychological outcomes developed in Stage 1, Self Respect and Two-Way Communication, were not replicated in Stage 2. This may have been due to the use of True/False 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. 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.

Chart 2-4

Items Included in Behavioral Outcome Measures

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

Responsible Behavior

- Done a job without being asked or told?
- * Helped someone with schoolwork?
- * Talked someone out of something dangerous or illegal?
- * Helped someone complete a task 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 yourself in the home?
- * Led a group activity?
- Taught someone how to do something beneficial?
- Done extra schoolwork?

Rebellious Group Home Behavior

- * Had a fist-fight with someone in the home?
- * Talked back to staff?
- * Picked on or threatened other kids in the home?
- Ridiculed other kids in the home?
- * Kept on talking after you were supposed to be quiet?
- * 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

- * Shoplifted?
- * Taken something from another kid?
- * Skipped school?
- Taken a car without the owner's permission?
- * 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?
- * Items appearing in both Stage 1 and 2 measures.

Chart 2-5
Items Concerning Psychological Outcome Measures

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 psychological outcome of Two-Way Communication developed in Stage 1 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 considered important for residents to perceive that communication is a vehicle that they can use to solve many problems. Stimulating self confidence in communicating is a major goal of many group home programs.

Sixty psychological items having content validity in the areas of Independence, Future Orientation and Communication were selected, with the multiple response alternatives of "not at all like me/a little like me/quite a bit like me/very much like me." Factor analysis established that the Independence items and the Future Orientation items were measuring largely the same thing, constituting present and future dimensions of Self Reliance. Hence, nine items were combined to form this measure, the reliability of which was acceptable. Ten items were combined to form a reliable measure of Self Confidence in Communicating. Items composing these measures are shown in Chart 2-5.

These two psychological measures, Self Reliance and Self Confidence in Communicating, 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, rather 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.

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, even though I know I shouldn't.
It's very hard for me to go against the crowd.
I don't like to think about what will happen to me 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 never turn out right anyway.

Self Confidence in Communicating

I am afraid of saying the wrong thing 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 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. I mumble, get mixed up, or don't talk clearly.
When I am talking with someone, I am able to look him directly in the eye.

Dependability

I have trouble getting places on time.
I can be relied upon to do what I say I will do.
I get things done, I do a lot of work at a given time.
I stick to a job or task until I finish it.
I get up on time and get to school or work on time.
I go 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 in school and on the job done on time.

These psychological outcomes, Self Reliance and Self Confidence in Communicating, are composed largely of negatively worded items. Positively worded items were included in the questionnaire, but factor analysis results indicate that these items were measuring somewhat different aspects of Communication and Self Reliance. Some of the items included in Communication and Self Reliance will be reworded to reflect positive mind states, in order to avoid establishing a response set among residents and to add variety to the instrument. It is important to avoid discouraging or depressing residents through administering the instrument.

Stage 3 also produced a factor reflecting Dependability, which was composed of items originally intended as Responsible Behavior. However, these items, reflecting punctuality, perserverance and trustworthiness, were found to be independent of the behavioral items and seemed appropriately matched with the alternatives, "not at all like me/ a little like me/quite a bit like me and very much like me." In the final refinement of instruments, it was decided to incorporate these items, which are presented in Chart 2-5.

Summary or Resident Outcome Measures. The evaluation system will contain items reflecting six areas of objectives of group home programs. Three behavioral outcomes, Responsible Behavior, Rebellious Group Home Behavior and Rebellious Community Behavior, are based on consistent clusters of items uncovered through factor analysis in the first two validation stages. Thus, psychological outcomes, Self Reliance, Self Confidence in Communicating, and Dependability are based on clusters of items uncovered through factor analysis in Stage 3.

While it has been determined that the six outcome measures reflect desirable treatment goals (encouraging Responsible Behavior, minimizing Rebellious Behavior, etc.), there is no "control" group at this point to assist in the assessment of the optimal amount of Responsible Behavior or Self Reliance. In Stage 3, the scores on items composing Responsible Behavior, etc. were fairly well distributed among the four response options: never, once or twice, several times, many times, with between 40 and 60 percent of the residents answering once or twice or several times on all items. Distributions with respect to Rebellious Group Home Behavior were similar. However, in the case of Rebellious Community Behavior, over 60 percent responded "never" to such items as:

- I have shoplifted;
- I have skipped school;
- I have cheated on a test; etc.

It appears that social desirability may be influencing these responses although the time frame of the questions, (within the past two or three months), doubtless accounts for some of the emphasis on "never". Very possibly, the youth have not been heavily involved with the community since their residence in the group home.

The pattern was somewhat different with regard to the psychological items, which were answered with "not at all like me/a little like me/quite a bit like me/very much like me." Approximately half of the respondents answered "not at all like me" to items reflecting lack of Self Reliance and lack of Self Confidence in Communicating; whereas, the other half reported these undesirable qualities to be "a little", "quite a bit" or "very much" like them.

It will remain for follow up reports on these youth upon their return to the community to determine whether these goals are related to subsequent successful adjustment and whether they are being achieved.

Resident Characteristics

This category of data elements in the evaluation system involves Resident Characteristics. As previously stated, 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 the outcome criteria. Following is a discussion of measures of the treatment environment which may affect the outcome measures previously described.

Resident Treatment Environment

As depicted in the framework of the Resident Section of the Evaluation System (Chart 2-3), the components of the treatment environment are viewed as the stimuli which impact on the residents, affecting scores on the above discussed outcome criteria. Three sets of these components are representative of the shifting internal dynamics of group home treatment, and were selected on the basis of results in validation Stages 1, 2 and 3. Staff and organizational components are more fixed, and were selected on the basis of Stage 1 results and policy relevance.

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 discussed above. For example, the element of Staff Concern was found to be directly related to Resident Communication in Stage 1. As discussed in the Introduction to this section, the items that compose these elements will change as modifications are made in group home treatment programs. Also, new elements of treatment become important to measure as new techniques and treatment modes are used in the group homes. Treatment environments are considerably less consistent across programs and across time than are the objectives of the programs.

The dimension of staff/resident relationships contains measures developed from residents' reports of their individual experiences with and perceptions of the staff of community-based residential programs. The data elements in this area are Staff Concern, Staff Trust and Staff Authority. Chart 2-6 presents items related to these elements. During Stage 1, Staff Concern and Staff Authority items were answered in terms of never, sometimes, often and always. During Stage 3, Staff Trust items had true/false response alternatives. Residents who reported high Staff Concern in Stage 1 had significantly higher scores on Two-Way Communication and somewhat lower scores on Rebellious Behavior. Residents who reported high Staff Trust in Stage 3 showed some tendency to have higher Self Reliance. Finally, residents reporting high Staff Authority in Stage 1 had significantly lower levels of Self Respect.

Reward/Sanction System is the second dimension of program components included in the ongoing evaluation system. This dimension contains information concerning the extent to which residents have received Positive Reinforcements and Negative Sanctions from staff. Data elements in this dimension will be formed both from information reported by staff on the Staff/Youth Specific Questionnaire and the same information reported by the residents themselves. Items composing these measures, which will be responded to by both staff and residents, are also presented in Chart 2-6. In Stage 1, optimal levels of both positive reinforcements and negative sanctions, as reported by staff in terms of never, once or twice, several times, many times, were found. That is, as staff reported higher use of reinforcements, residents' responsible behavior increased to a point. However, very high levels of reinforcement were not related to higher levels of Responsible Behavior. Correspondingly, use of negative sanctions was associated with decreasing Rebellious Behavior to a certain level, after which very high use of sanctions was not related to lower Rebellious Behavior. These findings are in line with most theories of behavior modification, which state that reinforcements and

Chart 2-6

Items Included in Resident Program Components

	Data Element	Items
Dimension Staff/Resident Relationships	<u>Staff Concern</u>	<ul style="list-style-type: none"> - 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.
	<u>Staff/Resident Trust</u>	<ul style="list-style-type: none"> - 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.
	<u>Staff Authority</u>	<ul style="list-style-type: none"> - 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.
Dimension Reward/Sanction System	<u>Positive Reinforcement</u>	<ul style="list-style-type: none"> - Received cash for good behavior. - Received store items for good behavior. - Been allowed to attend 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.
	<u>Negative Sanction</u>	<ul style="list-style-type: none"> - 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.

	Data Element	Items
Dimension	Treatment Atmosphere	<p><u>Involvement</u></p> <ul style="list-style-type: none"> - Very few residents have any responsibility for the program here. - Residents are expected to take leadership here. - Residents can wear whatever they want here. <p><u>Expressiveness</u></p> <ul style="list-style-type: none"> - 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. <p><u>Aversive Atmosphere</u></p> <ul style="list-style-type: none"> - 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.
	Resident Roles	<ul style="list-style-type: none"> - 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?

sanctions should be applied intermittently and terminated when appropriate behavior patterns are established. Apparently, many group home staff are going beyond that point at which termination is advisable. Correspondingly, residents may perceive a certain degree of artificiality or insincerity associated with very frequent use of these techniques.

In Stage 3, High Positive Reinforcement, as reported by residents, appeared to be related to higher levels of Self Confidence in Communicating, whereas low use of reinforcements appeared related to lower Self Reliance. Very high use of Negative Sanctions, again reported by residents, appeared to be associated with Lower Self Reliance as well.

Another area of program components included in the evaluation system involves residents' perceptions of the treatment atmosphere. The items which compose the data elements in this dimension were originally selected from the Moos Community Oriented Programs Environment Scale. Whereas the previously discussed dimensions of program components pertain to individual residents' experiences in the treatment program, this dimension concerns residents' views of the general climate in the group homes. Items composing the data elements of Involvement, Expressiveness and Aversive Atmosphere are also presented in Chart 2-6. These items had response alternatives of true/false.

During Stage 2, a tendency was found for residents of programs with high levels of resident Involvement to score higher on Responsible Behavior, whereas low levels of Involvement were suggestive of less Responsible Behavior. The pattern differed with respect to Rebellious Group Home Behavior. This type of rebellious behavior appeared to be lower among residents reporting very low and very high levels of involvement. The same patterns of relationships seemed to emerge regarding resident Expressiveness. Residents in programs encouraging very high levels of resident Expressiveness tended to report higher levels of Responsible Behavior, whereas very low levels of Expressiveness appeared related to low scores on Responsible Behavior. Again, a curvilinear relationship was suggested with regard to Rebellious Group Home Behavior. That is, Residents in programs with the highest level of Expressiveness, as well as the lowest level of Expressiveness, tended to report less Rebellious Group Home Behavior than residents in programs with moderate levels of Expressiveness. A similar pattern emerged with respect to Rebellious Community Behavior. Possibly, programs which give little or no encouragement to residents to express their problems or their anger freely (Expressiveness) and programs in which the residents have little responsibility or leadership (Involvement) effectively suppress such behaviors as talking back to staff, fighting with and threatening other residents and refusing to do chores, by maintaining strict staff control. Programs with very high encouragement of Expressiveness and Involvement may be eliminating these behaviors through giving residents a "stake" in the program and stimulating them to see that maintaining order is as much a resident's as a staff responsibility.

During Stage 3, low levels of Aversive Atmosphere appeared related to higher resident Self Reliance, as well as higher levels of Self Confidence in Communicating. This is especially significant in that a majority of residents reported moderate to high levels of passing time, joking about staff and non-family climate (Aversive Atmosphere) in their programs. Again, the extent to which residents have a stake in the program may be the critical element.

Resident Roles is the final dimension of program components included in the system. Measures related to resident roles developed in Stage 1 were not satisfactory. Leadership Roles was related to Responsible Behavior and Two-Way Communication, but the measure had extremely low reliability and failed to materialize in any form during Stages 2 and 3. A measure of Manager Roles was developed in both Stages 1 and 2; however, during Stage 2 almost no residents reported being assigned to these types of roles. This exemplifies how elements of the treatment environment can change over time and in different programs. It is considered important to further investigate this dimension of the environment, as the different types of roles that residents fill would seem to be a significant part of the group home experience. Data elements in this dimension will have to be determined in future analyses; examples of items which will be included in the system to tap this dimension are shown in Chart 2-6. The addition of these new items illustrates the procedures by which JSA staff can inject measures of new elements of the treatment environment on an ongoing basis.

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. During Stage 1, such measures were 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. This procedure was not utilized in Stages 2 and 3, due to the complexity of data restructuring involved. Nonetheless, due to the potential importance and policy relevance of such information, all data elements and items necessary to calculate their respective scores are included in the evaluation system.

Staff Composition is the first dimension of Staff Components. This dimension results in an average score per facility based on various background data regarding staff. For example, during Stage 1 it was found that residents of programs in which the average staff level of education was high scored higher on the Two-Way Communication outcome.

Treatment Orientation Disparity is the second dimension of Staff Components. Again, average staff scores per facility can be calculated from various types of reported treatment orientations and techniques. In each facility, the difference between this score and scores of individual residents on their experiences with the treatment orientations and techniques provides a measure of disparity. For example, during Stage 1, each resident was assigned a score for the average frequency of staff's use of a tone of authority. In facilities in which the average staff reported use of such a tone was low, residents who reported high staff tone of authority tended to have lower Self Respect. This area of exploring resident perceptions of treatment as being at odds with the intentions of staff merits further investigation.

Organizational Components. The third set of components of the treatment environment consists of information provided by program administrators. These include various internal and external organizational elements. Stage 1 efforts showed that such elements could be analytically applied to each individual resident in a particular facility. For example, during Stage 1 it was found that residents in facilities with Counselor staffing patterns did not differ significantly from those in House Parent facilities in terms of Self Respect, Responsible and Rebellious Behavior. However, residents in Counselor-staffed homes tended to score higher on Two-Way Communication. Examples of other internal elements are the extent to which Volunteers are used in the program and the Staff/Resident Ratio. The degree to which programs rely on Outside Counseling services and the Level of Community Support for the facility are examples of external elements. Further investigation of these elements and their relationships and impacts on outcome criteria should be considered in the ongoing evaluation system; items to tap these parameters are included in the instruments.

Summary of Resident Treatment Environment. Three sets of components provide measures of the treatment environment of residents; Program Components, Staff Components, and Organizational Components. The dimensions of interest under each contain specific data elements selected on the basis of associations with outcome criteria and/or policy relevance. Program Components consist of measures concerning: Staff/Resident Relationships; Reward/Sanction system; Treatment Environment; and Resident Roles. Staff Components contain items measuring Staff Composition and Disparities between staff's use of various treatment techniques and residents' perceptions. Finally, the category of Organizational Components consists of information provided by program administrators concerning aspects of the program, facilities and community.

STAFF EVALUATION FRAMEWORK

Although the provision of appropriate care to residents was the primary focus of the development of the evaluation system, the concerns of staff working in the group homes were given high priority. Hence, a separate evaluation framework, outlined in Chart 2-7, was developed in the three validation stages. As depicted in the chart, two sets of components of the staff working environment, program components and organizational components, are viewed as impacting on certain outcome criteria, while associations are influenced by staff characteristics. Each category on the chart is discussed below in terms of specific content.

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. The items were selected on the basis of consistency of contribution to outcome measures across validation stages.

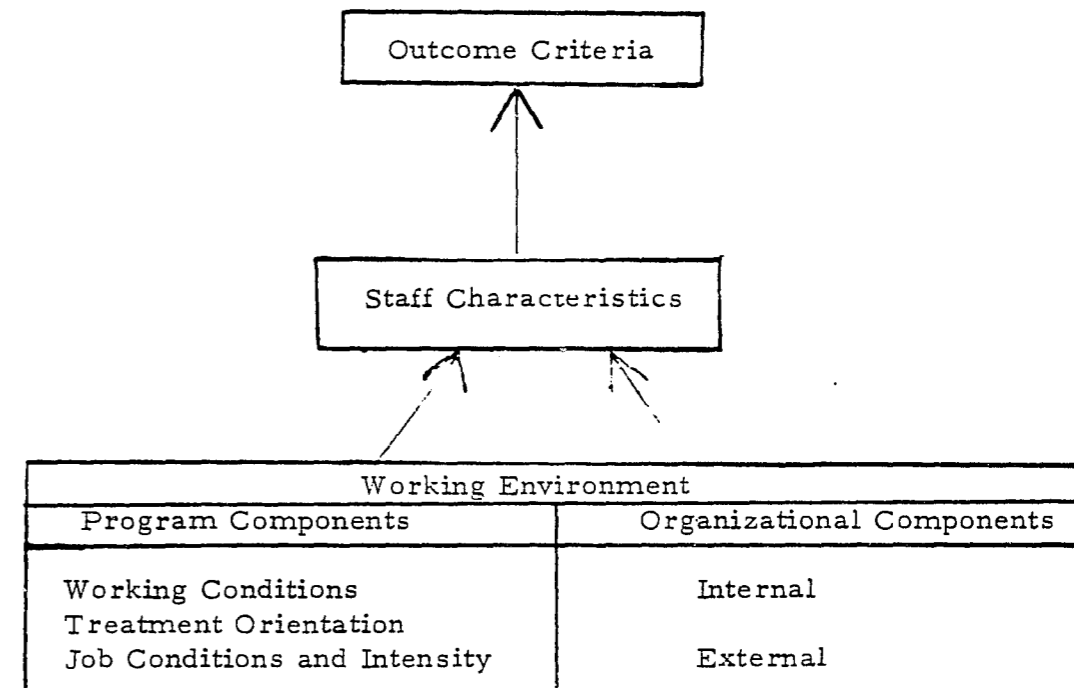
Job Satisfaction. Job satisfaction was considered important to measure because it is an immediate concern of any employee as well as an administrative concern in terms of the effective and efficient functioning of group home organizations. A solid core of five Job Satisfaction items emerged from factor analyses conducted in both Stages 1 and 2. 1/ Chart 2-8 presents these items, as well as one peripheral item which appeared in only the Stage 1 factor. This item is included due to its content and face validity and resultant potential to increase reliability of the measure. Alpha reliability coefficients were satisfactory in both Stages 1 and 2. Notably, correlational analysis conducted in Stage 3 identified additional items which will be considered for inclusion in order to reinforce this data element.

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.

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

Chart 2-7

Framework for Staff Section of the Evaluation System



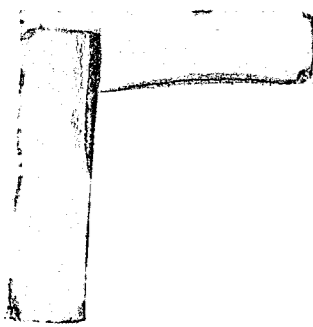


Chart 2-8

Items Included in Staff Outcome Measures

Job Satisfaction

- * - 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've had.
- * - I would recommend this job to a friend with the same income 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.

Burn-Out

- * - This job requires too much personal investment.
 - * - I often feel emotionally drained at the end of the work day.
 - * - 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 of the work day.
 - * - 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.
- * Items appearing in both Stage 1 and 2 measures.

A core of four Burn-Out items emerged from the Stages 1 and 2 factor analyses, and are presented in Chart 2-8. Again, two additional items which contributed to factors in only one validation stage are included in view of their content and face validity and resultant potential for increasing reliability of the measure.

Summary of Staff Outcome Criteria. The evaluation system will contain items reflecting two areas of concern to group home administrators and staffs: Job Satisfaction and Burn-Out. During the three validation stages, group home staff respondents reported wide ranges of satisfaction and burn-out in their various positions. Effects on staff turnover and the quality of care delivered to residents remain to be determined in future analyses.

Staff Characteristics

Another 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. As noted in the discussion of the staff component of the resident framework, some of these data elements can be converted to program averages and applied to individual residents for searching for associations with resident outcome criteria. As in the case of Resident Characteristics, staff characteristics may influence relationships between the above-discussed outcome criteria and the elements of the working environment presented below.

Staff Working Environment

As depicted in Chart 2-7, 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. Some of these were selected on the basis of evidence of association with outcome criteria in Stages 1 and 2. Others were selected on the basis of policy relevance and correlational analysis in Stage 3. As in the Resident Framework, Organizational Components are more stable, and were selected on the basis of Stage 1 results and policy relevance.

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. Results of Stages 1 and 2 indicate that the working environment of staff has more stability than the treatment environment of residents. This is as expected, since treatment philosophies and techniques are subject to change more than working and job conditions.

The dimension of Working Conditions includes data elements concerning Communication, Self-Determination, Knowledge of Impact, Availability of Training, Staff/Administration Relationships, and Potential for Advancement and Availability of Relief. Items included in these elements are presented in Chart 2-9. Communication, Self-Determination and Knowledge of Impact are based on stable factors which emerged in Stages 1 and 2. Communication and Self-Determination were found to be directly related to Job Satisfaction in Stage 1. That is, staff who reported more communication among and between staff and administrators, and staff who reported more discretion and autonomy in their jobs, also reported higher levels of Job Satisfaction. It was also found during Stage 1 that staff who had extensive knowledge of the eventual success or failure of the cases with which they worked were significantly more satisfied. These measures were not found to be related to Burn-Out, however.

Items related to Availability of Training and Staff/Administration Relationships were added during Stage 2. During this Stage, some indication was found that staff who reported more training available in their jobs tended to be more satisfied. However, no such evidence of association was found with regard to the Burn-Out problem. In terms of Staff/Administration Relationships, Stage 2 results indicated that staff who reported conflicting administrative and staff goals and objectives, and dysfunctional administrative policies appeared to report less Job Satisfaction and higher levels of Burn-Out. These preliminary indications may have merit in that Freudemberger (1975) and Maslach (1976) point out that little or no training of human service workers is focused on the Burn-Out problem and that administrative policies such as required paperwork often exacerbate the problem.

Items related to Potential for Advancement and Availability of Relief were added during Stage 3 and could not be analyzed for associations with outcome criteria due to the limited number of staff respondents participating in this stage. However, in view of their policy relevance, they have been included in the evaluation system instruments. A frequent complaint of group home staff is that there is no room to move up in the organization, hence, Potential for Advancement may affect Job Satisfaction. With regard to Availability of Relief, Freudemberger (1975) and Maslach (1976) assert that one way of dealing with the Burn-Out problem may be to provide staff with responsibilities which provide some relief from working directly with clients. Whether or not these assumptions are accurate will have to be determined in future analyses.

Chart 2-9

Items Included in Staff Program Components

Data Element	Item
<u>Communication</u>	<ul style="list-style-type: none"> - 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.
<u>Self Determination</u>	<ul style="list-style-type: none"> - 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.
<u>Knowledge of Impact</u>	<ul style="list-style-type: none"> - 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.
<u>Availability of Training</u>	<ul style="list-style-type: none"> - 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 <u>not</u> given the opportunity to get special training to help them do their jobs.
<u>Availability of Relief</u>	<ul style="list-style-type: none"> - 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.

Data Element	Item
<u>Potential for Advancement</u>	<ul style="list-style-type: none"> - 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.
<u>Staff/Administration Relationship</u>	<ul style="list-style-type: none"> - 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.
<u>Resident Support Orientation</u>	<ul style="list-style-type: none"> - 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 every-day interaction.
<u>Resident Deviance Orientation</u>	<ul style="list-style-type: none"> - 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.
<u>Additional Items</u>	<ul style="list-style-type: none"> - I refuse to listen to residents' excuses for irresponsible behavior. - I encourage residents to come to me <u>anytime</u> 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 <u>consciously</u> act as a role model for residents.

A second dimension of Program Components concerns the Treatment Orientations of staff. The items in this dimension measure the frequency of staff's use of a variety of treatment modes and techniques. These items were selected based on their correspondence with certain environmental items responded to by the residents. This strategy provides the potential for creation of Treatment Orientation Disparity Scores, previously discussed as a dimension of Staff Components under the Resident Evaluation Framework. Items included in this dimension are presented in Chart 2-9.

During Stage 2, factor analysis of these items resulted in the development of two measures, one reflecting an orientation toward supporting resident adjustment and the other an orientation toward responding to resident deviance. Preliminary results suggested that staff members who reported high resident support orientation (i.e., creating a family environment, setting conditions for residents to achieve success, praising and being completely honest with residents) also tended to report higher levels of Burn-Out. Staff who reported high orientation toward responding to resident deviance (i.e., using a tone of authority, losing their temper and encouraging discussion of past deviance) also tended to report higher Burn-Out levels. It may be that the common denominator in these two measures is the intensity of involvement with residents.

The final dimension of Program Components concerns Job Conditions and Intensity. The data elements in this dimension are single items reported directly by staff and not developed through factor analysis. Examples of such data elements are Average Number of Weekly Hours on the Job, and Salary. During Stage 1, it was found that the more hours staff reported working, the higher their levels of Burn-Out. Salary however, was unrelated to either Job Satisfaction or Burn-Out; high salaried staff were as likely as low salaried staff to be unsatisfied and burned-out.

Organizational 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. Stage 1 results established the potential importance of such data elements when analyzed with staff outcomes. It was found that staff members in programs with twenty or more hours of volunteer help per week were more satisfied with their jobs than other staff. Any amount of help less than twenty hours was not related to Job Satisfaction.

Summary of Staff Working Environment. Two sets of components provide measures of the working environment of staff: Program Components and Organizational Components. The dimensions of interest under each contain specific data elements selected on the basis of associations with outcome criteria and/or policy relevance. Program Components consists of measures concerning Working Conditions, Treatment Orientation, and Job Conditions and Intensity. Organizational Components consists of information provided by program administrators concerning aspects of the program, facility(ies) and community.

Section VIII

DETAILS OF COMPARATIVE RESULTS OF RESIDENT DATA
GENERATED AT DATA COLLECTION
STAGES ONE, TWO AND THREE

INTRODUCTION

This section presents a detailed discussion of instrument and procedural changes made in the second and third data generation stages (fall and spring of project year two.) Also discussed are the effects that these changes had on scale construction activities. As noted earlier, the reader who is not interested in the technical details of the validation process may proceed to Section X.

Whereas the analysis conducted in Stage 1 can be described as seminal, the Stage 2 analysis constituted the first step in providing structure and shape to the developing system. Stage 3 data collection and analysis was a further step in refining the evaluation strategies. In revising instruments, collecting data and analyzing results, the focus was always on the procedures and materials that were directly applicable to the ongoing system.

The first major activity of the project's second year involved revising the Stage 1 instruments and modifying related procedures for collecting data from residents, staff and group home directors. In Stage 1, group home directors provided information regarding their facilities through an Administrative Questionnaire. These data were not analyzed in either Stage 2 or 3. However, the Administrative Questionnaire was revised prior to Stage 2 and was included in the data collection process. Revisions were based 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. The revised instrument was completed by fourteen administrators in Stage 2 and their feedback was noted.

Also in Stage 1, analyses were conducted involving Administrative Collective Properties, Staff Collective Properties and Treatment

Orientation Disparity Scores, which involved merging Administrative, Staff and Resident data files. 1/ Since generating these categories of variables is a considerably complex and time consuming process, JSA's manpower limitations may prevent their pursuit of these analytical avenues in the implementation stage. Hence, ITREC did not explore these areas of data analysis in Stages 2 and 3. However, since these methods may provide JSA and group home operators with useful information after the system is operational for a period of time, all items necessary to generate Administrative and Staff Collective Properties, and Disparity Scores have been preserved in project instruments.

Following is a discussion of changes made in the original Stage 1 instruments which were administered to residents.

REVISION OF INSTRUMENTS AND PROCEDURES IN STAGE 2 AND COMPARISONS WITH STAGE 1

As outlined in Section VI, the principal concern of structuring an ongoing evaluation system was to identify and develop measures of primary program objectives (referred to as "outcome measures") as well as elements of the various treatment programs that were representative of the majority of homes utilized by JSA (referred to as "environmental measures"). During the first year of the project, several behavioral and psychological outcome measures were generated. As previously stated, 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 four of these measures for further analysis, as they appeared at that time to be most policy relevant. They were: Responsible Behavior, Rebellious

1/ See Part I, Sections III and IV.

Group Home Behavior, Self Respect, and Two-Way Communication. Elements of the environments of treatment programs which seem to be related to these outcomes were then uncovered by analytic procedures. Revision of instruments in Stages 2 and 3 was directed toward condensation and simplification while insuring that outcomes were valid and policy relevant and that elements of treatment programs relating to them were realistic and capable of modification. It was recognized that JSA's group home program is dynamic, not static, and that an ongoing evaluation system must reflect that fact.

The three instruments administered to residents during Stage 1, the Resident Psychological Inventory, the Behavioral Checklist and the Resident Interview, were synthesized in Stage 2 into a two-part Resident Questionnaire. Originally, the Psychological Inventory consisted of ninety-five items purporting to measure various psychological capabilities of youth. This instrument was administered in a group setting by means of a cassette tape, to which residents responded on answer sheets with either "true" or "false". 1/ The Behavioral Checklist consisted of forty-five questions regarding the frequency of residents' involvement in a variety of types of behavior. This instrument was administered on tape in an individual setting, with residents responding on answer sheets in terms of "never", "once or twice", "several times", or "many times". The Resident Interview consisted of forty-eight questions concerning residents' experiences in the treatment programs. Questions were asked via personal interviews, and residents were requested to respond in terms of "never", "sometimes", "often", or "always".

The first part of the Resident Questionnaire developed in Stage 2 contained those items from the Resident Psychological Inventory which had been included in the composite scores for Self Respect and Two-Way Communication. In addition, the research team selected four items from each of the ten sub-scales in the Moos Community Oriented Programs Environment Scale for inclusion in this part of the questionnaire. 2/ Fifty-two statements answerable with true and false comprised this part of the instrument.

1/ Detailed descriptions of all Stage 1 measures are presented in Part I of this report.

2/ This scale is intended to provide measures of the treatment climate of community programs. The subscales purport to measure the following dimensions of the treatment environment: Involvement, Autonomy, Practical Orientation, Personal Problem Orientation, Spontaneity, Support, Aggression, Order, Program Clarity, Staff Control. See Moos (1965) for further details.

The other part of the Resident Questionnaire was composed of the items used to construct the behavioral outcomes from the Behavioral Checklist, Two-Way Communication and the environmental measures from the Resident Interview. Items used to construct a measure of Rebellious Community Behavior in Stage 1 were also included. ^{1/} This part included fifty-four questions, all answerable with the alternatives of "never", "once or twice", "several times" and "many times". In addition, a new set of items concerning individual resident decision-making was included, as Stage 1 analysis had revealed no relationship between group decision-making and the outcomes under study.

The Resident Questionnaire, consisting of the above-described two parts, was administered by means of a tape cassette, lasting approximately thirty-five minutes. In most group homes, all JSA referrals responded on answer sheets in a single group administration of the tape. In some homes, more than one session was required in order to keep the groups to six or fewer residents and thereby minimize potential for disruption.

Finally, minimal revisions were made to the Staff/Youth Specific Questionnaire which, while completed by staff, was formed from items selected to correspond with the behavioral items preserved on the Resident Questionnaire. Hence, disparities between resident self-reports and staff reports of resident behavior could again be examined. Additionally, two environmental measures which had been developed in Stage 1 from information provided on the Staff/Youth Specific Questionnaire were included in the Stage 2 version. These included Positive Reinforcements and Negative Sanctions. The number of items in this instrument was reduced from fifty-seven to forty-two. Residents' background information requested of staff on this instrument was considerably reduced, including only Age, Race, Sex, and Length of Stay in the Program. This reduced the time required to complete the instrument, which may have been prohibitive in homes with low staff/resident ratios. Also, it was found that information obtained from official files regarding previous offenses, institutionalization and placement was more complete than that based on staff knowledge.

^{1/} This measure was not analyzed in Stage 1 due to considerations of manageability, but was considered of potential importance in the future.

Data collection procedures concerning the Staff/Youth Specific Questionnaire were unchanged--instruments were mailed to participating facilities two weeks prior to the data collection visit, one for each JSA referred resident. These were to be completed by the staff members most familiar with the individual residents, and ready for collection by the research team at the time of the visit. Group home personnel were instructed to prepare lists of participating residents' names with corresponding code numbers to be used throughout the data collection process.

Analysis of data collected during Stage 2 was directed at developing valid and reliable scales which could be compared with those which emerged from Stage 1 analyses. Factor analysis was utilized to develop composite outcome and environmental measures for resident and staff data. ^{1/} Outcome measures were developed through single factor scaling and then factor analyzed with each other to determine the extent of independence between measures. Environmental measures were developed through multi-factor scaling in order to reduce overall redundancy existing in the data. ^{2/}

Outcome Measures in Stage 2

Table 2-1 presents the outcome measurement scales developed from resident data in Stages 1 and 2, with corresponding factor loadings and Alpha reliability coefficients. As shown in the table, the three behavioral outcome measures emerged in largely the same factor structure in both validation periods. Eight items comprised the Responsible Behavior measure in both data sets; six of these appear in both measures, with some minor changes in wording. The Rebellious Group Home Behavior measure went from eight items in Stage 1 to six in the Stage 2 analysis, although all six appeared in the original scale. As in Stage 1 analyses, an independent Rebellious Community Behavior factor emerged.

^{1/} See Part I, Section III for details regarding use of the Factor Analysis Procedure.

^{2/} As noted in Part I, although Theta may be a more appropriate reliability estimate for multi-factor scaling, Alpha was used throughout this report in view of its established acceptance and relative ease of computation.

Table 2-1
Results of Resident Outcome Scale Construction in Stage 1 and 2

<u>Stage 1</u>		<u>Stage 2</u>	
<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Responsible Behavior</u>			
Helped someone with schoolwork.	.40	Helped someone with schoolwork.	.43
Talked someone out of doing something dangerous or illegal.	.46	Talked someone out of doing something dangerous or illegal.	.53
Helped a friend.	.53	Helped someone complete a task or solve a problem.	.65
Reported a kid for doing wrong.	.52	Reported a kid for doing wrong.	.44
Talked someone out of running away.	.43	Talked someone out of running away.	.57
Been leader of a group activity.	.50	Been leader of a group activity.	.61
Done extra schoolwork.	.52	Talked freely about self in the home.	.58
Taught someone something.	.58	Done job without being asked or told.	.55
Alpha = .71		Alpha = .77	
<u>Rebellious Group Home Behavior</u>			
Failed to do assigned chores.	.55	Failed to do assigned chores.	.49
Talked back to staff.	.61	Talked back to staff.	.69
Picked on or threatened another kid.	.57	Picked on or threatened another kid.	.58
Talked after asked to be quiet.	.65	Talked after asked to be quiet.	.60
Stopped working on a chore.	.57	Stopped working on a chore.	.60
Fist-fight with someone in the home.	.47	Fist-fight with someone in the home.	.45
Damaged furniture or other property.	.40		
Ridiculed or laughed at other kids.	.60		
Alpha = .78		Alpha = .76	
<u>Rebellious Community Behavior</u>			
Shoplifted.	.61	Shoplifted.	.65
Taken something from another kid.	.61	Taken something from another kid.	.62
Skipped school.	.48	Skipped school.	.40
Suspended from school.	.56	Suspended from school.	.52
Cheated on a test at school.	.53	Cheated on a test at school.	.43
Fist-fight with someone in community.	.57	Taken a car and gone joy riding.	.58
Damaged community property.	.60		
Alpha = .78		Alpha = .73	

Table 2-1, cont.

<u>Stage 1</u>		<u>Stage 2</u>	
<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Self Respect</u>			
I feel that I have a number of good qualities.	.60	There are a number of good things about me.	.47
It is hard for me to work unless someone tells me what to do.	.53	It is hard for me to work unless someone tells me what to do.	.51
I do what is right most of the time.	.45	I do what is right most of the time.	.48
I can never seem to finish what I begin.	.51	I can never seem to finish what I begin.	.64
I often wish I were someone else.	.50		
I do not have much to be proud of.	.44		
I cannot be depended on.	.51		
It is easier to do things that other people decide.	.40		
I usually have good judgement.	.62		
Alpha = .75		Alpha = .60	
<u>Two-Way Communication</u>			
When I have a problem, it helps to talk to someone.	.53	When I have a problem, it helps to talk to someone.	.56
I talk freely about myself to counselors and teachers.	.56	I talk freely about myself to counselors.	.87
I learned a lot here by talking about myself.	.64	I learned a lot here by talking about myself.	.74
Tried to have friendly talk with staff.	.63		
Listened to others' points of view.	.53		
I talk freely about myself in the home.	.69		
Alpha = .76		Alpha = .80	

Table 2-2
Results of Factor Analysis of Resident Process Items in Stage 1 and 2

A. Corresponding Measures from Both Stages

The remaining outcome measures from Stage 1 proved less than satisfactory in Stage 2. Only four of the original nine items in Self Respect appear in the same factor in Stage 2. Its Alpha reliability coefficient of .60 is below the generally accepted minimum of .70. Additionally, inspection of the distribution of this measure revealed substantial skewness, with a large majority of residents reporting high self respect. The fact that group home personnel identified low self respect as a prevalent condition among residents in initial site visits suggests that social desirability may be influencing resident responses to these items.

Two-Way Communication also failed to materialize as a dimension of the factor structure similar to that discovered in Stage 1. Its alpha reliability of .80 is well within the acceptable range, due to the magnitude of correlation between items. However, only three items compose the factor, considered insufficient for ongoing use.

These results concerning Self Respect and Two-Way Communication may be partially explainable in terms of the alternatives provided for the majority of these items--True and False. Nunnally and Wilson (1975:272) report that factor analyses of multipoint items (more than two response alternatives) have a higher probability of success than those conducted with dichotomous items (two response alternatives) due to the greater variance in correlations among multipoint items. Correspondingly, fewer multipoint items than dichotomous items are required to obtain a particular reliability. This suggested that Stage 3 revisions include development of a multipoint scale for these items.

Environmental Measures in Stage 2

Environmental measures developed in Stage 1 and Stage 2 were compared on the same dimensions as outcomes although standards of reliability were relaxed since scale construction was not the primary objective. Factor analysis of environmental items was directed at reducing redundancy in the data by identifying items which are measuring largely the same thing and distinguishing independent elements of the environment. Repetition of this procedure on an ongoing basis and adding items as programs change will provide the system with a degree of flexibility in measuring components of the treatment programs. This is viewed as a significant departure from the work of Moos (1975), who, by developing standardized scales for measuring various treatment environments, assumed such environments to be static. Table 2-2 presents environmental measures developed in Stages 1 and 2, with corresponding factor loadings and alpha reliability coefficients. The table has three parts; Part A presents measures which correspond

<u>Stage 1</u>		<u>Stage 2</u>	
<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Manager Roles</u>		<u>Manager Roles</u>	
Decides who does what chores.	.71	Decides who does what chores.	.80
Makes sure chores are done.	.79	Makes sure chores are done.	.73
		Keeps an eye on other kids.	.47
		Goes to staff with problems.	.44
	Alpha = .72		Alpha = .72
<u>Staff Concern</u>		<u>Staff Concern</u>	
Staff have been open and honest.	.54	Staff have been open and honest.	.47
Staff notices and praises.	.40	Staff notices and praises.	.45
Can go to staff member to talk about a big problem.	.55	Staff listens to reasons for behavior.	.63
Staff really cares about you.	.66		
	Alpha = .75		Alpha = .64
<u>Staff Authority</u>		<u>Staff Authority</u>	
Staff members boss you around.	.53	Staff members boss you around.	.61
Seen staff member get really mad.	.59	Seen staff member get really mad.	.65
Staff listens to reasons for behavior.	.52	Feels like regular home and family.	.50
	Alpha = .62		Alpha = .63
<u>Positive Reinforcements</u>		<u>Positive Reinforcements</u>	
Received cash for good behavior.	.67	Received cash for good behavior.	.66
Received store items.	.53	Received store items.	.70
Permitted later curfews.	.50	Permitted later curfews.	.70
Moved to higher privilege status.	.81	Moved to higher privilege status.	.47
Allowed to attend group outings.	.58		
Been verbally praised.	.41		
	Alpha = .74		Alpha = .74
<u>Negative Sanctions</u>		<u>Negative Sanctions</u>	
Restricted for negative behavior.	.68	Restricted for negative behavior.	.72
Excluded from group outings.	.65	Excluded from group outings.	.74
Been given additional chores.	.74	Been given additional chores.	.75
Moved to lower privilege status.	.50	Moved to lower privilege status.	.83
Had allowance reduced.	.65		
Been verbally admonished.	.47		
	Alpha = .79		Alpha = .86

Table 2-2, cont.

B. Measures Developed in Stage 1 which were Eliminated or Failed to Emerge in Stage 2

<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Leadership Roles</u>		<u>Contentment with the Home Environment</u>	
Keep an eye on other kids and tell them when you think they're messing up.	.78	Feels like regular home and family.	.54
In meetings, help others with problems.	.44	Able to do things that make you feel successful.	.40
Been leader of a group or house meeting.	.40	Staff act like type of adults you would like to be.	.55
Alpha = .53		Someone on staff who is more like a friend.	.58
		Alpha = .62	
<u>Cohesiveness of Residents</u>		<u>Residents' Decision-Making Power</u>	
Feel you can trust others in the home.	.52	Staff allow you to decide:	
Talk to other kids about problems.	.51	Who gets more privileges.	.56
Feel you're really tight with others in the home.	.83	Who gets less privileges/moved back.	.83
Go places and do things with others from the home.	.45	What happens to kids who break house rules.	.50
Other kids helped you solve problem.	.40	What kids get for doing good things.	.59
Alpha = .70		Alpha = .68	
<u>Items</u>	<u>Loadings</u>		
<u>Intensity of Meetings</u>			
Felt picked on or hassled by kids.	.80		
Seems like there is going to be a fight.	.41		
Feel really nervous in meetings.	.51		
Others in meeting gotten on you about what you did.	.72		

Table 2-2, cont.

C. Measures Developed in Stage 2 from Items Which Had Not Been Included in Stage 1.

<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Decision-Making--Time</u>		<u>Staff Order</u>	
Decides how program can help.	.41	Staff makes sure place in neat.	.58
Decides how to spend free time.	.74	If resident fights, he will get into real trouble.	.73
Decides involvement in outside programs.	.40	Residents careful when staff are around.	.39
Plans daily activities.	.67	Alpha = .58	
Alpha = .62			
<u>Decision-Making--Other Areas</u>		<u>Involvement</u>	
Decides how to spend own money.	.73	Few residents have responsibility for program.	.45
Decides additions to room.	.65	Residents expected to take leadership.	.54
Alpha = .65		Residents often cut down or joke about staff.	.55
		Residents can wear whatever they want.	.61
<u>Rule Clarity</u>		Residents seem to be passing time.	.51
Rule-breakers know consequences.	.72	Alpha = .68	
House rules are clearly understood.	.62		
Alpha = .66			
<u>Expressiveness</u>		<u>Spirit</u>	
Residents encouraged to express themselves.	.46	Group home is lively place.	.68
Personal problems talked about openly.	.74	Very little spirit in home.	.66
Residents encouraged to talk about past.	.50	Alpha = .71	
Residents encouraged to express anger.	.55		
Alpha = .65			

some degree across stages; Part B presents Stage 1 measures which failed to emerge or were eliminated in Stage 2; Part C presents new Stage 2 measures.

Leadership Roles did not emerge in Stage 2, probably as a result of low reliability in Stage 1, evidenced by the alpha coefficient of .53. The two items composing Manager Roles in Stage 1 appear as the core of a four-item factor in Stage 2 as shown in Part A of the table. The additional items include one from Leadership Roles--Keeping an eye on other kids; and, one from Staff Concern--Goes to staff with problems. It is possible that in the programs involved in Stage 2, monitoring or keeping an eye on other kids is seen as more of a managerial or supervisory function than a helping one. Also, going to staff with problems may be seen as a characteristic of residents who are frequently assigned to manager roles by staff. The two core Manager Roles items concerning chores were subsequently eliminated due to skewness; a large majority of residents in Stage 2 reported that only staff handle those functions. Further, inspection of Table 2-2 Part A reveals two of the items from the Stage 1 Experience with Staff Concern measure factored together in Stage 2, along with an item which had loaded negatively with Staff Authority in Stage 1. It is clear that the content of this item--Staff listens to reasons for negative behavior--lends itself well to either a concern or an authority measure. The remaining two Staff Authority items from Stage 1 emerged in the same factor in Stage 2, however, they were negatively correlated with a Contentment with the Home Environment item from Stage 1--Feels like a regular home and family. This shift is understandable in that two of the items in Contentment with the Home Environment in Stage 1 concerned friendship with staff and wanting to be like staff, which one would expect to be negatively correlated with the Staff Authority items. However, the remaining Contentment with the Home Environment items failed to appear in the factor structure of Stage 2. Again, the majority of residents reported considerable Staff Concern, and relatively little Staff Authority.

As shown in Table 2-2, Part A, four of the original six Positive Reinforcement items and four of the original six Negative Sanction items formed corresponding scales in Stage 2. The items which dropped out may have done so as a result of differences between the Stage 1 and 2 samples in specific types of reinforcements and sanctions that are applied. As in Stage 1, results showed that these techniques are being used at a wide range of frequency across the programs.

The new items concerning individual resident decision-making, added in Stage 2, formed two factors shown in Table 2-2, Part C. Despite the emergence of two decision-making factors, one concerning the degree to which the resident can control his time and one concerning the degree to which the resident can make other decisions, it was decided to eliminate these measures from subsequently developed instruments. This decision was based on distributions of items (several were substantially skewed, with most residents reporting considerable decision-making power) and indications from respondents during data collection that several items were extremely ambiguous. The three measures from Stage 1 concerning group treatment phenomena shown in Table 2-2, Part B-- Group Decision-Making, Cohesiveness, and Intensity of Meetings-- had been excluded from the Stage 2 questionnaire as a result of their failure to associate with Stage 1 outcomes.

The remaining five elements of the treatment environment at Stage 2--Staff Order, Involvement, Expressiveness, Rule Clarity and Spirit (shown in Table 2-2, Part C)--were uncovered through factor analysis of the forty Community Oriented Programs Environment Scale items added in Stage 2.^{1/} Obviously, the factor structure does not resemble the subscale structure of the Moos instrument. Subsequently, the Rule Clarity measure was eliminated due to skewness (virtually all residents reported that house rules and consequences are clear to them) and the Spirit measure due to lack of policy significance. Distributions revealed that most residents felt that staff maintain fairly strict order, while Involvement and Expressiveness exist in varying degrees across the programs.

As a final aid in the process of making decisions on selecting environmental items, Multiple Classification Analysis was conducted with selected Stage 2 data. This included the three satisfactory outcome measures, Responsible Behavior, Rebellious Group Home Behavior and Rebellious Community :Behavior, as well as the three Stage 2 environmental measures which had not been analyzed in Stage 1 in any form--Staff Order, Involvement, and Expressiveness. Table 2-3 presents Eta statistics

^{1/} Definitions of these new measures are as follows:

- Expressiveness -- This measured the degree to which residents were encouraged to express emotions freely and talk openly about problems.
- Staff Order -- This measures residents' perceptions of the strictness with which staff maintain order.
- Involvement -- This measure concerns the extent to which residents participate in and feel a part of the treatment program.
- Rule Clarity -- This measures residents' knowledge and understanding of program rules and consequences of violation.
- Spirit -- This was a measure of the degree of liveliness and group spirit in the program.

for the environmental measures for each of the outcome measures. ^{1/} Involvement and Expressiveness evidence some potential for explaining variation in the outcome measures. There appeared to be a tendency for residents in programs with high levels of Involvement and high levels of Expressiveness to behave more responsibly. Patterns of relationship with rebellious types of behavior were difficult to interpret without further analysis. Table 2-2, presented earlier, showed that alpha reliability coefficients for Involvement and Expressiveness were considerably higher than for Staff Control.

Table 2-3
Eta Statistics for New Treatment Environmental Variables

<u>Process</u>	<u>Responsible Behavior</u>	<u>Rebellious Group Home Behavior</u>	<u>Rebellious Community Behavior</u>
Staff Order	.29	.19	.19
Involvement	.41	.38	.52
Expressiveness	.44	.35	.25

REVISION OF INSTRUMENTS AND PROCEDURES
IN STAGE 3 AND COMPARISON WITH STAGE 2

A third validation stage was initiated on April 25, 1978, again to obtain additional information to assist with the refinement of instruments. Almost all programs participating in this validation period had already contributed resident data in either Stage 1 or Stage 2; however, no home participated in all three periods. Data collection in this time period did not involve the Staff/Youth Specific Questionnaire as it is largely dependent upon the final content of the Resident Questionnaire. On the Staff/Youth Specific Questionnaire, staff report on the same resident behavior which is self-reported on the Resident Questionnaire.

^{1/} Eta statistics are measures of environmental variables' explanatory power in terms of outcome measures. These must be interpreted cautiously, as no adjustments are made for the effects of other processes. However, they were considered more appropriate than betas for screening purposes, since the extent of analysis was limited by the time available and initial multiple classification analyses produced betas which were artificially inflated by correlations among process measures. However, where betas indicated a substantial decrease in explanatory power as a result of adjusting for the effects of other processes, this was taken into account in the decision-making process.

Data collection procedures related to the Resident Questionnaire were the same as those used in Stage 2. JSA-referred residents in each program responded on answer sheets to a taped reading of the items in a small group setting.

As in Stage 2, the review of resident data consisted of factor analyses of outcome and environmental items so that factor structures in Stage 2 and Stage 3 could be compared. Again, Multiple Classification Analysis was conducted with new measures to further investigate their usefulness for the ongoing system. Because of the limited number of cases, staff responses were examined by means of bivariate correlational analysis.

This revision of project instruments occurred simultaneously with the orientation workshops involving group home staffs, which will be described in detail in Section V. A series of meetings was held with the ITREC Research Coordinator and the JSA Project Director and Coordinator to prepare instruments for Stage 3 data collection. Using the measures developed in Stages 1 and 2 as a core of information, resident instruments were expanded to identify items which could bolster measurement scales or provide information on new policy relevant areas.

The Resident Questionnaire again consisted of two parts. The first part included items which had comprised the following outcome measures in Stage 2:

- Responsible Behavior;
- Rebellious Group Home Behavior; and,
- Rebellious Community Behavior.

Additional items purporting to measure these types of behavior were added, so that a total of forty items concerned these areas. While the items which had comprised the Two-Way Communication measure had failed to form a factor in Stage 2, the concept still seemed an important one to JSA. Hence, the original items were supplemented so that twenty items dealing with Communication were included in the Stage 3 questionnaire.

Finally, two psychological outcomes, for which measures had been developed in Stage 1 but not subjected to analysis because of time limitations, were reinstated in the Stage 3 Resident Questionnaire with new items added regarding these concerns. The original measures were called:

- Future Confidence; and,
- Submissiveness.

They were renamed:

- Future Orientation; and,
- Independence

Future Orientation reflected residents' planning for leaving the group home and confidence in their ability to attain some measure of success. Independence related to residents' capabilities of relying on themselves and refusal to be easily led by others. Forty items covered these areas.

In view of Self Respect's failure to emerge in Stage 2 and the possibility of contamination resulting from social desirability effects, it was excluded from the Stage 3 questionnaire. The only remaining outcome measures that were established during the first year dealt with the value of education. Extrinsic value of education was subjected to some preliminary analysis, but the distribution was badly skewed and it was evident that residents considered jobs to be of much greater importance than education. Intrinsic value of education was not deemed to be policy relevant because increasing residents' value of education is not a primary goal of most programs so both of these measures were eliminated from further study. Thus, all of the original outcome measures were scrutinized at some point in the study.

As noted in the discussion of Stages 1 and 2, questions arose as to the viability of a dichotomous True-False scale for psychological outcome items. In Stage 3, a multipoint scale for these items was utilized: Not at all like me/A little like me/Quite a bit like me/Very much like me. This scale was also applied to the behavioral outcome items in order to minimize the possibility of confusing residents with several shifts in response scales on the Resident Questionnaire.

The second part of the Stage 3 Resident Questionnaire contained environmental items which had appeared in measures developed in Stage 2. These included:

- Staff Concern;
- Staff Authority;
- Staff Order;
- Involvement; and,
- Expressiveness.

Also, as noted earlier, measures regarding Manager Roles, Resident Decision-Making, Rule Clarity and Spirit were eliminated due to skewness, ambiguity of items or lack of policy relevance. In addition, two ten-item

sub-scales from the Moos Community Programs Environment Scale (COPEs) were included in this part of the questionnaire. These sub-scales were named by Moos:

- Practical Orientation; and,
- Autonomy. ^{1/}

Finally, a series of thirteen items concerning counseling, resident friendships and activities was added. Since there was some concern about the length of the questionnaire, true and false were selected as the response alternatives for Part 2. This shortened the time required for residents to decide on a response and balanced the lengthy Part 1 with its multipoint alternatives.

Also added to the Stage 3 Resident Questionnaire were items concerning the extent to which residents had received Positive Reinforcements and Negative Sanctions. These directly corresponded to those asked of the staff on the Stage 2 Staff/Youth Specific Questionnaire, and were included in the first part of the Resident Questionnaire with the outcome items and "Like me" alternatives.

Outcome Measures in Stage 3

Outcome factor structures in Stage 3 differed substantially from those that emerged in Stage 2. Table 2-4 presents a comparison of these, with corresponding items, loadings and alpha reliability coefficients.

Inspection of the table reveals that all of the items included in the Stage 3 Responsible Behavior measure are new items added after Stage 2. Interestingly, item content seems to be more applicable to the alternatives of "Not at all like me" to "Very much like me" than that of the more behavior oriented items in the Stage 2 measure in that the items reflect general qualities rather than specific behaviors. A frequency of occurrence scale such as never/once or twice/several times/many times seems to be more applicable to the behavioral items. These items failed to produce a factor with the "like me" response alternatives used in Stage 3. This new Factor was later called "Dependability," reflecting punctuality, perseverance and trustworthiness.

^{1/} Examples of items from these sub-scales are:

Practical Orientation--Job training is considered very important in this program; Residents are expected to make detailed, specific plans for the future.

Autonomy--Residents can make decisions about the program; and, Residents have a say as to when they can leave the program.

Table 2-4

Comparison of Results of Resident Outcome Scale Construction
in Stage 2 and Stage 3

<u>Stage 2</u>		<u>Stage 3</u>	
<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Responsible Behavior</u>		<u>Responsible Behavior (Work Qualities)</u>	
Done job without being asked or told.	.55	Have trouble getting places on time.	.41
Helped someone with schoolwork.	.43	Can be relied on to do as said.	.40
Talked someone out of something illegal.	.53	Gets things done.	.52
Helped someone complete task or solve problem.	.65	Sticks to a job or task.	.60
Reported a kid for doing wrong.	.44	Gets up and to school or work on time.	.63
Talked someone out of running away.	.57	Goes to next job or assignment without needing to be told.	.68
Talked freely about self in the home.	.58	Gets started on regular job without needing to be told.	.65
Been leader of group activity.	.61	Gets work done on time.	.71
	Alpha = .77		Alpha = .80
<u>Rebellious Group Home Behavior</u>		<u>Rebellious Behavior</u>	
Had fist-fight with someone in home.	.45	Talks back to staff.	.53
Talked back to staff.	.69	Picks on or threatens other kids.	.43
Picked on or threatened another kid.	.58	Skips school.	.56
Talked after supposed to be quiet.	.60	Been suspended from school.	.42
Stopped working on chore.	.60	Cheats on tests.	.55
Failed to do assigned chores.	.49	Damaged group home property.	.51
	Alpha = .76	Used drugs other than marijuana.	.51
<u>Rebellious Community Behavior</u>		Carries a weapon.	
Shoplifted	.65		.43
Taken something from another kid.	.62	Smokes marijuana.	.65
Skipped school.	.40	Gets drunk.	.62
Taken a car and gone joy riding.	.58	Tries to get others into trouble.	.45
Suspended from school.	.52		Alpha = .79
Cheated on test at school.	.43		
	Alpha = .73		

Table 2-4, cont.

<u>Items</u>	<u>Stage 2</u> <u>Loadings</u>	<u>Items</u>	<u>Stage 3</u> <u>Loadings</u>
<u>Self Respect</u>		<u>Self Reliance</u>	
There are a number of good things about me.	.47	Other people can talk me into things.	.62
It is hard to work unless someone tells me what to do.	-.51	I will cheat on a test when everyone else does.	.40
I do what is right most of the time.	.48	It is hard for me to go against the crowd.	.54
I can never seem to finish what I begin.	-.64	I get talked into doing things I shouldn't do.	.70
	Alpha = .60	I get nervous when others disapprove of me.	.52
<u>Two-Way Communication</u>		Too many problems now to think about what I'll do after leaving.	
When I have a problem, it helps to talk to someone.	.56		.42
I talk freely about myself to counselors.	.87	With things going the way they are, it's hard to hope to amount to anything.	.42
I learned a lot here by talking about myself.	.74	Don't like to think about what will happen to me when I leave.	.45
		No point in planning for future, because I wouldn't follow plans.	.61
		Doesn't pay to try hard because things never turn out.	.70
			Alpha = .83
		<u>Confidence in Communicating</u>	
		Afraid to talk in front of a group.	.57
		Afraid of saying wrong thing to adults.	.58
		Nervous when I talk to people.	.63
		Don't know what to say when I meet someone.	.63
		Don't know what to say when I disagree.	.66
		I'm too shy and self-conscious.	.59
		People have difficulty understanding what I say.	.44
		When talking to someone, I can look him in the eye.	-.52
		Won't express my opinion if others disagree.	.68
		It is hard for me to win arguments.	.66
			Alpha = .85

The split between Rebellious Group Home Behavior and Rebellious Community Behavior was not replicated in Stage 3. The Stage 3 measure was an amalgamation of rebellious activities. As in the case of Responsible Behavior, a set of frequency of occurrence response alternatives may be more appropriate. A youth might respond that it is "like me" to skip school, although he has never done it because he has not had the opportunity. This could produce high correlations between items when the actual instances of behavior described are not highly correlated. It is clear that items denoting specific behaviors should have response alternatives that indicate frequency of occurrence of the behaviors.

The other resident outcome measures developed in Stage 3 were composed of psychological items added by the Research Team after Stage 2. Each set of items purporting to measure Independence, Future Orientation and Communication was factor analyzed separately and three measures were developed, each consisting largely of negatively worded items. Hence, the three measures that were developed reflected Submissiveness (Independence items), Hopelessness (Future Orientation items) and lack of self confidence in communicating (Communication items). When these factors were combined in one factor analysis, little independence was found between the Independence and Future Orientation factors. Measures developed from these factors correlated in excess of .70. Apparently, these factors represented present and future dimensions of the same construct--Self Reliance. Hence, the items were combined and those loading at .45 or above were selected, producing a ten-item measure displayed in Table 2-4. The measure of Self Confidence in Communicating was also created, and found to correlate with Self Reliance at .59. The decision was made not to combine these two highly correlated measures because this would have produced an amorphous measure of psychological adjustment with little direct policy relevance for group home operators and JSA staff. Specific rather than general measures of goal attainment are appropriate for a utilization-focused system, since programs can be tailored according to associations discovered between program components and specific outcomes of interest. ^{1/} This is supported by Cronbach (1971) who maintains that correlated measures should be kept separate if they can be used for separate, distinct purposes.

^{1/} Items used to develop these psychological outcomes were recoded. That is, the response categories of "Quite a bit like me" and "Very much like me" were combined. This strategy not only provides less skewed distributions of outcome measures, but also deals with social desirability effects. Whereas little conceptual difference between these two categories can be discerned, providing a four-point scale permits subjects who feel somewhat threatened by an item to respond in less than an extreme category, yet the response can be interpreted as meaning basically the same thing as an extreme response. These similar categories can then be collapsed at the analysis stage.

Environmental Measures in Stage 3

Table 2-5 presents a comparison of resident environmental measures developed in Stages 2 and 3, with corresponding items, factor loadings and alpha reliability coefficients. As in Stage 2, factor structure of the resident environmental items evidenced considerable change from the previous analysis. As shown in Part A of the Table, two of the Stage 2 Staff Concern items appear in a factor with two new items concerning trust, an Expressiveness item from Stage 2 and one of the newly added Moos Social Climate items, with Staff/Resident Trust appearing to be the underlying construct. Most residents reported moderate to high levels of Staff/Resident Trust. The Stage 3 Staff Concern measure consists of an original Staff Concern item from Stage 1, an original Home Environment item from Stage 1 and two Expressiveness items from Stage 2. Again, most residents reported high Staff Concern. Aversive Atmosphere combines two Involvement items, a Staff Authority item and a Home Environment item, all from Stage 2. An Aversive atmosphere, then, is one in which the residents are uninvolved and uncommitted to the program, staff are seen as authoritarian and there is no homelike element. Interestingly, over half of the residents reported a high degree of Aversive Atmosphere.

The remaining environmental measures developed in Stage 3, shown in Table 2-5, Part C, consist of newly added items. ^{1/} Program Planning and Structure are made up of items from Moos' Practical Orientation and Autonomy sub-scales, which evidenced little or no independence. The majority of residents reported high levels of planning and a high degree of structure in their programs. Resident Friendships combines two items developed by the Research Team, and Positive Reinforcements and Negative Sanctions were measured from the residents' points of view for the first time in Stage 3. Forty-seven percent of the residents indicated their best friends and the kids they hang around with live outside the program. As with staff-reported reinforcements and sanctions in previous stages, residents reported considerable variation in the use of these techniques across the programs.

^{1/} Definitions of these new measures are provided below:

Program Planning -- This measured the extent to which making plans for the future is emphasized in the program.

Structure -- This is a measure of the degree to which training and progress checks are built into the program.

Resident Friendships -- This measured the extent to which residents' friends live outside the group home.

Table 2-5

Comparison of Resident Environmental Measures Developed in Stage 2 and Stage 3

A. Corresponding Items in Measures Developed in Stage 2 and Stage 3

<u>Items</u>	<u>Stage 2</u>	<u>Loadings</u>	<u>Items</u>	<u>Stage 3</u>	<u>Loadings</u>
<u>Staff Concern</u>			<u>Trust</u>		
Staff notices and praises.		.45	The staff here trust me.		.82
Staff listens to reasons for behavior.		.63	Staff listens to reasons for behavior.		.50
Staff are open and honest.		.47	Staff are open and honest.		.60
		Alpha = .64	Staff encourage residents to express anger.		.47
<u>Staff Authority</u>			Staff like it when residents act like leaders.		.50
Feels like a regular home and family.		.50	I trust the staff here.		.63
Staff are bossy.		-.61			Alpha = .79
Seen staff member get really angry.		-.65	<u>Staff Concern</u>		
		Alpha = .63	Someone on staff more like good friend.		.67
<u>Expressiveness</u>			Residents encouraged to express themselves.		.40
Residents encouraged to express themselves.		.46	Personal problems are openly talked about here.		.48
Personal problems are openly talked about here.		.74	I feel staff care about me.		.69
Residents encouraged to talk about past.		.50			Alpha = .66
Encouraged to express anger.		.55	<u>Aversive Atmosphere</u>		
		Alpha = .65	A lot of residents are passing time here.		.44
<u>Involvement</u>			Often seen staff member lose temper.		.69
Few residents have responsibility for programs.		.45	Feels like regular home and family.		-.45
Residents expected to take leadership.		-.54	Residents often cut down or joke about staff.		.64
Residents often cut down or joke about staff.		.55			Alpha = .66
Residents can wear whatever they want.		.61	<u>Program Planning</u>		
Residents seem to be passing time.		.51	Residents expected to make detailed plans for future.		.67
		Alpha = .68	There is a lot of discussion about what residents will be doing when they leave the home.		.53
			There is a lot of emphasis on making plans for leaving.		.55
					Alpha = .69

Table 2-5
(Continued)

B. Measures which were Developed in Stage 2 Which Were Not Included in Stage 3 Due to Exclusion of the Staff/Youth Specific Questionnaire or Which Failed to Emerge.

<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Positive Reinforcements (staff-reported)</u>		<u>Negative Sanctions (staff-reported)</u>	
Cash for good behavior.	.66	Restricted for negative behavior.	.72
Received store items.	.70	Excluded from group outings.	.74
Permitted later curfews.	.70	Given additional chores.	.75
Moved to higher privilege status.	.47	Moved to lower privilege status.	.83
	Alpha = .74		Alpha = .86
<u>Staff Order</u>		<u>Staff Order</u>	
		Staff makes sure place is neat.	.58
		If resident fights, he will get into real trouble.	.73
		Residents careful when staff are around.	.39
			Alpha = .58

C. Measures Developed from New Items Added in Stage 3.

<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Structure</u>		<u>Positive Reinforcements (resident-reported)</u>	
Job training is considered very important in this program.	.40	Permitted later curfews.	.64
Residents can come and go any time they want.	-.73	Permitted extra privileges.	.46
Residents expected to show progress toward goals.	.66	Permitted to go on group outings.	.54
	Alpha = .59		Alpha = .55
<u>Program Planning</u>		<u>Negative Sanctions (resident-reported)</u>	
		Restricted for negative behavior.	.65
		Had allowance reduced.	.40
		Been given additional chores.	.75
		Been denied home visits.	.70
			Alpha = .72
		<u>Resident Friendships</u>	
		I often hang around with kids outside the home.	.74
		My best friends are kids in the home.	-.58
			Alpha = .55

Multiple Classification Analysis was conducted with the new outcome measures--Self Reliance and Self Confidence in Communicating-- and the environmental measures developed in Stage 3. Table 2-6 presents eta statistics obtained through this procedure. The environmental measures that show the most explanatory power, unadjusted for the effects of other environmental measures, are Trust, Aversive Atmosphere, Positive Reinforcements and Negative Sanctions. Low Aversive Atmosphere and low experience with Negative Sanctions showed tendencies toward association with high Self Confidence. Low Aversive Atmosphere and high experience with Positive Reinforcements seemed related to high Self Confidence in Communicating.

SUMMARY

The factor analysis results with environmental measures seem to reflect the basic nature of most of the treatment programs in Maryland's group home system. That is, few of these programs strictly adhere to one particular modality and many are in a constant state of flux, modifying numerous interdependent treatment components and turning over staff almost as frequently as residents are discharged and new residents are accepted. Even at a single point in time, many program staff profess different, and sometimes conflicting, treatment orientations and techniques. This is why the treatment environment, as measured in the ongoing system, cannot be treated as static. On the other hand, the goals and objectives of these programs are relatively fixed, which factor analysis of outcome items seems to verify.

Table 2-6

Eta Statistics for Multiple Classification Analysis
with Stage 3 Resident Processes and Outcomes

<u>Process</u>	<u>Outcome</u>	
	<u>Lack of Self Reliance</u>	<u>Lack of Confidence in Communicating</u>
Trust	.37	.37
Staff Concern	.26	.06
Aversive Atmosphere	.32	.29
Positive Reinforcements	.40	.41
Negative Sanctions	.37	.32
Structure	.19	.15
Program Planning	.24	.12
Friends	.15	.06

Section IX

COMPARATIVE RESULTS OF STAFF DATA
COLLECTION STAGES 1, 2, AND 3

INTRODUCTION

This section parallels the discussion in Section VIII of instrument and procedure changes in Stages 2 and 3 but deals with staff outcomes and the staff working environment. Again, the focus remained on the procedures and materials that were directly applicable to the ongoing system. Data were analyzed by the same methods.

REVISION OF INSTRUMENTS AND
PROCEDURES IN STAGE 2 AND
COMPARISON WITH STAGE 1

The two questionnaires completed by staff members during Stage 1 (i. e. the Staff Questionnaire and the Staff/Youth Specific Questionnaire), were again utilized in Stage 2. The Staff/Youth Specific Questionnaire was discussed in Section VIII since the instrument provides data concerning individual residents and has no analytical relevance to staff members.

The Staff Questionnaire for Stage 2 was constructed by selecting the important outcomes, environmental measures and background characteristics on the basis of Stage 1 results. One section contained items used to construct outcome measures for Job Satisfaction and Burn-Out. Some of these items were reworded by the Research Team in an attempt to increase the range of responses. Additional Burn-Out items which did not appear in the initial stage were reworded and included in the new questionnaire in an attempt to tap such phenomena as the physical effects of burning out and its effects on personal relationships.

Another section of the Staff Questionnaire contained items which had contributed to important environmental measures in Stage 1. These included:

- Communication;
- Self-Determination; and,
- Knowledge of Impact.

New items were formulated by the Research Team to elicit information pertaining to such issues as the availability of training for staff in the homes, the types of skills required to do the job, and relationships between staff and group home administrators. Response alternatives for these two sections were unchanged: Not at all accurate/Somewhat accurate/Generally accurate/Very accurate.

A third section contained Treatment Orientation items which had been used in Stage 1 both to develop additional environmental measures and, in concert with resident data, to construct disparity scores. These measures included:

- Development of Personal Relationships;
- Use of a Tone of Authority; and,
- Setting Conditions for Residents to Achieve Success.

Other single items which may be important from a monitoring standpoint were included. Response alternatives for these items were Never/Once or twice/Several times/Many times.

Finally, the same background information requested in Stage 1 constituted the final section of the questionnaire:

- Age, Race, Sex;
- Education;
- Area of Degree (if applicable);
- Full or Part-time Status;
- Paid or Volunteer Status;
- Length of Employment;
- Position Title;
- Salary; and
- Hours Paid For and Hours Put In.

Dissemination of the Staff Questionnaire was handled as in Stage 1--questionnaires were mailed two weeks in advance of the data collection visit. Staff were not requested to provide names on the questionnaires, and individual envelopes were provided so that questionnaires could be sealed before delivery to the House Director.

Outcome Measures in Stage 2

Measures developed from staff data in Stage 1 and 2 were subjected to the same types of comparisons discussed in terms of resident data. Table 2-7 presents detailed descriptions of the outcome

Table 2-7

Outcome Measures Developed from Staff Data in Stage 1 and Stage 2

<u>Stage 1</u>		<u>Stage 2</u>	
<u>Items</u>	<u>Loadings</u>	<u>Items</u>	<u>Loadings</u>
<u>Job Satisfaction</u>		<u>Job Satisfaction</u>	
Being paid for a job I enjoy doing.	.81	Being paid for a job I enjoy doing.	.69
Feel good working overtime without extra pay.	.46	Don't mind working overtime without extra pay.	.57
More satisfaction than past jobs.	.67	More satisfaction than past jobs.	.53
Would recommend job to a friend.	.73	Would recommend job to a friend.	.68
I would take same type job again.	.74	Would lean toward same type job.	.79
Would like to find better job soon.	.46		
Alpha = .80		Alpha = .80	
<u>Burn-Out</u>		<u>Burn-Out</u>	
The longer in this job, the more emotionally drained at the end of the workday.	.60	Job emotionally draining.	.78
Can't leave job behind you at the end of the day.	.50	Can't leave job behind you at the end of the day.	.73
Requires too much personal and emotional commitment.	.86	Requires too much personal and emotional commitment.	.56
More pressure to neglect personal life.	.82	Job caused neglect of personal life.	.83
Requires too much personal investment.	.79	Have to "psych myself up".	.45
Feelings, hopes and goals on the line.	.51	Job is a monumental task.	.57
Alpha = .83		Alpha = .81	

measures developed in Stages 1 and 2, including individual items, factor loadings and alpha reliability coefficients.^{1/} The outcome measures were Job Satisfaction and Burn-Out, both of which were fairly evenly distributed among staff. As discussed in Part I, originally there were two conceptual burn-out outcomes, one relating to one's personal life and commitment to the job and one relating to one's dealings with the residents. Analysis revealed that the latter measure was substantially skewed and so was eliminated from further consideration.^{2/}

^{1/} The items included in outcome measures used in Stages 1 and 2 were weighted by their factor loadings. This allows items to contribute differentially to the outcome scores, depending on their contributions to the outcome factors. As this procedure is somewhat cumbersome, especially when generating frequency distributions, ITREC explored the feasibility of using unweighted scores. This was done by creating weighted and unweighted measures for outcomes developed in Stage 2 and examining the magnitude of their correlations. The following table presents the Pearson Correlation Coefficients generated for each of the outcomes. All correlations exceed .99. It is apparent that the use of unweighted measures will have minimal impact on results provided through JSA's ongoing evaluation system.

Pearson Correlations Between Weighted and Unweighted Outcome Measures from Stage 2

<u>Resident Data</u>		<u>Staff Data</u>	
Responsible Behavior	.9987	Job Satisfaction	.9979
Rebellious Group Home Behavior	.9976	Burn-Out	.9965
Rebellious Community Behavior	.9943		

^{2/} As noted in Part I, Burn-Out pertaining to dealing with residents may reflect a later stage in the burn-out process. Freudenberger (1975) and Maslach (1976) support the belief that sometime after the job becomes emotionally draining and personally upsetting, one's response to clients eventually becomes more callous, less feeling and less helpful.

Table 2-7 reveals considerable stability in terms of Job Satisfaction. Five of the six items composing the scale in Stage 1 reappear in the Stage 2 measure. The single exception to perfect replication is the item--I would like to find a better job soon.--which was the only negatively correlated item in the Stage 1 scale. Four of the six Stage 1 Burn-Out items appear in the Stage 2 Burn-Out scale, with some minor rewording. The two new Burn-Out items had appeared in the Stage 1 questionnaire but had not emerged in the Burn-Out factor. These had been reworded prior to Stage 2 data collection. This substitution appears satisfactory in that one of the Stage 1 Burn-Out items which dropped out in Stage 2--Job requires too much personal investment--is almost a duplication of another item--Job requires too much personal and emotional commitment. The other item that dropped out had a relatively low factor loading in Stage 1, and was considered by some group home staff to be over-dramatic and triple-barrelled in referring to feelings, hopes and personal goals.

Environmental Measures in Stage 2

Table 2-8 presents a comparison of staff environmental measures developed in Stages 1 and 2, with corresponding items, factor loadings and alpha reliability coefficients. Knowledge of Impact and Self-Determination show similar factor structure in Stage 1 and 2. The item with the weakest loading in Communication dropped out of that measure in Stage 2. Knowledge of Impact contained the same items in both validation periods. Despite a low alpha coefficient in Stage 1, Self-Determination maintains the same four items across validation periods with the addition of an item concerning scheduling of the work day. Also, one item was reworded to better reflect the discretionary nature of the scale. The alpha increased from .55 in Stage 1 to .75 in Stage 2. Most staff reported moderate to high Communication and Self-Determination, and varying levels of Knowledge of Impact.

Treatment orientation items concerning resident confrontation and resident group cohesiveness shown in Table 2-8 Part B, were eliminated from the Stage 2 Staff Questionnaire as a result of the failure of these measures to show statistical associations with staff outcomes in Stage 1. Notably, corresponding measures in the Resident Interview were unassociated with resident outcomes in the first validation period. The treatment orientation items preserved in the Stage 2 Staff Questionnaire were those that emerged as important in terms of disparity between staff orientation and resident experiences, those included in Development of Personal Relationships, and those for which corresponding

Table 2-8

Staff Environmental Measures Developed in Stage 1 and Stage 2

A. Corresponding Measures from Both Stages

Stage 1		Stage 2	
Items	Loadings	Items	Loadings
<u>Communication</u>		<u>Communication</u>	
Staff informed of what's going on.	.67	Staff informed of what's going on.	.65
Home provides many communication channels between staff and admin.	.74	Home provides many communication channels between staff and admin.	.77
Open communication is encouraged.	.74	Open communication is encouraged.	.71
Effort made to get information on staff problems.	.51	Information is easily obtained.	.65
Alpha = .86		Alpha = .80	
<u>Knowledge of Impact</u>		<u>Knowledge of Impact</u>	
Know of successful impact.	.67	Know of successful impact.	.67
Can find reliable indicators of progress.	.69	Can find reliable indicators of progress.	.62
Receive feedback on discharged youths.	.50	Receive feedback on discharged youths.	.56
Alpha = .65		Alpha = .65	
<u>Self Determination</u>		<u>Self Determination</u>	
I set my own work goals.	.51	I set my own work goals.	.77
Job has certain specified goals to be obtained.	.44	I have discretion to specify goals for residents to achieve.	.77
I determine procedures for getting work done.	.43	I determine procedures for getting work done.	.45
I can decide what to work at.	.40	I can decide what to work at.	.48
Alpha = .55		Alpha = .75	
<u>Personal Relationships with Residents</u>		<u>Resident Support-Oriented</u>	
Attempt to develop personal relationships with residents.	.57	Traditional family environment.	.51
Verbally praise residents.	.40	Create conditions for success.	.69
Alpha = .43		Model responsible behavior.	.65
		Verbally praise residents.	.73
		Open and honest.	.62
		Alpha = .80	
		<u>Resident Deviance-Oriented</u>	
		Use tone of authority.	.76
		Display anger.	.72
		Encourage discussion of past deviance.	.52
		Alpha = .73	

Table 2-8
(Continued)

B. Measures Developed in Stage 1 which were Eliminated or Failed to Emerge in Stage 2

Items	Loadings	Items	Loadings
<u>Encourage Resident Cohesiveness</u>		<u>Decision-Making--Group Home Program</u>	
Encourage keeping eye on each other.	.40	Increase in privileges or promotion.	.78
Encourage group consciousness/cohesion.	.64	Decrease in privileges or demotion.	.72
Encourage doing things as a group.	.61	Discipline of individual residents.	.70
Set up conditions for success.	.81	Awarding of specific privileges.	.84
Alpha = .76		Changes in house rules.	.68
		Alpha = .89	
<u>Career Relationship of Present Job</u>		<u>Decision-Making--Administrative</u>	
See job as "stepping stone".	.59	Screening and acceptance into program.	.74
Job has nothing to do with career plans.	.54	Graduation from the program.	.85
Chose job in terms of career contribution.	.62	Discharge of individual residents.	.82
Alpha = .60		Alpha = .89	
		<u>Items</u>	<u>Loadings</u>
		<u>Encouragement of Resident Confrontation</u>	
		Encourage peer confrontation.	.69
		Attempt to raise level of anxiety.	.62
		Encourage challenging others' behavior.	.52
		Alpha = .69	

C. Measures Developed in Stage 2 from Items not Included in Stage 1

Items	Loadings	Items	Loadings
<u>Organizational Impediments</u>		<u>Training</u>	
Administrative policies make it difficult to get jobs done.	.79	Opportunity for personal development.	.57
Conflicting goals and objectives.	.54	Opportunity for professional training.	.95
Conditions don't permit reaching work goals.	.76	No opportunity for special training.	.45
Alpha = .78		Alpha = .73	
<u>Organizational Control</u>		<u>Rare Skills (Ego)</u>	
Home enforces rules and regulations.	.62	Rare skills required.	.71
Made aware of inadequate performance.	.57	Perform tasks not many could accomplish.	.80
Alpha = .54		Had to learn difficult skills.	.63
		Alpha = .73	

resident items were preserved in the Resident Questionnaire. The factor structure of these items, presented in Table 2-8, shows a split between items that reflect an orientation toward supporting resident adjustment and those that reflect an orientation toward responding to resident deviance. This does not mean that individual staff cannot hold both orientations, although there was a tendency for staff to report high support orientation and low deviance orientation.

Three additional Stage 1 staff environmental measures that were eliminated from the Stage 2 questionnaire because of failure to associate with Job Satisfaction and Burn-Out were Career Relationship, Decision-Making in the Group Home Program and Administrative Decision-Making, shown in Part B. Finally, Table 2-8 Part C, presents four measures that were developed from items added by the Research Team between Stage 1 and Stage 2. ^{1/} One of these, Rare Skills, was eliminated from further consideration due to its lack of policy relevance. Forty-two percent of staff respondents reported no Organizational Impediments; the majority of staff reported moderate to high Availability of Training and Organizational Control.

As was the case with the resident data, staff environmental measures containing items that did not appear in Stage 1 scales were subjected to Multiple Classification Analysis in order to generate additional decision-making criteria. Table 2-9 presents eta statistics for measures included in these analyses.

1/ Definitions of these new measures follow:

Rare Skills -- This measured the extent to which staff saw the job as requiring rare and difficult skills.

Organizational Impediments -- This measures the extent to which staff viewed the administration as preventing rather than facilitating the accomplishment of their work.

Availability of Training -- This was a measure of the staffs' opportunities to acquire training in conjunction with their jobs.

Organizational Control -- This was a measure of the extent to which the administration enforced rules and informed staff of performances considered inadequate.

All environmental variables show some potential for importance in future, more stringent analyses. The data show a tendency for low Organizational Impediments, high Organizational Control, and high Availability of Training to be associated with high Job Satisfaction. High orientation Toward Resident Support and high Orientation Toward Resident Deviance show patterns of association with high Burn-Out. Further analysis is required before these tendencies can be substantiated.

Table 2-9

Eta Statistics for New Stage 2 Environmental Measures

<u>Process</u>	<u>Job Satisfaction</u>	<u>Burn-Out</u>
Training Availability	.45	.40
Organizational Control	.40	.41
Organizational Impediments	.44	.38
Resident Orientation	.47	.55
Deviance Orientation	.57	.57

REVISION OF INSTRUMENTS AND PROCEDURES
IN STAGE 3 AND COMPARISON WITH STAGE 2

The major changes in the Stage 3 Staff Questionnaire concerned format and alternatives. The Job Satisfaction and Burn-Out items which had appeared in measures developed in Stages 1 and 2 were included, along with additional items intended to tap those areas which were developed by the Research Team. This yielded twenty potential outcome items for each measure. A new set of alternatives was experimented with: Strongly Agree/Agree/Disagree/Strongly Disagree.

Items which appeared in environmental measures in Stage 2 were maintained in Stage 3. These measures included:

- Communication;
- Self Determination;
- Knowledge of Impact;
- Availability of Training;
- Organizational Control; and,
- Organizational Impediments.

As noted earlier, a measure concerning Rare Skills was eliminated due to lack of policy relevance. New items concerning staffs' perception of their Potential for Advancement in the organization and Availability of Relief Help and Time were added. Face validity of these new items was well established in the latter part of the orientation training period. Finally, those Treatment Orientation items which had appeared in the Stage 2 questionnaire were included. The "agreement/disagreement" alternatives were also applied to environmental items.

As in Stage 2, the final section of the Staff Questionnaire requested the following background information:

- Age, Sex, Race;
- Education;
- Area of Degree;
- Full/Part-time Status;
- Paid/Volunteer Status;
- Length of Employment;
- Position Title;
- Salary; and,
- Hours Paid For and Hours Put In.

Data collection procedures concerning the Staff Questionnaire were the same as those employed in Stage 2. Questionnaires were sent to the group homes approximately two weeks prior to data collection visits and picked up by the research team at the time of the visit.

As reported earlier, the sample of group home staff members participating in Stage 3 consisted of only 50 respondents. In addition to this limitation, it appeared that the "agree/disagree" alternatives did not provide an adequate middle range for responses. Many staff viewed the scale as being of a forced choice type in which one had to either agree or disagree and the opposite extremes were superfluous. Despite these limitations, it was felt that bivariate correlation analysis could give some indication of the potential for newly added items to contribute to staff outcome and environmental measures. Correlation matrices were generated which included all items which had appeared in Stage 1 and 2 scales as well as the new items to be added to the system.

Outcome Measures in Stage 3

Six items had appeared in the Job Satisfaction measure in either Stage 1 or 2 or both validation periods. Fourteen additional items thought to measure some aspect of Job Satisfaction were included in Stage 3. Table 2-10 presents those new items which had correlations significant at the .05 level with at least half of the established Job Satisfaction items.

Table 2-10
Number of Correlations of New Job Satisfaction Items
with Established Items.

<u>Item</u>	<u>No. of Items Correlated With</u>
When I wake up in the morning, I often feel reluctant to go to work.	6
I would not hesitate to leave this job for a substantial increase in salary in a different type of work.	6
I feel like walking out on this job for good.	5
When I am at work, I usually wish I were somewhere else.	5
This job is rewarding in many ways other than financial.	5
I really don't think of this job as work, but as something I like to do.	5
This job contributes to my self esteem.	5
When I'm working, I feel like taking a rest or coffee break more often than I should.	4
When I have some time off, I look forward to getting back to work.	4
If I inherited a million dollars tomorrow, I might still keep this job.	4
This job is better than many because it provides an opportunity to help others.	4

With respect to Burn-Out, eight items had contributed to that measure in Stage 1, Stage 2, or both. Table 2-11 presents those additional Burn-Out items that correlated significantly at the .05 level with at least half of the established items.

Environmental Measures in Stage 3

A similar screening procedure was employed with Stage 3 staff environmental measures. Five sets of items were included in the Stage 3 questionnaire, each consisting of five items which had either appeared in the Stage 2 measures or were developed by the Research Team for Stage 3. These included Communication, Self-Determination Knowledge of Impact, Availability of Training, and Staff-Administration Relationships (both Organizational Impediments and Organizational Control).

In addition to the four items composing the Communication measure in Stage 2, the following item was included in the Stage 3 questionnaire:

- Staff frequently get together for gripe sessions.

This item had statistically significant correlations with two of the original Communication items. All five Self-Determination items in the Stage 3 questionnaire were veterans of Stage 2, with some wording changes as a result of the orientation workshop experience. Added to the three Knowledge of Impact items from Stage 2 were the following:

- The program here encourages staff to keep in touch with former residents; and
- I am never really certain when I am having an impact on youth.

The former item was correlated with one of the original three items, the latter with two. The two new items were not correlated.

Items composing the measure regarding Staff Training, developed in Stage 2, were substantially modified in Stage 3. One item concerning opportunities for professional training was broken down into two items, one concerning the opportunity for training in interpersonal skills and the other concerning the opportunity for training in specific treatment techniques. This modification was a direct result of the orientation workshops (described in Section X), in which group home staff indicated that professional training can mean many different things. Similar ambiguity was consistently

Table 2-11
Number of Correlations of New Burn-Out Items
with Established Items

<u>Item</u>	<u>No. of Items Correlated With</u>
The stress from this job sometimes affects my relationships outside the job.	8
You have to find some forms of "escape" from this job, even while you are working.	7
I have sometimes felt physical effects from this job, such as headaches, back pains or insomnia.	5
Sometimes, I want to get as far away as possible from children and child-related activities.	4
On this job, you sometimes have to laugh at things that are not really funny, just to preserve your sanity.	4
When I'm not working, I often find myself thinking about particular residents or incidents at work.	4

pointed out in another Training item concerning opportunities for personal development, which was eliminated altogether in Stage 3. The only unchanged Training item in Stage 3 was:

- Staff here are not given the opportunity to get special training to help them do their jobs.

Two new items added to the above were:

- Staff in this home are encouraged to further their education; and,
- The feeling in this home is that on-the-job training is more important than formal education.

Four of the above Training items were found to be intercorrelated. The only exception was the item pitting on-the-job training against formal education. This item's only correlation was an unsurprising high, negative one with the item concerning staff being encouraged to further their education.

Five items concerning Staff/Administration Relationships were included, having been taken from the Organizational Impediments and Organizational Control measures of Stage 2. The following three of these items were found to be intercorrelated at the .003 level:

- Administrative policies of the home make it difficult for staff to get their jobs done;
- Administrators and staff frequently have conflicting goals and objectives; and,
- This home enforces staff rules and regulations (correlated negatively with the other two).

Ten items were added to the Stage 3 Staff Questionnaire concerning aspects of the working environment which had not previously been investigated: Availability of Relief Time and Help; and, Potential for Advancement. With respect to the area of relief, the following three items were intercorrelated:

- 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; and,
- Staff in this home share responsibilities.

The two additional items correlated highly with one of the above three, but not with each other. With respect to Potential for Advancement, three items were again correlated. These included:

- This home provides opportunities for staff advancement;
- This is more or less a "dead end" job (negatively correlated); and,
- This home rewards good work with more responsible positions.

Again, the two remaining items correlated with two of the above and to some extent, though not significantly, with each other. With regard to Treatment Orientation, no new items were added in Stage 3.

SUMMARY

The staff working environment evidenced considerably more stability in terms of factor analysis results than did the resident treatment environment. Although this may be partly due to the greater possibility of measurement error with youthful samples, there is apparently a degree of consistency across programs and across time in terms of such components of the environment as the extent of communication among staff and the amount of discretion permitted. The treatment relationships between staff and residents are more malleable. Notably, results showed less stability regarding staff treatment orientations toward residents. Organizational philosophies of the programs, reflected in the working environment, are more established, more consistent, and less differentiated than the treatment philosophies, reflected in the resident treatment environment.

Section X

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 II 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 2-12 lists 32 workshops which were 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 2-12

Orientation Workshops

<u>Date</u>	<u>No. of Staff</u>	<u>No. of Facilities</u>	<u>Organization</u>	<u>Stages Participated In</u>
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, Westminster, 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.	
	<u>194</u>	<u>50</u>		

* Both homes participated in one workshop.

II-78

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 XI

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.

CONTINUED

2 OF 4

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

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 settings, 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 X, 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 revisions 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.

REFERENCES

- Adams, Stuart, Evaluative Research in Corrections: A Practical Guide, Washington, D. C.: Law Enforcement Assistance Administration, 1975.
- Anastasi, A., Psychological Testing, London: The Macmillan Company, 1968.
- Argyris, Chris, "Creating Effective Research Relationships in Organizations", Readings in Evaluation Research: Edited by Francis G. Caro, New York: Russell Sage Foundation, 1971.
- Caro, Francis G., Readings in Evaluation Research, New York: Russell Sage Foundation, 1971.
- Cronbach, Lee J., Essentials of Psychological Testing, London: Harper & Row, 1970.
- Cronbach, Lee J., "Test Validation", pp. 443-507, Educational Measurement: Edited by Robert L. Thorndike, American Council of Education, 1971.
- Dunnette, Marvin D., Personnel Selection and Placement, Wadsworth Publishing Company, Inc., 1966.
- Freudenberger, H. J. (1975), The Staff Burn-Out Syndrome, Washington, D. C.: Drug Abuse Council.
- Freudenberger, H. J. (1977), "Burn-Out: The Organizational Menace", Training and Development Journal (26-27).
- Havelock, Ronald G., in collaboration with Guskin, Alan, et al., Planning for Innovation (4th Printing), Ann Arbor, MI: Center for Research on Utilization of Scientific Knowledge, 1973.
- Horst, Pamela; Nay, Joe N.; Scanton, John W. and Wholey, Joseph S., "Program Management and the Federal Evaluator", Public Administration Review, July-August, 1974.
- Johnson, Knowlton W.; Rusinko, William T. and Girard, Charles M., Group Home Evaluation System Development Project: Phase One Report, and Executive Summary Report, International Training, Research and Evaluation Council, 1977.
- Johnson, Knowlton W.; Rusinko, William T. and Girard, Charles M., Descriptions of Group Home Program, International Training, Research and Evaluation Council, 1977.

Johnson, K. W., Rusinko, W. T., Girard, C. M. and Tossey, M. (1978), "Job Satisfaction and Burn-Out: Double-Edged Threat to the Effectiveness of Human Service Workers", paper presented at the Academy of Criminal Justice Sciences Meeting, New Orleans.

Jones, Richard, "Evaluation of the Teaching Family Model", Oregon Research Institute, NIMH funded project in progress.

Locke, Edwin A., "The Nature and Causes of Job Satisfaction", In Handbook of Industrial and Organizational Psychology, Edited by Marvin D. Dunnette, 1976.

Maslach, C., "Burned-Out", Human Behavior, September, 1977. pp. 81-85.

Miller, Gary H. and Willer, Barry, "Information Systems for Evaluation and Feedback in Mental Health Organizations," in Evaluation Research Methods, Edited by Leonard Rutman, 1977.

Moos, Rudolf H., Community Oriented Programs Environment Scale, Consulting Psychologists Press, Inc., 1974.

Moos, Rudolf H., The Human Context, John Wiley and Sons, 1976.

Moos, Rudolf H., Evaluating Correctional and Community Settings, John Wiley and Sons, 1975.

Nunnally, J. C., Psychometric Theory, New York: McGraw-Hill, Inc., 1967.

Nunnally, J. C. and Durham, Robert E., "Validity, Reliability, and Special Problems of Measurement in Evaluation Research," in Handbook of Evaluation Research, Edited by E. L. Struening and M. Guttentag.

Nunnally, J. C. and Wilson, W. H., "Method and Theory for Developing Measures in Evaluation Research," in Handbook of Evaluation Research, Edited by E. L. Struening and M. Guttentag, 1975.

Patton, M. Q., Utilization-Focused Evaluation, Sage Publications, 1978.

Shulberg, Herbert C. and Baker, Frank, "Program Evaluation Models and Implementation of Research Findings", Readings in Evaluation Research, Edited by Francis G. Caro, New York: Russell Sage Foundation, 1971.

Shubin, Seymour, "Burn-Out: The Professional Hazard You Face in Nursing," Nursing, July, pp. 22-27.

Weidman, et. al., Intensive Evaluation for Criminal Justice Planning Agencies, Washington, D. C.: Law Enforcement Assistance Administration, 1975.

Weiss, Carol H., "Utilization of Evaluation: Toward a Comparative Study", In Readings in Evaluation Research, Edited by Francis G. Caro, New York: Russell Sage Foundation, 1971.

Westman, A. G., "Writing the Test Item", In Educational Measurement, Edited by R. L. Thorndike, Washington, D. C.: American Council on Education, 1976.

Whyte, W. H., Jr., "The Fallacies of 'Personality' Testing", In Readings in Psychological Tests and Measurement, Edited by W. L. Barnette, Jr., Homewood, Ill.: The Dorsey Press, 1968.

The International
Training, Research and Evaluation Council

7338 Baltimore Avenue
College Park, Maryland 20740
(301) 699-5250

PSYCHOLOGICAL INVENTORY

This tape has 95 statements on it. Each statement will be read to you twice. When you hear each statement, think about whether or not the statement sounds like you or whether or not you feel that way. If the statement is true or mostly true about you or the way you feel, check the space for TRUE next to the number of that statement. If the statement does not sound like you or the way you feel, check the space for FALSE next to the number of the statement. There are no right or wrong answers, it is only the way you feel that is important. Answer every statement, even though you may not be perfectly sure of what to answer for every one. Nobody from the group home will ever see your answers, and your names will not go on the answer sheets.

Are there any questions?

Appendix A

FIRST YEAR DATA COLLECTION INSTRUMENTS

1. I get up on time and get to school, work and other places on time.
2. I have a hard time explaining things.
3. I make up my own mind without asking other people what I should do.
4. I don't know what I want to do after I leave the home.
5. Instead of being in school, I wish I were out working.
6. I get my work in school and at the home done on time.
7. When I have a problem, it helps for me to sit down and talk to somebody about it.
8. It is easy for people to boss me around.
9. I am proud of the things I do.
10. I give a lot of thought to the career I will have after leaving the home.
11. I stick to a job or task until I finish it.
12. It is hard for me to work unless someone is there to tell me exactly what to do.
13. I often feel ashamed of myself.
14. I have too many problems right now to think about what I will be doing after I leave the home.
15. A high school diploma is the only way to get ahead.
16. I can never seem to finish what I begin.
17. I would be afraid to talk in front of a group of people.
18. I get nervous when I think other people are disapproving of me.
19. The staff here makes me feel I'm not good enough.
20. I make plans, set goals, and try to prepare myself for leaving the home.
21. If I could get a job I wanted, I'd quit school without hesitating.
22. I have to admit, I quit school quite a bit.
23. I look for chances to have friendly raps with adults.
24. I do not mind taking orders and being told what to do.
25. I'm pretty sure of myself.
26. I think I know the types of work I can do when I leave the home.
27. I do jobs and chores without being told.
28. It is hard for me to tell someone about myself.
29. I see what other people think before I take a stand.
30. I often wish I were someone else.
31. I wish I were better at telling people how I feel.
32. It is easy for people to win arguments with me.
33. I don't really care what happens to me after I leave the home.
34. I usually don't do any work if I don't have to.
35. There are certain subjects that I have a hard time talking about.
36. Even if I was sure I was in the right, I would give in to keep from causing trouble.
37. I often feel like a nobody.
38. A kid has to live for today and can't worry about what might happen tomorrow.
39. I feel I can learn more from a very good job than I can at school.
40. I pay close attention when someone is explaining something.
41. I can solve my problems as long as I believe in myself.
42. I do what is right most of the time.
43. I don't know how to get started in a career.
44. I feel the things I do at school waste my time more than the things I do outside of school.
45. It doesn't matter what you do as long as you get your kicks.

46. I can rap with just about anybody.
47. I get discouraged when people disagree with me.
48. I usually have good judgement.
49. I don't get out and get after what I want.
50. I feel satisfied with school, because I learn more about the things I want to know about.
51. It is important to think carefully about what you do.
52. I don't know how to plan my time each day.
53. I wish I could have more respect for myself.
54. I don't know how to go about getting a job.
55. Education has a high value because knowing a lot is important to me.
56. I would do almost anything on a dare.
57. I have a hard time deciding things, so I usually ask other people for help.
58. I feel that I have a number of good qualities.
59. I know what type of job I want when I leave the home.
60. I think school is a real chance for me; it can make a real difference in my life.
61. I never judge people until I'm sure of the facts.
62. I am afraid of saying the wrong thing when I talk to adults.
63. It is easier to do things that other people decide rather than make my own plans.
64. I do not have much to be proud of.
65. With things going the way they are, it's pretty hard to keep up hoping to amount to something.
66. Even if I could get a very good job right now, I'd still choose to stay in school and get my education.
67. When I'm deciding to do something, I always think about things that could go wrong.
68. I talk freely about myself, my plans and my problems to counselors and teachers.
69. It is easy for people to talk me into things.
70. I cannot be depended on.
71. The future is too uncertain for a person to make serious plans.
72. I enjoy school because it gives me a chance to learn many interesting things.
73. I can make up my mind and stick to it.
74. My future looks bright.
75. I do what I want to do, whether anybody likes it or not.
76. I learned a lot here by talking about myself.
77. In a group, I usually do what the others want even though I'd rather do something else.
78. People are usually not interested in what I am doing.
79. School is very boring for me, and I'm not learning what I feel is important.
80. I always try to consider the other fellow's feelings before I do something.
81. Sometimes I feel that I am a burden to others.
82. My chances of getting a job I like are not too good.
83. All people should have at least a high school education.
84. I like to do dangerous things just for the thrill of it.
85. I'm a lot of fun to be with.

86. I enjoy being in school because I feel I'm doing something that is really worthwhile.
87. When things go wrong, I usually blame someone else.
88. Once you've been in trouble, you haven't got a chance.
89. An education is a worthwhile thing in life, even if it doesn't help you get a job.
90. I really think I can make it on my own after I leave the home.
91. I like school because I am improving my ability to think and solve problems.
92. I find it easy to get out of trouble by telling white lies.
93. School is satisfying to me because it gives me a sense of accomplishment.
94. I cannot accept my mistakes.
95. Whenever I get into trouble, it's usually because of the guys I'm hanging out with.

RESIDENT ANSWER SHEET

Group Home _____ Resident I. D. # _____

A-5

<u>True/False</u>		<u>True/False</u>		<u>True/False</u>		<u>True/False</u>		<u>True/False</u>	
1.	_____	21.	_____	41.	_____	61.	_____	81.	_____
2.	_____	22.	_____	42.	_____	62.	_____	82.	_____
3.	_____	23.	_____	43.	_____	63.	_____	83.	_____
4.	_____	24.	_____	44.	_____	64.	_____	84.	_____
5.	_____	25.	_____	45.	_____	65.	_____	85.	_____
6.	_____	26.	_____	46.	_____	66.	_____	86.	_____
7.	_____	27.	_____	47.	_____	67.	_____	87.	_____
8.	_____	28.	_____	48.	_____	68.	_____	88.	_____
9.	_____	29.	_____	49.	_____	69.	_____	89.	_____
10.	_____	30.	_____	50.	_____	70.	_____	90.	_____
11.	_____	31.	_____	51.	_____	71.	_____	91.	_____
12.	_____	32.	_____	52.	_____	72.	_____	92.	_____
13.	_____	33.	_____	53.	_____	73.	_____	93.	_____
14.	_____	34.	_____	54.	_____	74.	_____	94.	_____
15.	_____	35.	_____	55.	_____	75.	_____	95.	_____
16.	_____	36.	_____	56.	_____	76.	_____		
17.	_____	37.	_____	57.	_____	77.	_____		
18.	_____	38.	_____	58.	_____	78.	_____		
19.	_____	39.	_____	59.	_____	79.	_____		
20.	_____	40.	_____	60.	_____	80.	_____		

The International
Training, Research and Evaluation Council

7338 Baltimore Avenue
College Park, Maryland 20740
(301) 699-5250

BEHAVIORAL
CHECKLIST

This tape has 45 questions about good and bad things that any group home resident may have done. We want you to tell us how often you have done each thing since Thanksgiving by checking the space for NEVER, ONCE OR TWICE, SEVERAL TIMES or MANY TIMES next to the number of each question. Please answer every question, and be as truthful as you can. If you're not sure of how many times you have done certain things, please check the closest answer. If you don't understand a question, make a mark by the number and ask about it after the tape is finished. Nobody from the group home will ever see your answers, and your name will not go on your answer sheet. We will be taking the sheets with us, and your answers will be completely private. Remember, answer the questions as to how often you have done each thing since Thanksgiving and not before that time.

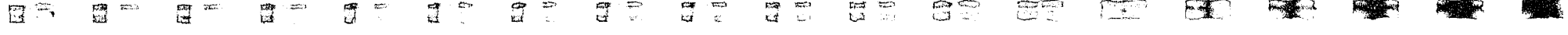
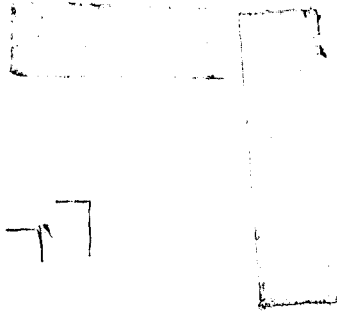
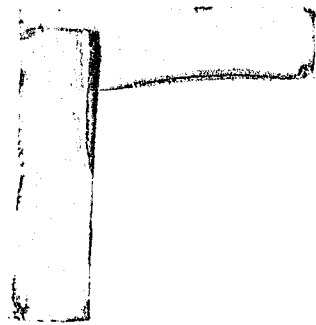
Do you have any questions?

BEHAVIORAL CHECKLIST

Since Thanksgiving,

1. Have you done a job for someone without being asked or told?
2. Have you helped prepare a meal without being asked or told?
3. Have you told a lie about something you did?
4. Have you helped someone with their schoolwork?
5. Have you shoplifted?
6. Have you fixed something that was broken?
7. Have you damaged or destroyed property in the community?
8. Have you built or made something?
9. Have you drank beer, wine or liquor?
10. Have you talked someone out of doing something dangerous or illegal?
11. Have you had a fist-fight with someone in the home?
12. Have you had a fist-fight with someone in the community?
13. Have you smoked marijuana?
14. Have you used drugs other than marijuana?
15. Have you helped a friend?
16. Have you taken something from another kid?
17. Have you carried a knife or some other weapon?
18. Have you tried to break up a fight?
19. Have you cheated on a test at school?
20. Have you reported a kid for doing something wrong?
21. Have you talked someone out of running away from the group home?
22. Have you skipped school?
23. Have you done extra school work?
24. Have you gotten drunk?
25. Have you taught someone something?
26. Have you read a book that was not part of schoolwork?
27. Have you taken a car and gone joy-riding alone or with others?
28. Have you failed to do assigned chores?
29. Have you missed scheduled counseling sessions or meetings?
30. Have you talked back to staff?
31. Have you been suspended from school.
32. Have you been called in for a conference between school and group home staff for something you did wrong?
33. Have you struck a staff member on purpose?
34. Have you picked on or threatened another kid in the home?
35. Have you tried to have a friendly talk with a staff member?
36. Have you talked freely about yourself in the home?
37. Have you been the leader of some group activity?
38. Have you listened to other peoples' points of view?
39. Have you damaged or marked up furniture or any other group home property?
40. Have you ridiculed or laughed at other kids in the home when you were not teasing?

41. Have you kept on talking after you were supposed to be quiet in the home?
42. Have you stopped working on a chore because you thought you wouldn't be caught?
43. Have you been pushed around by a staff member when it wasn't in fun?
44. Have you been struck or hit by a staff member when it wasn't in fun?
45. Have you been pushed around by another kid from the home because a staff member told the kid to do it?



Group Home _____

Resident ID # _____

	NEVER	ONCE OR TWICE	SEVERAL TIMES	MANY TIMES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____

A-9

	NEVER	ONCE OR TWICE	SEVERAL TIMES	MANY TIMES
26.	_____	_____	_____	_____
27.	_____	_____	_____	_____
28.	_____	_____	_____	_____
29.	_____	_____	_____	_____
30.	_____	_____	_____	_____
31.	_____	_____	_____	_____
32.	_____	_____	_____	_____
33.	_____	_____	_____	_____
34.	_____	_____	_____	_____
35.	_____	_____	_____	_____
36.	_____	_____	_____	_____
37.	_____	_____	_____	_____
38.	_____	_____	_____	_____
39.	_____	_____	_____	_____
40.	_____	_____	_____	_____
41.	_____	_____	_____	_____
42.	_____	_____	_____	_____
43.	_____	_____	_____	_____
44.	_____	_____	_____	_____
45.	_____	_____	_____	_____

STAFF/YOUTH SPECIFIC QUESTIONNAIRE

Group Home _____

Resident I. D. # _____

Date Completed _____

STAFF/YOUTH SPECIFIC QUESTIONNAIRE

Section A

YOUTH CHARACTERISTICS

For the above-noted resident, please complete the following information.

1. Age _____
2. Race _____
3. Sex _____
4. Length of time in the home (months) _____
5. Level (if level or team system) _____
6. Reason for referral.
7. List previous offenses (if known).
8. Previous institutionalization (dates, places).
9. Previous group home placement (dates, places).

If yes, reason for discharge.

10. Diagnosis or staff evaluation of major behavioral problems.
11. Grade level in school _____
12. School grades from last reporting period.
13. Days of school absent in last reporting period _____
14. Family structure
 ___ foster family ___ father only
 ___ mother only ___ natural family intact
15. Family socio-economic level (lower, lower middle, upper middle, upper)
16. Location of family
 ___ local community of group home
 ___ same county as group home
 ___ out of county

STAFF/YOUTH SPECIFIC QUESTIONNAIRE

Section B

RESIDENT BEHAVIOR

The following items are examples of appropriate and inappropriate behaviors residents may have been involved in and possible responses by staff. For the above-noted resident, please give your judgement of the frequency of his/her involvement in such behavior since Thanksgiving by writing the number of the appropriate alternative next to each item.

(1)	(2)	(3)	(4)
Never	Once or twice	Several times	Many times

Since Thanksgiving, how often has he/she:

1. ___ Done a job for someone without being asked or told?
2. ___ Helped prepare a meal without being asked or told?
3. ___ Told a lie about something he/she did?
4. ___ Helped someone with their school work?
5. ___ Shoplifted?
6. ___ Fixed something that was broken?
7. ___ Damaged or destroyed property in the community?
8. ___ Built or made something?
9. ___ Drank beer, wine or liquor?
10. ___ Talked someone out of doing something dangerous or illegal?
11. ___ Had a fist fight with someone in the home?

(1) (2) (3) (4)
 Never Once or twice Several times Many times

Since Thanksgiving, how often has he/she:

- 12. ___ Had a fist fight with someone from the community?
- 13. ___ Helped a friend?
- 14. ___ Taken something from another kid?
- 15. ___ Carried a knife or a gun?
- 16. ___ Tried to break up a fight?
- 17. ___ Cheated on a test at school?
- 18. ___ Reported a kid for doing something wrong?
- 19. ___ Smoked marijuana?
- 20. ___ Used drugs other than marijuana?
- 21. ___ Talked someone out of running away from the group home?
- 22. ___ Skipped school?
- 23. ___ Done extra school work?
- 24. ___ Gotten drunk?
- 25. ___ Taught someone something?
- 26. ___ Read a book that was not part of school work?
- 27. ___ Taken a car and gone joy-riding alone or with friends?
- 28. ___ Failed to do assigned chores?
- 29. ___ Missed a scheduled counseling session or meeting?
- 30. ___ Talked back to staff?

(1) (2) (3) (4)
 Never Once or twice Several times Many times

Since Thanksgiving, how often has he/she:

- 31. ___ Been suspended from school?
- 32. ___ Been the subject of a disciplinary conference between school and group home staff?
- 33. ___ Picked on or threatened other residents?
- 34. ___ Sought friendly contacts with staff members?
- 35. ___ Talked freely about himself?
- 36. ___ Organized the activities of a group?
- 37. ___ Given others an opportunity to express their points of view?
- 38. ___ Damaged or marred furniture or other group home property?
- 39. ___ Ridiculed and laughed at other residents when not teasing?
- 40. ___ Continued talking when told to be quiet?
- 41. ___ Stopped working on chores when he/she thought he/she wouldn't be caught?
- 42. ___ Struck a staff member?
- 43. ___ Had to be physically restrained by a staff member?
- 44. ___ Had to be physically restrained by another resident?
- 45. ___ Received cash for good behavior?
- 46. ___ Received store items for good behavior?
- 47. ___ Received home visits for good behavior?
- 48. ___ Been allowed to attend group outings for good behavior?

(1)	(2)	(3)	(4)
Never	Once or twice	Several times	Many times

Since Thanksgiving, how often has he/she:

- 49. Been permitted later curfews for good behavior?
- 50. Been verbally praised for good behavior?
- 51. Been moved to a higher privilege status for good behavior?
- 52. Been restricted for negative behavior?
- 53. Had his/her allowance reduced for negative behavior?
- 54. Been excluded from group outings for negative behavior?
- 55. Been given additional chores for negative behavior?
- 56. Been verbally admonished for negative behavior?
- 57. Been moved to a lower privilege status for negative behavior?

RESIDENT INTERVIEW

- A. Group Home _____
- B. Resident I. D. # _____
- C. Date of Interview _____
- D. Time of Day _____
- E. Interviewer _____
- F. Length of Interview _____

I would like to thank you for taking the time to talk with us and answering a few questions. You will be helping us to learn more about what life in a Group Home is really like, and hopefully, we will be able to help the Group Homes do a better job of working with kids and solving their problems. Keep in mind that we are only interested in how you feel and what has happened to you while you have been in the Group Home. There is no right or wrong way to answer the questions. Nobody on the staff of the Group Home will ever see your answers; in fact, your name will not even go on this form. When we leave here today, we will be taking all of your answers with us, and only the researchers will see them. I will be asking you how often you feel certain ways, how often the staff does certain things, and how often certain things happen here at the home. I would like you to answer "never", "sometimes", "often", or "always".

Do you have any questions?

(1)	(2)	(3)	(4)
Never	Sometimes	Often	Always

1. _____ How often do you feel like you're in a regular home and family more than like you're in a special place for kids who have been in trouble?
2. _____ How often are you able to do things at the home that make you feel successful?
3. _____ How often do you feel like you can trust the other kids in the home?
4. _____ How often do you talk to the other kids about your problems?
5. _____ How often do you feel like you're really tight with the other kids in the home?
6. _____ How often do you go places and do things with the other kids from the home?
7. _____ How often do you keep an eye on what the other kids from the home are doing and tell them when you think they're messing up?
8. _____ In group or house meetings, how often have you felt like you were being picked on or really hassled by the other kids?
9. _____ How often does it seem like there is going to be a fight at the meetings?

(1)	(2)	(3)	(4)
Never	Sometimes	Often	Always

10. _____ How often have the other kids in the meetings helped you solve one of your problems?
11. _____ In the meetings, when you're talking about something bad that a kid did, how often does the group try to figure out the reasons why he did it?
12. _____ How often do you feel really nervous in the meetings?
13. _____ How often do the meetings run really smoothly, without any of the kids getting really uptight?
14. _____ In the meetings, how often are you able to help other kids with their problems?
15. _____ How often have the other kids in the meetings really gotten on you about something you did?
16. _____ In the meetings, how often do you talk about times that you got into trouble before you came to the group home?
17. _____ How often does the staff leader do a lot of talking at group or house meetings?
18. _____ How often has the staff been open and honest in the things they tell you and in answering your questions?

(1)	(2)	(3)	(4)
Never	Sometimes	Often	Always

19. _____ How often do the staff here act like the type of adults you would like to be like when you get older?
20. _____ How often does it seem like staff members are bossing you around?
21. _____ How often have you seen a staff member get really mad when a kid has done something wrong?
22. _____ When you have done a good job at something, how often does staff notice and tell you that you did well?
23. _____ When you do something wrong, how often is staff willing to listen to your reasons for doing it?
24. _____ How often do you see staff here as being more like parents than just group home staff members?
25. _____ Whenever you have a big problem, how often is there a staff person you can go to to talk to about it?
26. _____ How often do you feel that there is someone on the staff who is more like a good friend to you than just a staff person?
27. _____ How often do you feel that the staff here really cares about you and what happens to you when you leave the home?

(1)	(2)	(3)	(4)
Never	Sometimes	Often	Always

28. _____ How often do you decide not to do something you want to do because it may violate someone else's rights?
29. _____ How often do you do things without thinking about what could happen as a result?
30. _____ When you have done something wrong, how often does staff try to make you feel better or less guilty about it?
31. _____ How often is the group of kids more important than the the staff in helping kids to solve their problems?
32. _____ How often have you been the leader of a group or house meeting?
33. _____ How often have you had the job of saying who does what chores?
34. _____ How often have you had the job of making sure chores were done?
35. _____ How often have you been told to be a "buddy" or big brother/sister to a new resident?

Now I would like to ask you a few questions about decisions that the kids in the Group Home might have some say in. I will ask you about a decision, and I would like you to tell me how much staff allows you to decide on it by saying "None", "Very Little", "Some", or "A Lot".

(1)	(2)	(3)	(4)
None	Very Little	Some	A Lot

1. _____ How much does staff allow you to decide on which kids get accepted into the program?
2. _____ How much does staff allow you to decide on what kids get more privileges or moved up in the program?
3. _____ How much does staff allow you to decide on what kids get less privileges or moved back in the program?
4. _____ How much does staff allow you to decide on what happens to kids who have broken house rules?
5. _____ How much does staff allow you to decide on what kids get for doing good things?
6. _____ How much does staff allow you to decide on what types of activities or outings you have?

(1)	(2)	(3)	(4)
None	Very Little	Some	A Lot

7. _____ How much does staff allow you to decide on what the rules of the house are?
8. _____ How much does staff allow you to decide on when certain kids are ready to leave the program?

STAFF QUESTIONNAIRE

Group Home _____

Date Completed _____

STAFF QUESTIONNAIRE

Section A

1. Please estimate the extent of your average weekly contact with the residents of the group home(s) by checking one of the following alternatives:

___ Minimal contact ___ Frequent contact
___ Occasional contact ___ Extensive contact

2. Who sets official treatment policy for the group home?

Is this treatment policy written? ___ Yes ___ No

3. How often do you attend residents' group or house meetings?

___ Never
___ Occasionally
___ Frequently
___ Regularly

4. How often do you lead residents' group or house meetings?

___ Never
___ Occasionally
___ Frequently
___ Regularly

Listed on the following pages are statements that pertain to treatment orientation of staff. Please respond to A and B for each statement by placing the numbers of the appropriate alternatives for response A and for response B in the space provided under each statement. In response A, please indicate whether the statement describes staff behavior which is; (1) a reflection of written treatment policy or guidelines for the home; (2) unwritten policy or behavior which you perceive to be expected of staff; (3) at the discretion of each individual

staff member; (4) in violation of unwritten treatment policy; or, (5) in violation of written treatment policy or expectations. If you do not know if the stated behavior fits any of the above alternatives, please place the number, (6) (Don't know) in the space for response A under that particular statement. In response B, please indicate how often you personally respond to residents in the ways indicated when you have contact with them, by placing the number of the appropriate alternative in the space provided for response B under each statement. All responses will be kept strictly confidential.

	<u>Response A</u>		<u>Response B</u>
(1)	<u>Written</u> treatment policy	(1)	Never
(2)	<u>Unwritten</u> treatment policy	(2)	Rarely
(3)	Staff has <u>discretion</u>	(3)	Sometimes
(4)	Violates <u>written</u> treatment policy	(4)	Often
(5)	Violates <u>unwritten</u> treatment policy	(5)	Always
(6)	Don't know		

1. I encourage residents to keep an eye on each other's behavior and to tell each other when they think they're "messaging up".

Response A _____ Response B _____

2. I am completely open and honest with residents in answering their questions.

Response A _____ Response B _____

3. I encourage residents to consider the rights of others when trying to meet their own needs.

Response A _____ Response B _____

4. I encourage residents to consider possible consequences of their actions before they act.

Response A _____ Response B _____

	<u>Response A</u>		<u>Response B</u>
(1)	<u>Written</u> treatment policy	(1)	Never
(2)	<u>Unwritten</u> treatment policy	(2)	Rarely
(3)	Staff has <u>discretion</u>	(3)	Sometimes
(4)	Violates <u>written</u> treatment policy	(4)	Often
(5)	Violates <u>unwritten</u> treatment policy	(5)	Always
(6)	Don't know		

5. I model responsible behavior as part of my treatment function.

Response A _____ Response B _____

6. I refuse to listen to residents' reasons why they behaved irresponsibly.

Response A _____ Response B _____

7. I attempt to relieve residents of their guilt feelings about negative behavior.

Response A _____ Response B _____

8. I communicate with residents without a tone of authority in normal everyday interaction.

Response A _____ Response B _____

9. I conceal any anger I feel about the negative behavior of residents.

Response A _____ Response B _____

10. I verbally praise residents for responsible behavior.

Response A _____ Response B _____

11. I attempt to give residents a sense of being in a traditional family environment.

Response A _____ Response B _____

12. I encourage the development of group consciousness and cohesion among residents.

Response A _____ Response B _____

	<u>Response A</u>		<u>Response B</u>
(1)	<u>Written</u> treatment policy	(1)	Never
(2)	<u>Unwritten</u> treatment policy	(2)	Rarely
(3)	Staff has <u>discretion</u>	(3)	Sometimes
(4)	Violates <u>written</u> treatment policy	(4)	Often
(5)	Violates <u>unwritten</u> treatment policy	(5)	Always
(6)	Don't know		

13. I discourage residents from viewing me as a parent figure.
 Response A _____ Response B _____
14. I attempt to develop personal relationships with residents.
 Response A _____ Response B _____
15. I encourage residents to do things as a group (outings, activities, meals, etc.)
 Response A _____ Response B _____
16. I attempt to set up conditions which allow residents to experience success.
 Response A _____ Response B _____

The following statements pertain to staff orientation at group or house meetings. If attendance at such meetings is not part of your role at the home, please respond in terms of how you would act at the meetings if you were involved.

1. I encourage peer confrontation in group or house meetings.
 Response A _____ Response B _____
2. I attempt to raise the level of anxiety in group or house meetings.
 Response A _____ Response B _____
3. I act as an advisor to the group in group or house meetings.
 Response A _____ Response B _____

	<u>Response A</u>		<u>Response B</u>
(1)	<u>Written</u> treatment policy	(1)	Never
(2)	<u>Unwritten</u> treatment policy	(2)	Rarely
(3)	Staff has <u>discretion</u>	(3)	Sometimes
(4)	Violates <u>written</u> treatment policy	(4)	Often
(5)	Violates <u>unwritten</u> treatment policy	(5)	Always
(6)	Don't know		

4. I act as director of the group discussion in group or house meetings.
 Response A _____ Response B _____
5. I act as a participant in group discussion in group or house meetings.
 Response A _____ Response B _____
6. I encourage smooth, harmonious group or house meetings.
 Response A _____ Response B _____
7. I teach residents that they are in the group to give help and not to get help.
 Response A _____ Response B _____
8. I encourage group members to challenge each other's behavior in group or house meetings.
 Response A _____ Response B _____
9. I summarize group or house meetings at their close.
 Response A _____ Response B _____
10. I see the group itself as having the most important treatment role in group or house meetings.
 Response A _____ Response B _____

Response A

Response B

- | | | | |
|-----|--|-----|-----------|
| (1) | <u>Written</u> treatment policy | (1) | Never |
| (2) | <u>Unwritten</u> treatment policy | (2) | Rarely |
| (3) | Staff has <u>discretion</u> | (3) | Sometimes |
| (4) | Violates <u>written</u> treatment policy | (4) | Often |
| (5) | Violates <u>unwritten</u> treatment policy | (5) | Always |
| (6) | Don't know | | |

11. I encourage discussion of group members' behavior and consequences in group or house meetings.

Response A _____ Response B _____

12. I encourage discussion of group members attitudes, values and motivation in group or house meetings.

Response A _____ Response B _____

13. I encourage residents to reveal their past deviancy in group or house meetings.

Response A _____ Response B _____

The following eight items pertain to certain decision-making areas regarding group home residents. Please indicate the extent to which staff are involved in each decision-making area by placing the number of the appropriate alternative in the space provided by each item.

- (1) Director makes all decisions.
- (2) Director makes all decisions, but solicits input from staff on certain matters.
- (3) Director makes all decisions, but solicits input from staff on most matters.
- (4) Staff as a group makes decisions on some matters.
- (5) Staff as a group makes decisions on most matters.

- 1. _____ Screening and acceptance of youth into the program.
- 2. _____ General increase in privileges for individual residents, or promotion of residents in level or team system.
- 3. _____ General decrease in privileges for individual residents, or demotion of residents in level or team system.
- 4. _____ Discipline of individual residents.
- 5. _____ Awarding of specific privileges to individual residents.
- 6. _____ Changes in house rules.
- 7. _____ Graduation from the program.
- 8. _____ Discharge of youths who cannot make it in the program.

Section B

The following items are statements regarding your career and aspects of your present working situation. Please indicate the extent to which each statement accurately describes your job by placing the appropriate number in the space provided next to each statement. All responses will be kept strictly confidential.

(1) (2) (3) (4)
 Not at all accurate Somewhat accurate Generally accurate Very accurate

1. ___ In this job, I set my own work goals.
2. ___ I am just about where I want to be in my career.
3. ___ There is a strong effort made in this home to get full and accurate information about staff problems.
4. ___ I see this job as being a "stepping stone" to another job.
5. ___ I am clear in my mind as to what has to be accomplished with each youth.
6. ___ I can plan my work at least a day in advance.
7. ___ My job has certain specified goals to be attained.
8. ___ I know when I have had a successful impact on a youth and when I have not.
9. ___ I have this job for reasons beyond my control.
10. ___ The choice of this job had nothing to do with my career plans.
11. ___ Staff at all levels are informed about what is going on.
12. ___ I sometimes receive information about the group home first from the clients.
13. ___ I can always find reliable indicators of the progress of the youths I work with.
14. ___ I receive feedback about youths who have been discharged from the program.

(1) (2) (3) (4)
 Not at all accurate Somewhat accurate Generally accurate Very accurate

15. ___ My work is set up so that I can determine the procedures for getting the work done.
16. ___ There are opportunities for me to pursue my career interests in this group home job.
17. ___ Meetings between staff members are used in this group home to discuss problems.
18. ___ The group home provides many channels of communication among staff and administrators.
19. ___ I chose this job in terms of how much it contributes to my career.
20. ___ My work is set up so that I make decisions as to what I will be working at, at any particular time.
21. ___ Information is easily obtained from other staff members.
22. ___ Open communication among staff is encouraged in the group home.

The following items are general statements of how group home staff members may feel about their jobs. Please indicate how accurate the statement is with regard to your job by placing the appropriate number in the space provided next to each statement. All responses will be kept strictly confidential.

(1) (2) (3) (4)
 Not at all accurate Somewhat accurate Generally accurate Very accurate

1. ___ I am reluctant to leave my job to go on a vacation.
2. ___ The longer a person is in this job, the more he has to compromise his standards of effectiveness.
3. ___ The longer I hold this job, the more I see youths as unchangeable.
4. ___ The longer I hold this job, the less stimulating it becomes.
5. ___ I am being paid for a job I enjoy doing.
6. ___ This job requires you to invest too much of yourself.
7. ___ My job makes me feel nervous and jumpy.
8. ___ I feel good about working overtime w/o extra pay.
9. ___ I would like to find a better job than this one as soon as possible.
10. ___ This job gives me more satisfaction than jobs I have held in the past.
11. ___ My experience in this job has made me less and less willing to try to deal with the residents' problems that arise daily.
12. ___ The longer I am in this job, the more often I feel emotionally drained at the end of the workday.
13. ___ The longer I hold this job, the more frustrating it becomes.
14. ___ The longer I hold this job, the more routine it becomes.

(1) (2) (3) (4)
 Not at all accurate Somewhat accurate Generally accurate Very accurate

15. ___ The longer I am in this job, the more pressure there is to neglect my personal life.
16. ___ You have to put a lot of your own feelings, hopes and personal goals on the line in my job.
17. ___ I would recommend my present job to a friend with the same interests and education as mine.
18. ___ I often feel like walking out of my job for good.
19. ___ If I were starting over in my working career I would lean toward taking the same type of job as I have now.
20. ___ One of the problems with this job is that you can't leave it behind you when the workday is over.
21. ___ This job requires too much personal and emotional commitment.
22. ___ I am getting to the point where I feel annoyed when a resident comes to me with a problem.
23. ___ I can feel myself becoming more and more callous in my dealings with the residents.
24. ___ I usually feel reluctant to go to work.
25. ___ I usually feel like going home early from this job.
26. ___ When I am at work, I usually wish I were somewhere else.
27. ___ Providing understanding to a number of troubled youths is becoming a more and more monumental task, the longer I am in this job.

Section C

This section consists of items regarding your background and personal characteristics. Please provide the requested information as accurately as possible. This information will also be kept strictly confidential.

1. Age _____
2. Sex _____
3. Race _____
4. How much formal education have you had?
 - a. _____ some high school
 - b. _____ completed high school
 - c. _____ GED
 - d. _____ some college
 - e. _____ completed college
If checked, major or area of degree _____
 - f. _____ Master's degree
If checked, major or area of degree _____
 - g. _____ Ph. D.
If checked, major or area of degree _____
 - h. _____ Vocational training
If checked, major or area of training _____
5. Marital Status
 - a. _____ married
 - b. _____ single
 - c. _____ widowed
 - d. _____ divorced
 - e. _____ separated

6. Working status: (check two)
 - a. _____ full time _____ part time
 - b. _____ paid _____ volunteer
7. What other jobs have you held that are related to your present position?
8. Which of these settings did you grow up in?
 - a. _____ urban setting
 - b. _____ rural setting
 - c. _____ suburban setting
9. How long have you been employed at the group home? Please specify in months. _____
10. What is the title of your position(s) in the group home?

11. What is your annual gross salary? _____
12. Average number of hours per week you get paid for. _____
13. Average number of hours per week you actually put in. _____
14. Length of time since last promotion (in months) _____
15. Length of time since change in job title (in months) _____
16. How many children of your own do you have in your household?

ADMINISTRATIVE QUESTIONNAIRE

Part I:
To Be Completed By
Group Home Administrator

Group Home _____

Date Completed _____

ADMINISTRATIVE QUESTIONNAIRE I

Please provide the following information regarding your group home operation.

1. Give the number of youths in your homes referred by each agency.
 - (a) DJS _____;
 - (b) DSS _____;
 - (c) Mental Health _____;
 - (d) Other (please specify) _____.

2. Who, or what agency pays the cost of your program for the youths admitted to your home? (Please list all funding sources, with estimated percentages for each, which should add to 100%.)

Agency	Percent Paid
(a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____

3. Is there currently a waiting list of eligible DJS youths for entry into your home(s)?
 - (a) Yes _____
 - (b) No _____

4. Is your home licensed?

- (a) Yes _____
- (b) No _____

If yes, give the licensing agency. _____

If no, is licensing pending or has it been requested? _____

If yes, from which agency? _____

5. What reports are required for youth intake?
Check all that apply.

- | | | | |
|------------------------------|-----|--------------------------------|-----|
| (a) medical | ___ | (f) school | ___ |
| (b) social history | ___ | (g) other (please specify) | ___ |
| (c) psychological evaluation | ___ | | ___ |
| (d) court | ___ | (h) None of these are required | ___ |
| (e) police | ___ | | ___ |

6. Which of the following do you maintain ongoing records for?
Check all that apply.

- | | | | |
|---------------------------|-----|---------------------------------------|-----|
| (a) financial | ___ | (f) disciplinary actions | ___ |
| (b) personnel | ___ | (g) resident progress | ___ |
| (c) individual counseling | ___ | (h) task accomplishment | ___ |
| (d) group sessions | ___ | (i) other (please specify) | ___ |
| (e) school performance | ___ | (j) No ongoing records are maintained | ___ |

7. Which of the following types of follow-up information do you attempt to obtain on all youth released from the program?
Check all that apply.

- | | |
|--|-----|
| (a) subsequent arrests | ___ |
| (b) employment | ___ |
| (c) residence (with family/other) | ___ |
| (d) subsequent group home placement | ___ |
| (e) institutionalization | ___ |
| (f) subsequent school performance | ___ |
| (g) other (please specify) | ___ |
| (h) No follow-up information is obtained | ___ |

8. Which of the following types of aftercare or support systems do you maintain for youths after they are released from the program?
Check all that apply.

- | | |
|---------------------------------------|-----|
| (a) family counseling | ___ |
| (b) "boarding" house arrangement | ___ |
| (c) walk-in counseling | ___ |
| (d) home visits | ___ |
| (e) telephone contacts | ___ |
| (f) other (please specify) | ___ |
| (g) No support systems are maintained | ___ |

9. Do you have a handbook for clients (e.g., home rules, medical procedures, etc.)?

- (a) Yes ___
 (b) No ___

10. Do you have a handbook for staff (e.g., policies, operating procedures, etc.)?

- (a) Yes ___
 (b) No ___

11. Please give the number of members on your Board of Directors.

12. Please give the extent of participation of the Board of Directors in each of the following areas of decision-making.

	Board has no Input	Board has Advisory Status Only	Board Approves Decisions Made by Others	Board Makes the Decisions
(a) admission policy	___	___	___	___
(b) termination policy	___	___	___	___
(c) hiring of staff	___	___	___	___
(d) termination of staff	___	___	___	___
(e) treatment approach	___	___	___	___
(f) house rules	___	___	___	___
(g) type of discipline	___	___	___	___
(h) expansion of program	___	___	___	___
(i) fund raising approach	___	___	___	___
(j) other (please specify)	___	___	___	___

13. How often does your board meet?

- | | | | |
|----------------|-----|----------------------------|-----|
| (a) monthly | ___ | (d) semi-annually | ___ |
| (b) bi-monthly | ___ | (e) annually | ___ |
| (c) quarterly | ___ | (f) other (please specify) | ___ |

14. Do treatment staff attend board meetings?

- (a) regularly _____
- (b) special occasions only _____
- (c) never _____

15. How much information was gathered about the community when planning to establish the group home?

- (a) much _____
- (b) some _____
- (c) none _____
- (d) don't know _____

16. Which of the following were contacted when planning to establish the group home? (If appropriate, check more than one)

- (a) Key community figures _____
- (b) Members of the community at large _____
- (c) County or city officials _____
- (d) School personnel _____
- (e) Other (please specify) _____
- (f) Don't know _____

17. Which of the following efforts to involve the community: (If appropriate, check more than one)

	<u>Are Presently Made?</u>	<u>Were Made When Planning to Establish the Home?</u>
(a) requests for financial support	_____	_____
(b) open meetings	_____	_____
(c) distribution of printed material	_____	_____
(d) door-to-door informative visits	_____	_____
(e) open houses	_____	_____
(f) other (please specify)	_____	_____
(g) Don't know	_____	_____

18. Who are/was involved in these efforts? (If appropriate, check more than one)

	<u>Presently</u>	<u>When Planning to Establish the Home</u>
(a) group home administrators	_____	_____
(b) DJS or DSS personnel	_____	_____
(c) members of board of directors	_____	_____
(d) community residents	_____	_____
(e) other (please specify)	_____	_____
(f) Don't know	_____	_____

If the information in questions 15 through 18 is not known or not immediately available to you, please provide a source that can be contacted to obtain the information if possible.

ADMINISTRATIVE QUESTIONNAIRE

Part II:
To Be Completed By
Group Home Chief Administrator or House Directors
Where Group Home Has More Than One Facility

Group Home _____

Date Completed _____

ADMINISTRATIVE QUESTIONNAIRE II

Section A

Please provide the following information regarding structural characteristics of your group home.

1. How long has your group home been in operation? _____
2. Is your home presently being:
(a) Rented _____
(b) Leased _____
(c) Other (please specify) _____
3. Of the bedrooms for youths in your home, give the number of rooms that are presently occupied by:
(a) 1 youth _____ (e) 5 youths _____
(b) 2 youths _____ (f) 6 youths _____
(c) 3 youths _____ (g) Over 6 youths _____
(d) 4 youths _____
4. Does your home have separate kitchens for youths and live-in/sleep-in staff?
(a) Yes _____
(b) No _____
5. Does your home have separate dining areas for youths and live-in/sleep-in staff?
(a) Yes _____
(b) No _____
6. Does your home have separate bathrooms for youths and live-in/sleep-in staff?
(a) Yes _____
(b) No _____

7. Does your home have separate living areas for youth and live-in/sleep-in staff?

- (a) Yes
- (b) No

8. Does your home have an office area which is not located in the home itself?

- (a) Yes
- (b) No

9. How would you describe the amount and quality of furniture and general household equipment in your home?

- (a) adequate
- (b) less than adequate
- (c) not at all adequate

If less than or not at all adequate, what kinds of things do you feel your home is in need of?

10. Are youths permitted to decorate their own rooms if they wish?

- (a) Yes
- (b) No

11. What recreation facilities are located on the lot?
Please check all that apply.

- (a) Basketball net
- (b) Baseball field
- (c) Barbecue
- (d) Ping Pong
- (e) Billiards
- (f) Garden plot
- (g) Other (please specify)

12. Please check the following community recreational facilities as to their accessibility to residents.

	Not Acces- sible	Walking Distance	Transpor- tation Pro- vided by Group Home	Public Transpor- tation
(a) swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) teen center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) school or community gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) arts and crafts classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) boy or girl scouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) hobby or activity clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) outdoor basketball courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) outdoor basketball courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) tennis courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) bowling alley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) movie theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) skating rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) regional park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often does your program utilize the following outside resources?

	Frequently	Occasionally	Never
(a) counseling service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) drug clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) remedial education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) occupational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you use volunteers in your program?

- (a) Yes
- (b) No

If yes, are the volunteers: (more than one may be checked)

- (a) students receiving class credit?
- (b) students not receiving class credit?
- (c) community volunteers?

15. Please estimate the number of volunteer hours per week spent in the following:

- (a) administration
- (b) counseling
- (c) recreation
- (d) medical treatment
- (e) Other (please specify) _____

16. Would you describe your neighborhood as primarily:

- (a) Rural
- (b) Residential
- (c) Business
- (d) both Residential and Business

17. How would you describe the socio-economic status of your neighborhood?

- (a) lower
- (b) lower-middle
- (c) middle
- (d) upper-middle
- (e) upper

18. How important do you consider it to be that residents of the immediate community are informed about the group home?

- (a) Very important
- (b) Important
- (c) Somewhat important
- (d) Unimportant

19. How important is it for your group home to maintain a low profile in the immediate community?

- (a) Very important
- (b) Important
- (c) Somewhat important
- (d) Unimportant

20. Are the following utilized to inform the community of your group home programs and activities?

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Community advisory board (other than board of directors) | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Group home newsletter or informative sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Staff as speakers at community meetings | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Community open houses | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

21. Do group home residents provide the following types of services to the community?

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Residents are available for temporary employment | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Residents maintain community parks or facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Residents assist with clean-up tasks at neighborhood residences | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Group home recreational facilities are made available to neighborhood youths | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Other (please specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

ADMINISTRATIVE QUESTIONNAIRE II

Section B

22. Do community residents provide the following types of services to the group home?

	Yes	No
(a) Financial donations	___	___
(b) Maintenance and repair of facilities	___	___
(c) Donation of furnishings or equipment	___	___
(d) Volunteer counseling or tutoring	___	___
(e) Other (please specify) _____	___	___

23. In the past year, approximately how many times have group home residents been involved in incidents in the community which resulted in complaints against the group home? _____

If such complaints have been made, please indicate the number of complaints lodged with each of the following:

- (a) Police _____
- (b) Local official _____
- (c) Group home _____
- (d) Probation officer _____
- (e) Other (please specify) _____

If such complaints have been made, please indicate the number of complaints that were not resolved:

- (a) Number not resolved to your satisfaction. _____
- (b) Number not resolved to the complainant's satisfaction. _____

Please provide the following information concerning your in-house group treatment program.

1. Does your program provide for individual counseling on a need or crisis intervention basis?
 - (a) Yes ___
 - (b) No ___
2. Does your program provide for regularly scheduled individual counseling sessions?
 - (a) Yes ___
 - (b) No ___
3. Does your program provide for family counseling on a voluntary basis?
 - (a) Yes ___
 - (b) No ___
4. Does your program have a requirement for parental commitment to family counseling?
 - (a) Yes ___
 - (b) No ___

If yes, to questions 3 or 4, give the number of family counseling sessions per resident per month. _____

Where do most of the family counseling sessions take place? _____

5. What types of group and/or house meetings are held?
- | | <u>Average Number
Per Week</u> |
|---|------------------------------------|
| (a) Meetings devoted to one resident's problems | _____ |
| (b) Meetings devoted to problems of the group. | _____ |
| (c) All-purpose house meetings | _____ |

6. On what basis are group and/or house meetings held?
- (a) on need basis only _____
- (b) regularly scheduled _____
- (c) both _____

7. Please check the extent to which residents have input or decision-making power in the following areas.

(Check one alternative for (a) through (g))

- (a) Screening and acceptance of youth into the program.
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____
- (b) General increase in privileges for individuals or promotion in level or team system.
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____

7. (Continued)

- (c) General decrease in privileges for individuals or demotion in level or team system.
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____

- (d) Discipline of individual residents
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____

- (e) Awarding of specific privileges to individual residents.
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____

- (f) Changes in house rules.
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____

- (g) Graduation of other residents from program.
- (1) No input from residents _____
- (2) Some input but staff makes decision _____
- (3) Staff and residents' vote _____
- (4) Residents' decision with staff veto _____
- (5) Residents have final decision _____

8. Are the following roles and duties assigned to individual residents as a regular part of the program? (More than one may be checked)

	<u>Yes</u>	<u>No</u>
(a) Leading group or house meetings	___	___
(b) Assigning chores	___	___
(c) Scheduling activities	___	___
(d) Managing or supervising the completion of chores	___	___
(e) Acting as "buddies" or big brothers/sisters to new residents	___	___
(f) Other (please specify) _____	___	___
_____	___	___
_____	___	___

9. Are the following types of reinforcement or rewards utilized in your program? (More than one may be checked)

	<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
(a) Cash	___	___	___
(b) Store items-merchandise	___	___	___
(c) Home visits	___	___	___
(d) Group outings	___	___	___
(e) Later curfews	___	___	___
(f) Earlier discharge	___	___	___
(g) Promotion in level or team system	___	___	___
(h) Verbal praise from staff	___	___	___
(i) Other (please specify) _____	___	___	___
_____	___	___	___
_____	___	___	___

10. Are the following types of behavior reinforced in your program? (More than one may be checked)

	<u>Yes</u>	<u>No</u>
(a) Academic achievement	___	___
(b) Attendance at school	___	___
(c) Completion of chores	___	___
(d) Evidence of self-sufficiency or self-care	___	___
(e) Attendance at counseling sessions	___	___
(f) Absence of rule violations and negative behavior	___	___
(g) Other (please specify) _____	___	___
_____	___	___
_____	___	___

11. How often are the following types of negative reinforcement or sanctions utilized in your program? (More than one may be checked)

	<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
(a) Restriction of free time	___	___	___
(b) Reduction of allowance	___	___	___
(c) Exclusion from group outings	___	___	___
(d) House restrictions	___	___	___
(e) Additional chores	___	___	___
(f) Verbal admonishment	___	___	___
(g) Demotion in level or team system	___	___	___
(h) Other (please specify) _____	___	___	___
_____	___	___	___
_____	___	___	___

12. Are the following types of behavior ever negatively sanctioned? (More than one may be checked)

- (a) Suspension from school _____
- (b) Fighting _____
- (c) Breaking house rules _____
- (d) Verbal behavior (obscene language, talking back to staff) _____
- (e) Failure to attend meetings _____
- (f) Failure to adhere to schedules _____
- (g) Failure to do chores _____
- (h) School absences _____
- (i) Poor school performance _____
- (j) Destroying group home property _____
- (k) Other (please specify) _____

13. Does your program have a structured level system or team concept?

- (a) Yes _____
- (b) No _____

14. Does your program have a token point system?

- (a) Yes _____
- (b) No _____

If yes, how frequently are points exchanged for privileges?

- (a) Daily _____
- (b) Weekly _____
- (c) Depends on residents' level _____

If yes, are residents eventually released from point system?

- (a) Yes _____
- (b) No _____

If yes, are individual point cards used?

- (a) Yes _____
- (b) No _____

15. Does your home have an in-house school program?

- (a) Yes _____
- (b) No _____

16. Do residents of your home attend community schools or educational programs such as CETA?

- (a) Yes _____
- (b) No _____

If yes, how often do the following types of communication with schools or educational programs occur?

	<u>Regularly</u>	<u>Occasionally</u>	<u>Never</u>
(1) Telephone contacts with teachers and counselors	_____	_____	_____
(2) School behavior forms are completed by teachers	_____	_____	_____
(3) Staff visits schools	_____	_____	_____
(4) School sends progress reports	_____	_____	_____
(5) Other (please specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Does your home offer courses or tutorials in any of the following special skill areas? Please check all that apply.

(a) <u>Vocational Training</u>	<u>Yes</u>	<u>No</u>
(1) Car maintenance	_____	_____
(2) Cooking skills	_____	_____
(3) Electronics	_____	_____
(4) Cosmetology	_____	_____
(5) Home economics	_____	_____
(6) Secretarial	_____	_____
(7) Carpentry	_____	_____
(8) Other (please specify)	_____	_____
(9) _____	_____	_____
_____	_____	_____

17. (Continued)

(b) <u>Academic Training</u>	<u>Yes</u>	<u>No</u>
(10) Math-arithmetic	_____	_____
(11) English	_____	_____
(12) Social Studies	_____	_____
(13) Science	_____	_____
(14) Reading	_____	_____
(15) Remedial education	_____	_____
(16) Other (please specify)	_____	_____
(17) _____	_____	_____

18. Do you offer any training in any of the following as part of your treatment program?

(a) <u>Social Skill Training</u>	<u>Formal or Organized</u>	<u>Informal</u>	<u>None</u>
(1) cooperativeness	_____	_____	_____
(2) manners	_____	_____	_____
(3) hygiene	_____	_____	_____
(4) instruction following	_____	_____	_____
(5) how to handle criticism	_____	_____	_____
(6) impulse control	_____	_____	_____
(7) rational problem solving	_____	_____	_____
(8) job finding assistance	_____	_____	_____
(9) job keeping assistance	_____	_____	_____
(10) other (please specify)	_____	_____	_____
(11) _____	_____	_____	_____

ADMINISTRATIVE QUESTIONNAIRE II

Section C

Listed below are program objectives which receive varying emphasis in group homes. Please indicate the extent to which each one is emphasized in your program by checking the appropriate space in the continuum.

Responsibility

Responsible youth have adequate work habits, consider the consequences of their behavior and its effects on others, and they can accept responsibility for their actions.

Little emphasis _____ Heavy emphasis

Independence

Independent youths are self-reliant and they identify themselves as individuals. They direct their own activities, depend on themselves in situations and are not easily led by others.

Little emphasis _____ Heavy emphasis

Self Image

Youths with positive self-images have positive conceptions of themselves and are confident in their dealings with others.

Little emphasis _____ Heavy emphasis

Goal Orientation

Youths who are goal-oriented make realistic plans for the future and select appropriate routes to the achievement of goals. They do not face the future with a sense of being powerless.

Little emphasis _____ Heavy emphasis

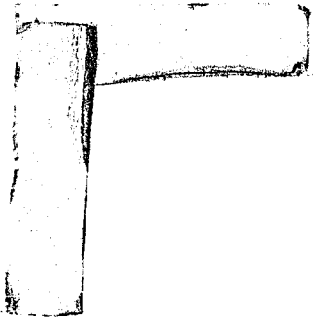
Appendix B
FINAL DATA COLLECTION INSTRUMENTS

RESIDENT QUESTIONNAIRE

Group Home: _____

Resident I. D. #: _____

Date Completed: _____



Resident Questionnaire
Part I

We are playing this tape for you because we're trying to get information from staff and residents that will help the group homes across the state do a better job of helping residents. Thanks for taking the time to listen and fill out the answer sheet.

The tape has three parts and lasts about one half hour. This first part has questions about different types of activities and behavior you may have been involved in and about the program here. The questions ask how often you do things or how often certain things happen here. On your answer sheets are spaces for "Never," "Once or Twice," "Several Times" and "Many Times." When you hear the questions, please think about the last two or three months and mark the space for the truest answer next to the number of the question. Each question will be read to you twice.

This is not a test and there are no right or wrong answers. Please be completely truthful, because no one connected with the group home will ever see your answers and we are not interested in your names -- only the fact that you are a resident of _____ group home. Also, please answer every question; if you are not sure of the answer, mark the one that is closest. If you don't understand a question or miss one, put a mark by it and we will come back to it when the tape is finished.

Are there any questions?

Resident Questionnaire
Part I

Never	Once or Twice	Several Times	Many Times
(1)	(2)	(3)	(4)

In the past two or three months, how often:

1. _____ Have you done a job without being asked or told?
2. _____ Have you helped someone with schoolwork?
3. _____ Have you had a fist-fight with someone in the home?
4. _____ Have you talked someone out of doing something dangerous or illegal?

In the past two or three months, how often:

5. _____ Have you shoplifted?
6. _____ Have you swiped something from another kid?
7. _____ Have you helped someone complete a job or solve a problem?
8. _____ Have you reported a kid for doing something seriously wrong?

In the past two or three months, how often:

9. _____ Have you skipped school?
10. _____ Have you bullied or threatened other kids in the home when it was not in fun?
11. _____ Have you talked someone out of running away from the group home?
12. _____ Have you talked freely about your problems in the group home?

In the past two or three months, how often:

13. _____ Have you been suspended from school?
14. _____ Have you ridiculed or made fun of other kids in the home?
15. _____ Have you been the leader of a group activity?
16. _____ Have you kept on talking after you were supposed to be quiet in the home?
17. _____ Have you cheated on a test at school?
18. _____ Have you tried to break up a fight in the group home?
19. _____ Have you had a fist-fight with someone in the community?
20. _____ Have you failed to do assigned chores?

Never	Once or Twice	Several Times	Many Times
(1)	(2)	(3)	(4)

In the past two or three months, how often:

21. _____ Have you done extra schoolwork?
22. _____ Have you damaged furniture or other group home property on purpose?
23. _____ Have you damaged or destroyed property in the community?
24. _____ Have you stopped working on a chore when you thought you wouldn't be caught?
25. _____ Have you talked back to staff?

In the past two or three months, how often:

26. _____ Have you received cash for good behavior?
27. _____ Have you been restricted to the house for doing something wrong?
28. _____ Have you received store items for good behavior?
29. _____ Have you been allowed to attend group outings for good behavior?

In the past two or three months, how often:

30. _____ Have you had your allowance reduced for doing something wrong?
31. _____ Have you been kept from going on group outings for doing something wrong?
32. _____ Have you been permitted later curfews for good behavior?
33. _____ Have you been given additional chores for doing something wrong?

In the past two or three months, how often:

34. _____ Have you been verbally praised for good behavior?
35. _____ Have you been yelled at for doing something wrong?
36. _____ Have you been moved to a higher privilege level for good behavior?
37. _____ Have you been moved to a lower privilege level for doing something wrong?

In the past two or three months:

38. _____ How often have the staff done something to show that they care about you and what happens to you after you leave the group home?
39. _____ How often have staff members bossed you around?
40. _____ How often have the staff done something to show that they trust you?
41. _____ How often has someone on the staff acted more like a good friend to you than just a staff person?

In the past two or three months:

42. _____ How often have staff members lost their temper when a resident has done something wrong?
43. _____ How often have you cooked a meal or washed the dishes in the home?
44. _____ How often have you trusted the staff here?
45. _____ How often have staff noticed and told you when you did a good job at something?

Never (1)	Once or Twice (2)	Several Times (3)	Many Times (4)
--------------	----------------------	----------------------	-------------------

In the past two or three months:

- 46. _____ How often have you repaired something around the home?
- 47. _____ How often have the staff been dishonest about something they told you or in answering a question?
- 48. _____ How often have you gone to someone on the staff when you've had a problem?
- 49. _____ How often have you done some of the cleaning in the home?

In the past two or three months:

- 50. _____ How often have the staff refused to listen to your reasons for doing something wrong?

Resident Questionnaire
Part II

The second part of the tape is shorter and has statements rather than questions. When you hear each statement, think about how well it describes you. Depending on how much it describes you or the way you feel, mark the space for "not at all like me," "a little like me," "quite a bit like me" or "very much like me" next to the number of the statement. Again, please be truthful because your answers will not be connected with you as a person in any way. Please answer every statement.

Are there any questions?

Not at all like me (1)	A little like me (2)	Quite a bit like me (3)	Very much like me (4)
------------------------------	----------------------------	-------------------------------	-----------------------------

- 1. _____ I take good care of my own and others' property.
- 2. _____ Other people can talk me into things: I tend to go along with what they say.
- 3. _____ I am afraid of saying the wrong thing when I talk to adults.
- 4. _____ I am an honest person.
- 5. _____ I have too many problems right now to think about what I'll be doing when I leave the group home.
- 6. _____ I would be afraid to talk in front of a group of people.
- 7. _____ I have trouble getting places on time.
- 8. _____ With things going the way they are, it's pretty hard to keep up hoping to amount to anything.
- 9. _____ I'm nervous when I talk to people.
- 10. _____ I can be trusted to do what I say I will do.
- 11. _____ I will cheat on a test when everyone else does.
- 12. _____ I don't know what to say when I first meet someone.

- | Not at all
like me | A little
like me | Quite a bit
like me | Very much
like me |
|-----------------------|---|------------------------|----------------------|
| (1) | (2) | (3) | (4) |
| 13. _____ | I get things done; I do a lot of work in a given time. | | |
| 14. _____ | It's very hard for me to go against the crowd. | | |
| 15. _____ | I don't know what to say when I disagree with other people. | | |
| 16. _____ | I stick to a job or task until I finish it. | | |
| 17. _____ | I like to think about what will happen when I leave the group home. | | |
| 18. _____ | I won't express my opinion in a group if I think others disagree with me. | | |
| 19. _____ | I get to school or work on time. | | |
| 20. _____ | There's no point in making plans for the future because I wouldn't follow them anyway. | | |
| 21. _____ | I'm too shy and self conscious. | | |
| 22. _____ | I go ahead to the next job or assignment without needing to be told. | | |
| 23. _____ | I get talked into doing things that I shouldn't. | | |
| 24. _____ | It is hard for me to win arguments. | | |
| 25. _____ | I get started on my regular job or assignment without needing to be told. | | |
| 26. _____ | Most of the time, it doesn't pay to try hard because things don't turn out right anyway. | | |
| 27. _____ | People have difficulty understanding what I say because I mumble, get mixed up or don't talk clearly. | | |
| 28. _____ | I get my work on the job and in school done on time. | | |
| 29. _____ | I can make up my own mind and stick to it. | | |
| 30. _____ | When I am talking with someone, I am able to look them directly in the eye. | | |

Resident Questionnaire
Part III

This is the last and shortest part of the tape. This part has statements about the program here and the answers are true and false. If a statement is true or mostly true, mark the space for "True" next to the number of the statement. If it's false or mostly false, mark the space for "False." Again, please be truthful and answer every statement.

Are there any questions?

True False

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Very few residents play a part in keeping the program here going. |
| _____ | _____ | 2. Residents are encouraged to express themselves freely here. |
| _____ | _____ | 3. A lot of residents just seem to be passing time here. |
| _____ | _____ | 4. Residents here act like big brothers or sisters to new kids coming into the program. |
| _____ | _____ | 5. I often hang around with kids who live outside the home. |
| _____ | _____ | 6. Residents here are expected to make plans for the future. |
| _____ | _____ | 7. Residents are expected to take leadership here. |
| _____ | _____ | 8. Personal problems are talked about openly here. |
| _____ | _____ | 9. Residents often cut down or joke about the staff. |
| _____ | _____ | 10. Residents here are in charge of group meetings. |
| _____ | _____ | 11. My best friends are the kids living in the group home. |
| _____ | _____ | 12. There's a lot of discussion here about what kids will be doing when they leave the group home. |
| _____ | _____ | 13. Residents can wear whatever they want here. |
| _____ | _____ | 14. Residents are encouraged to talk about their past. |

True False

- ___ ___ 15. Being in this program feels like being in a regular home and family.
- ___ ___ 16. Residents here help plan outside activities for all the kids in the home.
- ___ ___ 17. For the most part, I feel I can trust the kids who live here in the home.
- ___ ___ 18. Staff here think it is important to make plans for leaving the home.
- ___ ___ 19. Residents are encouraged to express their anger here.
- ___ ___ 20. I play on teams or belong to clubs outside the group home.

GROUP HOME _____

Not At All Like Me	A Little Like Me	Quite A Bit Like Me	Very Much Like Me
--------------------	------------------	---------------------	-------------------

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____

B-10

RESIDENT ID// _____

Not At All Like Me	A Little Like Me	Quite A Bit Like Me	Very Much Like Me
--------------------	------------------	---------------------	-------------------

- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____

True/False

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

True/False

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

Group Home _____

Resident ID # _____

	Never	Once or Twice	Several Times	Many Times
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____

B-11

	Never	Once or Twice	Several Times	Many Times
26.	_____	_____	_____	_____
27.	_____	_____	_____	_____
28.	_____	_____	_____	_____
29.	_____	_____	_____	_____
30.	_____	_____	_____	_____
31.	_____	_____	_____	_____
32.	_____	_____	_____	_____
33.	_____	_____	_____	_____
34.	_____	_____	_____	_____
35.	_____	_____	_____	_____
36.	_____	_____	_____	_____
37.	_____	_____	_____	_____
38.	_____	_____	_____	_____
39.	_____	_____	_____	_____
40.	_____	_____	_____	_____
41.	_____	_____	_____	_____
42.	_____	_____	_____	_____
43.	_____	_____	_____	_____
44.	_____	_____	_____	_____
45.	_____	_____	_____	_____
46.	_____	_____	_____	_____
47.	_____	_____	_____	_____
48.	_____	_____	_____	_____
49.	_____	_____	_____	_____
50.	_____	_____	_____	_____

STAFF QUESTIONNAIRE

Group Home: _____

Date Completed: _____

STAFF QUESTIONNAIRE

Section A

The following items are statements regarding aspects of your working situation. Please indicate the extent to which each statement accurately describes your position by placing the appropriate number in the space provided next to each statement. If a particular statement does not apply to your position in the organization, please select "5" (Not Applicable) as the response or write NA in the space.

(1)	(2)	(3)	(4)	(5)
Not at all Accurate	Slightly Accurate	Generally Accurate	Very Accurate	Not Applicable

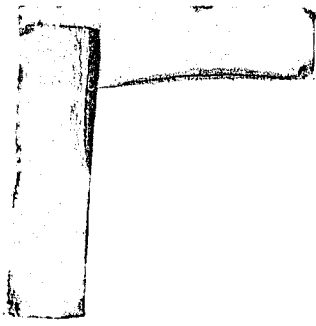
1. _____ Administrators in this program make an effort to get full and accurate information on staff problems.
2. _____ I set my own work goals.
3. _____ By the time a youth leaves the program, I know if I have had a successful impact on him/her or not.
4. _____ This program provides training in interpersonal skills.
5. _____ This program provides opportunities for front-line staff to do work other than directly with the residents.
6. _____ This program provides opportunities for staff advancement.
7. _____ Administrative policies of the program make it difficult for staff to get their jobs done.
8. _____ Staff at all levels are informed about what is going on.
9. _____ I have the discretion to specify goals for the residents to achieve.
10. _____ I receive feedback about youth who have been discharged from the program.
11. _____ This program provides training in specific treatment techniques.

(1)	(2)	(3)	(4)	(5)
Not at all Accurate	Slightly Accurate	Generally Accurate	Very Accurate	Not Applicable
12. _____	This program provides a variety of job tasks for each worker.			
13. _____	This is more or less a "dead-end" job.			
14. _____	Administrators and staff frequently have conflicting goals and objectives.			
15. _____	This program provides channels of communication between and among staff and administrators.			
16. _____	I can decide what I will be working at at any particular time.			
17. _____	I can find reliable indicators of the progress of the youth with whom I work.			
18. _____	Staff in this program are encouraged to further their educations.			
19. _____	Staff in this program share responsibilities.			
20. _____	This program rewards good work with more responsible positions.			
21. _____	This program enforces personnel rules and regulations.			
22. _____	Open communication is encouraged in this program.			
23. _____	I can determine the procedures for getting my work done.			
24. _____	I am never really certain when I am having an impact on a youth.			
25. _____	Staff here are not given the opportunity to get special training to help them do their jobs.			
26. _____	This program provides adequate time off for front-line staff.			
27. _____	This program rewards good work with salary increases.			
28. _____	My superiors make me aware as to whether my job performance has been appropriate.			
29. _____	Information is easily obtained from other staff members.			
30. _____	I can schedule my own workday.			

Section B

The following items are general statements of how group home staff members may feel about their jobs. Please indicate how accurate the statement is with regard to your job by placing the appropriate number in the space provided next to each statement. Again, if a particular statement does not apply to your position in the organization, please select "5" (Not Applicable) as the response, or write in NA.

(1)	(2)	(3)	(4)	(5)
Not at all Accurate	Slightly Accurate	Generally Accurate	Very Accurate	Not Applicable
1. _____	I am doing work that I enjoy.			
2. _____	This job requires too much personal investment.			
3. _____	I don't mind working more hours than expected of me.			
4. _____	I often feel emotionally drained at the end of the workday.			
5. _____	This job gives me more satisfaction than others I have had.			
6. _____	This job causes me to neglect my personal life.			
7. _____	I would recommend this job to a friend with the same interests and education as mine.			
8. _____	This job requires too much personal and emotional commitment.			
9. _____	If I were starting over in my working career, I would lean toward taking the same type of job as I have now.			
10. _____	Providing understanding to a number of troubled youth is certainly a monumental task.			
11. _____	I would like to find a different type of job.			
12. _____	I have to "psych myself up" to face the pressures in this job.			
13. _____	When I wake up in the morning, I often feel reluctant to go to work.			
14. _____	You can't leave this job behind you when the workday is over.			



CONTINUED

3 OF 4

(1)	(2)	(3)	(4)	(5)
Not at all Accurate	Slightly Accurate	Generally Accurate	Very Accurate	Not Applicable

15. _____ I would not hesitate to leave this job for a substantial increase in salary in a different type of work.
16. _____ You have to put a lot of your feelings and hopes on the line in this job.
17. _____ I feel like walking out on this job for good.
18. _____ The stress from this job affects my relationships outside the job.
19. _____ When I am at work, I usually wish I were somewhere else.
20. _____ You have to find some forms of "escape" from this job, even while you are working.
21. _____ This job is rewarding in many ways other than financial.
22. _____ I have sometimes felt physical effects from this job, such as headaches, backpains, or insomnia.
23. _____ This job contributes to my self esteem.
24. _____ Sometimes I want to get as far away as possible from children and child-related activities.
25. _____ When I'm working, I feel like taking a rest or coffee break more often than I should.
26. _____ On this job, you sometimes have to laugh at things that are not really funny, just to preserve your sanity.
27. _____ When I have some time off, I look forward to getting back to work.
28. _____ When I'm not working, I often find myself thinking about particular residents or incidents at work.
29. _____ This job is better than many because it provides an opportunity to help others.
30. _____ I don't talk about things that happened at work to my friends and associates outside the job.

Section C

The following questions concern staff orientations toward resident treatment. Please indicate the frequency of your involvement in those orientations during the past two or three months by placing the number of the appropriate response in the space next to the question. If a particular orientation does not apply to your position in the organization, select "5" (Not Applicable) as your answer, or write NA in the space.

(1)	(2)	(3)	(4)	(5)
Never	Once or Twice	Several Times	Many Times	Not Applicable

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

1. _____ Attempted to give resident a sense of being in a family environment.
2. _____ Set up conditions allowing residents to feel a sense of accomplishment.
3. _____ Used a tone of authority in communicating with residents in everyday transactions.
4. _____ Refused to listen to residents' excuses for irresponsible behavior.
5. _____ Failed to notice and praise residents for responsible actions.
6. _____ Lost your temper as a result of the irresponsible behavior of residents.
7. _____ Encouraged residents to come to you anytime they have a problem.
8. _____ Been dishonest with residents in everyday interaction.
9. _____ Encouraged residents to talk about their past deviance.
10. _____ Done something to show that you trust the residents here.
11. _____ Assured residents that you care about them and what happens to them when they leave the group home.
12. _____ Attempted to be a personal friend to residents.
13. _____ Consciously acted as a role model to residents.

ADMINISTRATIVE QUESTIONNAIRE

To Be Completed By
Group Home Chief Administrator or House Directors
Where Group Home Has More Than One Facility

Group Home _____

Date Completed _____

ADMINISTRATIVE QUESTIONNAIRE

Section A

Please provide the following information regarding your group home operation.

1. Give the number of youths in your homes referred by each agency.

- (a) DJS _____
- (b) DSS _____
- (c) Mental Health _____
- (d) Other (please specify) _____

2. List the sources of income for your program.

- (a) _____
- (b) _____
- (c) _____
- (d) _____

3. What reports are required for youth intake?
Check all that apply.

- | | | | |
|--|-------|----------------------------|-------|
| (a) Medical | _____ | (f) School | _____ |
| (b) Social history | _____ | (g) Other (please specify) | _____ |
| (c) Psychological/psychiatric evaluation | _____ | | _____ |
| (d) Court | _____ | | _____ |
| (e) Police | _____ | | _____ |

4. Which of the following types of ongoing records do you maintain?
Check all that apply.

- | | | | |
|---|-------|-----------------------------------|-------|
| (a) Financial | _____ | (f) Disciplinary actions | _____ |
| (b) Personnel | _____ | (g) General Resident progress | _____ |
| (c) Progress Reports of Individual counseling | _____ | (h) Completion of task assignment | _____ |
| (d) Progress Reports of Group sessions | _____ | (i) Other (please specify) | _____ |
| (e) School performance | _____ | | _____ |

5. Do you collect follow-up information on all youth released from the program? _____ yes _____ no

If yes, check all that apply.

- (a) Subsequent court contact _____
- (b) Employment _____
- (c) Place of Residence (with family/orther) _____
- (d) Subsequent group home placement _____
- (e) Institutionalization _____
- (f) Subsequent school performance _____
- (g) Other (please specify) _____

6. Do you provide follow-up services for youths after they are released from the program? _____ yes _____ no

If yes, check all that apply.

- (a) Family counseling _____
- (b) Boarding house arrangement _____
- (c) Walk-in counseling _____
- (d) Scheduled counseling _____
- (e) Visits to homes of residents _____
- (f) Telephone contacts _____
- (g) Other (please specify) _____

7. Do you have a handbook for clients (e. g., home rules, medical procedures, etc.)?

Yes _____ No _____

8. Do you have a handbook for staff (e. g., policies, operating procedures, etc.)?

Yes _____ No _____

9. Please give the extent of participation of the Board of Directors in each of the following areas of decision-making.

	Board has no Input	Board has Advisory Status Only	Board Approves Decisions Made by Others	Board Makes the Decisions
(a) Admission policy	_____	_____	_____	_____
(b) Termination policy	_____	_____	_____	_____
(c) Hiring of staff	_____	_____	_____	_____
(d) Termination of staff	_____	_____	_____	_____
(e) Treatment approach	_____	_____	_____	_____
(f) House rules	_____	_____	_____	_____
(g) Type of discipline	_____	_____	_____	_____
(h) Expansion of program	_____	_____	_____	_____
(i) Fund raising approach	_____	_____	_____	_____
(j) Other (please specify)	_____	_____	_____	_____

10. How often does your board meet?

- (a) Monthly _____
- (b) Bi-monthly _____
- (c) Quarterly _____
- (d) Semi-annually _____
- (e) Annually _____
- (f) Other (specify) _____

11. Do treatment staff attend board meetings?

- (a) Regularly _____
- (b) Special occasions only _____
- (c) Never _____

12. Please check the following community recreational facilities as to their accessibility and use by residents.

	Not Accessible	Within Walking Distance	Accessible by Motor Vehicle	If Accessible, Utilized		
				Regu- larly	Occa- sionally	Never
(a) Swimming pool	_____	_____	_____	_____	_____	_____
(b) Teen center	_____	_____	_____	_____	_____	_____

12. (cont'd.)

	Accessible			If Accessible, Utilized		
	Not Accessible	Within Walking Distance	by Motor Vehicle	Regu- larly	Occa- sionally	Never
(c) School or community gym	_____	_____	_____	_____	_____	_____
(d) Arts and crafts classes	_____	_____	_____	_____	_____	_____
(e) Boy or girl scouts	_____	_____	_____	_____	_____	_____
(f) Hobby or activity clubs	_____	_____	_____	_____	_____	_____
(g) Outdoor basketball courts	_____	_____	_____	_____	_____	_____
(h) Athletic fields	_____	_____	_____	_____	_____	_____
(i) Tennis courts	_____	_____	_____	_____	_____	_____
(j) Bowling alley	_____	_____	_____	_____	_____	_____
(k) Movie theater	_____	_____	_____	_____	_____	_____
(l) Skating rink	_____	_____	_____	_____	_____	_____
(m) Regional park	_____	_____	_____	_____	_____	_____
(n) Other (please specify)	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

13. How often does your program utilize the following outside resources?

	Regularly	As Needed	Never
(a) Psychological/psychiatric services	_____	_____	_____
(b) Other counseling services	_____	_____	_____
(c) Legal services	_____	_____	_____
(d) Employment services	_____	_____	_____
(e) Drug clinic	_____	_____	_____
(f) Remedial education	_____	_____	_____
(g) Occupational training	_____	_____	_____
(h) Medical	_____	_____	_____
(i) Psychological/Intelligence testing	_____	_____	_____
(j) Other (please specify)	_____	_____	_____

14. Do you use volunteers in your program?

- (a) Yes _____
- (b) No _____

If yes, are the volunteers: (more than one may be checked)

- (a) Students receiving class credit? _____
- (b) Students not receiving class credit? _____
- (c) Community volunteers? _____

If yes, how many volunteers are in your program at present? _____

15. Please estimate the number of volunteer hours per week spent in the following:

- (a) Administration _____ hours per week
- (b) Counseling and casework _____ hours per week
- (c) Recreation _____ hours per week
- (d) Tutoring _____ hours per week
- (e) Other (please specify) _____ hours per week

16. How important do you consider it to be that residents of the immediate community are regularly informed about the group home?

- (a) Very important _____
- (b) Important _____
- (c) Somewhat important _____
- (d) Unimportant _____

17. Are the following utilized to inform the community of your group home programs and activities?

	Yes	No
(a) Community advisory board (other than board of directors)	_____	_____
(b) Group home newsletter or informative sheet	_____	_____
(c) Staff as speakers at community meetings	_____	_____
(d) Community open houses	_____	_____
(e) Community-wide service projects	_____	_____
(f) Other, please specify	_____	_____

18. Do group home residents provide the following types of services to the community?

	<u>Yes</u>	<u>No</u>
(a) Residents are available for temporary employment (e. g. yardwork, babysitting)	___	___
(b) Residents maintain community parks or facilities	___	___
(c) Residents assist with clean-up tasks at neighborhood residences	___	___
(d) Group home recreational facilities are made available to neighborhood youths	___	___
(e) Other (please specify) _____	___	___

19. Do community residents provide the following types of services to the group home?

	<u>Yes</u>	<u>No</u>
(a) Financial donations	___	___
(b) Maintenance and repair of facilities	___	___
(c) Donation of furnishings, clothing, food, equipment, etc.	___	___
(d) Volunteer counseling or tutoring	___	___
(e) Other (please specify) _____	___	___

20. (a) In the past year, approximately how many times have group home residents been involved in incidents in the community which resulted in complaints against the group home? _____

(b) If such complaints have been made, please indicate with whom they have been lodged:

(1) Police	_____
(2) Local Official	_____
(3) Group Home	_____
(4) Probation Officer	_____
(5) Other (please specify)	_____

21. Of the following in-house treatment programs, please indicate the type of and frequency of utilization.

	<u>Provided</u>	<u>Not Provided</u>
(a) Individual counseling on a need basis	___	___
(b) Individual counseling on a regular scheduled basis	___	___
(c) Family counseling on a voluntary basis	___	___
(d) Family counseling as a program requirement	___	___
(e) Group meetings devoted to one resident's problem on a need basis	___	___
(f) Group meetings devoted to one resident's problem on a regular basis	___	___
(g) Meetings devoted to problems of the group on a need basis	___	___
(h) Meetings devoted to problems of the group on a regular basis	___	___

22. Please check the extent to which residents as a group have input or decision-making power in the following areas.

	<u>No Input</u>	<u>Some Input</u>	<u>Staff and Residents Vote</u>	<u>Residents Decide With Staff Veto</u>	<u>Residents have Final Decision</u>
(a) Screening and acceptance of youth into the program	___	___	___	___	___
(b) General <u>increase</u> in privileges for individuals or <u>promotion</u> in level or team system	___	___	___	___	___
(c) General <u>decrease</u> in privileges for individuals or <u>demotion</u> in level or team system	___	___	___	___	___

22. (cont'd.)

	No Input	Some Input	Staff and Residents Vote	Residents Decide With Staff Veto	Residents have Final Decision
(d) Discipline of individual residents	—	—	—	—	—
(e) Awarding of specific privileges to individual residents	—	—	—	—	—
(f) Changes in house rules	—	—	—	—	—
(g) Graduation of other residents from program	—	—	—	—	—

23. Please check the extent to which individual residents have input or decision-making power in the following areas.

	No Input	Some Input	Resident Decides With Staff Veto	Resident has Final Decision
(a) Aspects of the individual's treatment program	—	—	—	—
(b) Ways in which the individual's money is spent	—	—	—	—
(c) Ways in which the individual spends his/her free time	—	—	—	—
(d) Types of outside programs the individual gets involved in	—	—	—	—
(e) Destinations on overnight or weekend stays away from the group home	—	—	—	—

23. (cont'd.)

	No Input	Some Input	Resident Decides With Staff Veto	Resident has Final Decision
(f) Decorations and furnishings in individual's room	—	—	—	—
(g) Scheduling of the individual's activities	—	—	—	—
(h) Other (please specify)	—	—	—	—
_____	—	—	—	—
_____	—	—	—	—
_____	—	—	—	—

24. Are the following roles and duties assigned to individual residents as a regular part of the program? (More than one may be checked)

	Yes	No
(a) Leading group or house meetings	—	—
(b) Designating chores	—	—
(c) Scheduling activities	—	—
(d) Managing or supervising the completion of chores	—	—
(e) Acting as "buddies" or big brothers/sisters to new residents	—	—
(f) Other (please specify)	—	—
_____	—	—
_____	—	—

25. Are the following types of behavior reinforced in your program? (More than one may be checked)

	Never	Sometimes	Frequently
(a) Academic achievement	—	—	—
(b) Attendance at school	—	—	—
(c) Completion of chores	—	—	—
(d) Evidence of self-sufficiency or self care	—	—	—

25. (cont'd.)

	<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
(e) Attendance at counseling sessions	___	___	___
(f) Absence of rule violations and negative behavior	___	___	___
(g) Other (please specify)	___	___	___
_____	___	___	___
_____	___	___	___

26. Are the following types of reinforcement or rewards utilized in your program? (More than one may be checked)

	<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
(a) Cash	___	___	___
(b) Store items-merchandise	___	___	___
(c) Home visits	___	___	___
(d) Group outings	___	___	___
(e) Later curfews	___	___	___
(f) Earlier discharge	___	___	___
(g) Promotion in level or team system	___	___	___
(h) Verbal praise from staff	___	___	___
(i) Telephone or T. V. privileges	___	___	___
(j) Other (please specify)	___	___	___
_____	___	___	___
_____	___	___	___

27. How often are the following types of negative reinforcement or sanctions utilized in your program? (More than one may be checked)

	<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
(a) Restriction of free time	___	___	___
(b) Reduction of allowance	___	___	___
(c) Exclusion from group outings	___	___	___
(d) House restrictions	___	___	___
(e) Additional chores	___	___	___
(f) Verbal admonishment	___	___	___
(g) Demotion in level or team system	___	___	___
(h) Other (please specify)	___	___	___
_____	___	___	___
_____	___	___	___

28. Are the following types of behavior negatively reinforced? (More than one may be checked)

	<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
(a) Misbehavior in school	___	___	___
(b) Fighting	___	___	___
(c) Breaking house rules	___	___	___
(d) Verbal behavior (obscene language, talking back to staff)	___	___	___
(e) Failure to attend meetings	___	___	___
(f) Failure to adhere to schedules	___	___	___
(g) Failure to do chores	___	___	___
(h) School absences	___	___	___
(i) Poor school performance	___	___	___
(j) Destroying group home property	___	___	___
(k) Other (please specify)	___	___	___
_____	___	___	___
_____	___	___	___

29. Does your program have a structured level system or team concept?

(a) Yes ___

(b) No ___

(c) If yes, how many levels or teams? _____

30. Does your program have a token point system?

(a) Yes ___

(b) No ___

If yes, how frequently are points exchanged for privileges?

(a) Daily ___

(b) Weekly ___

(c) Depends on residents' level ___

30. (cont'd)

If yes, are residents eventually released from point system?

- (a) Yes
- (b) No

If yes, do individuals keep their own cards?

- (a) Yes
- (b) No

31. Does your home have an in-house school program?

- (a) Yes
- (b) No

32. Do residents of your home attend community schools or other educational or vocational programs?

- (a) Yes
- (b) No

If yes, how often do the following types of communication with schools or educational programs occur?

	<u>Regularly</u>	<u>Occasionally</u>	<u>Never</u>
(a) Telephone contacts with teachers and counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) School behavior forms are completed by teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Staff visits schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) School sends progress reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Does your home offer courses or tutorials in any of the following special skill areas? Please check all that apply.

	<u>Yes</u>	<u>No</u>
(a) <u>Vocational Training</u>		
(1) Car maintenance	<input type="checkbox"/>	<input type="checkbox"/>
(2) Cooking skills	<input type="checkbox"/>	<input type="checkbox"/>
(3) Electronics	<input type="checkbox"/>	<input type="checkbox"/>
(4) Cosmetology	<input type="checkbox"/>	<input type="checkbox"/>
(5) Home economics	<input type="checkbox"/>	<input type="checkbox"/>
(6) Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
(7) Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
(8) Agricultural	<input type="checkbox"/>	<input type="checkbox"/>
(9) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
(b) <u>Academic Training</u>		
(10) Math-arithmetic	<input type="checkbox"/>	<input type="checkbox"/>
(11) English	<input type="checkbox"/>	<input type="checkbox"/>
(12) Social Studies	<input type="checkbox"/>	<input type="checkbox"/>
(13) Science	<input type="checkbox"/>	<input type="checkbox"/>
(14) Reading	<input type="checkbox"/>	<input type="checkbox"/>
(15) Remedial education	<input type="checkbox"/>	<input type="checkbox"/>
(16) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you offer any training in any of the following as part of your treatment program?

	<u>Formal Or Organized</u>	<u>Informal</u>	<u>None</u>
(a) <u>Social Skill Training</u>			
(1) Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. (cont'd)		Formal Or Organized	Informal	None
(5)	Ability to handle criticism	___	___	___
(6)	Impulse control	___	___	___
(7)	Rational problem solving	___	___	___
(8)	Job finding skills	___	___	___
(9)	Appropriate work habits	___	___	___
(10)	Sex education	___	___	___
(11)	Other (please specify)	___	___	___
(12)	_____	___	___	___

35. What is your present staff composition?

(a) Number of full-time staff members: _____

(b) Number of paid part-time staff members: _____

36. Does any of the above information (your responses to Questions 1-35) reflect policy, staff or program changes made during the past year?

(a) Yes _____

(b) No _____

(c) If yes, please indicate the specific change(s)

37. Have other changes occurred during the past year which are not covered in this questionnaire?

(a) Yes _____

(b) No _____

(c) If yes, please indicate the specific change(s).

STAFF/YOUTH SPECIFIC QUESTIONNAIRE

Group Home: _____

Resident I. D. #: _____

Date Completed: _____

STAFF/YOUTH SPECIFIC QUESTIONNAIRE

Section A

YOUTH CHARACTERISTICS

For the above noted resident, please complete the following information:

1. Date of Birth _____
2. Race _____
3. Sex _____
4. Date of Admission _____
5. Length of time in the home (months): _____
6. Grade in school _____
7. Parental Status _____
 - Mother only _____
 - Father only _____
 - Other relatives _____
 - Foster Parents _____
 - Family intact _____
8. Living with whom before referral (Father, mother, both, etc.)

9. Reason for referral

Section B

RESIDENT BEHAVIOR

The following items are examples of appropriate and inappropriate types of behavior residents may have been involved in. For the resident in question, please give your judgement of the frequency of his/her involvement in such behavior during the past two or three months by writing the number of the appropriate alternative next to each item. If the resident could not have had an opportunity to perform a particular act because of some special feature of the program (e. g. , residents in programs with in-house schools cannot skip school), please select "5" (Not Applicable) as the response or write in NA.

(1)	(2)	(3)	(4)	(5)
Never to my Knowledge	Once or Twice	Several Times	Many Times	Not Applicable

In the past two or three months, estimate as nearly as you can how often he/she has:

1. _____ Done a job without being asked or told.
2. _____ Helped someone with schoolwork.
3. _____ Had a fist-fight with someone in the home.
4. _____ Talked someone out of doing something dangerous or illegal.
5. _____ Shoplifted.
6. _____ Swiped something from another kid.
7. _____ Helped someone complete a job or solve a problem.
8. _____ Reported a kid for doing something seriously wrong.
9. _____ Skipped school.
10. _____ Bullied or threatened other kids in the home when it was not in fun.
11. _____ Talked someone out of running away from the group home.
12. _____ Talked freely about his/her problems in the group home.
13. _____ Been suspended from school.
14. _____ Ridiculed or made fun of other kids in the home.

- | (1) | (2) | (3) | (4) | (5) |
|-----------------------|---------------|---------------|------------|----------------|
| Never to my Knowledge | Once or Twice | Several Times | Many Times | Not Applicable |
15. _____ Been the leader of a group activity.
 16. _____ Kept on talking after he/she was supposed to be quiet in the home.
 17. _____ Cheated on a test at school.
 18. _____ Tried to break up a fight in the group home.
 19. _____ Had a fist-fight with someone in the community.
 20. _____ Failed to do assigned chores.
 21. _____ Done extra schoolwork.
 22. _____ Damaged furniture or other group home property on purpose.
 23. _____ Damaged or destroyed property in the community.
 24. _____ Stopped working on a chore when he/she thought he/she wouldn't be caught.
 25. _____ Talked back to staff.

Section C

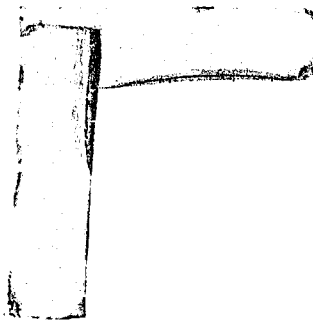
REINFORCEMENTS AND PUNISHMENTS

The following items are examples of types of reinforcements and punishments that may be applied to residents. For the resident in question, please give your judgement of the frequency with which such reinforcements and sanctions have been applied to him/her in the past two or three months by writing the number of the appropriate alternative next to the number of the statement. If certain reinforcements and sanctions could not have been applied to the resident because they are never used in the program, please select "5" (Not Applicable) as the response or write in NA.

(1)	(2)	(3)	(4)	(5)
Never to My Knowledge	Once or Twice	Several Times	Many Times	Not Applicable

In the past two or three months, estimate as nearly as you can how often he/she has:

1. _____ Received cash for good behavior.
2. _____ Been restricted to the house for doing something wrong.
3. _____ Received store items for good behavior.
4. _____ Been allowed to attend group outings for good behavior.
5. _____ Had his/her allowance reduced for doing something wrong.
6. _____ Been kept from going on group outings for doing something wrong.
7. _____ Been permitted later curfews for good behavior.
8. _____ Been given additional chores for doing something wrong.
9. _____ Been verbally praised for good behavior.
10. _____ Been verbally admonished for doing something wrong.
11. _____ Been moved to a higher privilege level for good behavior.
12. _____ Been moved to lower privilege level for doing something wrong.



END