PAINLESS PROGRAM EVALUATION

A STEP-BY-STEP GUIDE TO MEASURING OUTCOMES



"A Step-by-Step Guide to Measuring Outcomes" is the first of two workshops that comprise the "Painless Program Evaluation" workshop series. The second is "Got Data? A Step-by-Step Guide to Making Data Work for You."

A workshop of the California Governor's Program Safe and Drug-Free Schools and Communities Technical Assistance Project

> Prepared by the Center for Applied Research Solutions For the California Department of Alcohol and Drug Programs

Facilitated by Christina Borbely, Ph.D. and Kerrilyn Scott-Nakai

Safe & Drug-Free Schools & Communities Technical Assistance Project Californía's Governor's Program



Welcome!

Welcome to the "Painless Program Evaluation: A Step-by-Step Guide to Measuring Outcomes" workshop offered by the Safe and Drug-Free Schools and Communities Technical Assistance Project (SDFSC TA Project), managed by the Center for Applied Research Solutions (CARS) and funded by the California Department of Alcohol and Drug Programs. This workshop is the first in a two-part series on evaluation offered by the SDFSC TA Project Workshop-by-Request Series and focuses on steps for collecting meaningful data. The second is titled, "Got Data? A Step-by-Step Guide to Making Data Work for You," and is designed to assist grantees in working with data.

Workshop Overview

Program evaluation can be a daunting task. There are common fears of not knowing where to begin, how to measure program effectiveness, and what to measure. This workshop is designed to help you understand the evaluation process and, most importantly, have it work for you. We will discuss guidelines in evaluation, different types of indicators and how to interpret them, issues of the reliability and validity with instrumentation, instruments and how to select them for your program, and guidelines for administering your evaluation.

Workshop Objectives

- Facing Fears
 - Program Evaluation What-if's & What-to-do's
- Review Guidelines
 - General & SDFSC Evaluation Guidelines
- Identifying Outcome Indicators
- Dealing with Design
- Choosing Instrumentation
 - What Factors To Consider
 - Types of Item & Response Formats
- Putting It All Together
 - o Compiling An Instrument
 - o Developing a Finished Product

About the Facilitators

Christina Borbely, Ph.D.



Christina is a research consultant at CARS providing technical assistance to California's Safe and Drug Free Schools & Communities grantees and other state and federal grant programs. Also a member of the EMT team, Christina coordinates program evaluations for El Dorado County Office of Education and San Francisco Big Brothers Big Sisters. Prior to joining EMT/CARS, Christina was a member of the research staff at Columbia University's National Center for Children and Families. Her work in the field of youth development and prevention programs has been presented at national conferences and published in academic journals. Specifically, Christina has extensive knowledge and experience in program evaluation and improving service delivery by identifying factors that impact today's young people. She is also involved as a volunteer in

providing mentoring and developmental support to youth in underserved populations. Christina received her doctoral degree in developmental psychology, with a focus on children and adolescents, from Columbia University (2004).

Kerrilyn Scott-Nakai



Kerrilyn Scott-Nakai is currently the Director of Operations for the Center for Applied Research Solutions and Project Director for the Safe and Drug Free Schools and Communities Technical Assistance Project. She has over 12 years of progressive experience conducting research and evaluation projects focusing on ATOD and violence prevention services for youth and their families—with an emphasis on school-based programs. Ms. Scott-Nakai has worked at the local, state, and federal levels. She has overseen several local and statewide evaluation projects (including the California Friday Night Live Mentoring Project, the California Youth Council, and the Orange County On Track Tobacco Free Communities Project) and has substantially contributed to the management and design of large-scale multi-site federally funded prevention studies (including Project Youth Connect and the Mentoring and Family Strengthening initiative).

Before joining CARS, Ms. Scott-Nakai conducted school safety research as a consultant for the Florida Safe and Drug Free Schools Program and the Florida Safe Learning Environment Data Project (a three-year longitudinal study). During this time, she provided technical assistance and support to SDFSC Coordinators regarding evaluation and measurement issues. Additionally, Ms. Scott-Nakai taught a Theory of Measurement course at the University of Florida for two years.

Introduction to Evaluation

to Measuring Outcomes ainless Program Evaluation A Step-by-Step Guide



Facing Fears: Program Evaluation What-If's

Guidelines to Observe

Indicators

FACING FEARS: PROGRAM EVALUATION WHAT-IF'S

NOTES

The WORST-CASE SCENARIO Survival Handbook for Youth Service Providers

HOW TO

- Meet ambiguous requirements from a treetop
- Evaluate stuff hopping on your left foot

By Joshua Piven and David Borgenicht

Program Evaluation What-If's

- What if resources are limited?
- What if the program shows no positive impact on youth?
- What if we thought we could utilize the CHKS data for our county...and can not?
- What if we changed our program design along the way?

The idea of conducting a systematic evaluation of a program can be daunting. It raises valid concerns for service providers. The resources (including finances and staff capacity) may be limited. The findings of the evaluation may indicate something is "wrong" with the program or fail to capture the nature of its impact. The process of evaluating a program may include hassles accessing data or keeping current with evolving services. These "what-ifs" can be resolved by becoming informed about the nature of evaluation and planning ahead for strategic implementation.

CYA

Deal with likely culprits that effect outcomes of program.



GUIDELINES TO OBSERVE

In preparing to design a program evaluation, review the relevant guidelines or requirements.

- SDFSC Program Evaluation Guidelines
- General Guidelines for Program Evaluation

Also...

- GPRA (federal)
- CalOMS/PPG's (California)

Department of Education Recommends: SDFSC Evaluation Guidelines

- *Impact.* Performance measures must include quantitative assessment of progress related to reduced violence or drug use.
- *Frequency.* "Periodic" evaluation using methods appropriate and feasible to measure success of a particular intervention.
- *Application*. Results applied to improve the program; to refine performance measures; disseminate to the public.

*These guidelines are taken directly from the USDoE Guidelines for SDFSCA.

General Guidelines for Program Evaluation

- Logic-model-based Research-based measured outcomes area a direct extension of the mission and are achieved through the programs activities.
- Outcome-based Measure degree to which their services create meaningful change.
- Participatory- be an informed participant in the evaluation process

As a rule of thumb, program evaluations should be an extension of the program logic model, should focus on measuring outcomes, and should be guided by input by program administrators and staff. The logic model is a way to approach evaluation where that which is measured (in this case, outcomes) is the logical extension of the program's overall strategy. For example, in a logic model, the outcomes are a direct extension of the mission and are achieved through the programs activities.

- Valid & Reliable –Instruments measure what they purports to measure & do so dependably.
- **Utilization-focused** Generate findings that are practical for real people in the real world to help improve or develop services for underserved youth.
- **Rigor** Incorporate a reasonable level of rigor to the evaluation (e.g. measure change over time).

Other considerations when planning a program evaluation include use of valid and reliable instruments to assess outcomes, to incorporate realistic and relevant

NOTES

NOTES proposed outcomes of the evaluation, and to maintain a viable level of evaluation rigor.

With regard to rigor: Evaluations that include experimental design (e.g., have a control or comparison group) provide valuable information on program impact. This is a challenging design to implement, and it is included here as an ideal (but not required) design. A pre-post test design is least rigorous design for measuring change over time.

Federal-level Requirements: GPRA

The Government Performance and Results Act (GPRA) indicators for reporting success levels of their programs.

- A number existing instruments include these indicators.
- The Center for Substance Abuse Prevention provides instruments designed for adults and youth. <u>http://alt.samhsa.gov/grants/2004/downloads/CSAP_GPRAtool.pdf</u>

Presently, GPRA is not mandated for California SDFSC projects. It is useful to keep GPRA in mind as there is a trend towards integrating these requirements into accountability standards.

CA State-level Requirements: CalOMS/PPG's

- The California Outcomes Measurement System (CalOMS) is a statewide client-based data collection and outcomes measurement system. <u>http://www.adp.cahwnet.gov/CalOMS/InfoTechnology.shtml</u>
- Performance Partnership Grant (PPG) are requirements for prevention outcome measures http://www.adp.cahwnet.gov/CalOMS/pdf/PPGFactSheet.pdf

As with GPRA requirements, CalOMS represent a higher standard of program accountability and will influence future evaluation requirements.

INDICATORS

Identifying Outcome Indicators

- Risk & Protective Factors as Indicators
- Individual vs. Community Level Indicators
- Indicators with Impact

Once "required" evaluation elements are identified, it is important to articulate relevant outcome indicators.

Identifying Your Indicators

- Research informs links between services and outcomes. Use existing research to assess what outcomes might be expected. See Resources section
- Develop short term, intermediate, and long term indicators

Outcome indicators are the designated "measuring stick" by which progress toward proposed outcomes can be assessed. For example, if a proposed outcome is to improve academic performance, the indicator of progress will be quarterly grades in math and language arts. Select indicators that are linear and logical extensions of the program logic model. It is useful to include short term, intermediate, and long term indicators that gauge progress toward specific proposed outcomes.

Indicators Are Your Guide: Follow them Forward

- Never work backwards! Select instruments based on your indicators NOT indicators based on your instruments.
- Indicators can be categorized as risk and protective factors.

A Risk & Protective Factors Framework

- Resiliency: the processes operating in the presence of risk/vulnerability to produce outcomes equal to or better than those achieved in no-risk contexts.
- Protective factors may act as buffers against risks
- Protective factors may enhance resilience

(Cowan et al, 1996)

Risk and protective factors provide valuable intermediate indicators. Risk and protective factors contribute to resiliency. Research shows that increases in protective factors and decreases in risk factors are predictive of broader goals. For instance, increased engagement in school (protective factor) is predictive of high school graduation (long term goal). (Note that protective factors are often referred to as "assets".)

Risk & Protective Factors as Indicators NOTES Risk and protective factors associated with ATOD use and violence* Aggressive and disruptive classroom behavior predicts substance use, especially for boys Positive parent-child relationships (ie bonding) is associated with less substance use. Adolescents with higher levels of social support are more likely to abstain from or experiment with alcohol than are consistent users. School bonding protects against substance use and other problem behaviors. Ready access to ATOD increases the likelihood that youth will use substances. Policy analysis indicates that the most effective ways to reduce adolescent drinking includes, among other things, zero tolerance policies. Employee drug use is linked with job estrangement and alienation. * CSAP Science-based Prevention Programs and Principles Select appropriate risk and protective factors based on program services. Add context to the evaluation of these indicators by incorporating research literature that supports links to specific areas of resiliency. In addition to the information provided in the workshop's presentation and binder, consider that core protective factors for youth have been identified in the research literature as: school bonding bonding to one's community bonding with an adult Intermediate indicators Long term indicators Short term (i.e.Risk & Protective (e.g. ATOD indicators Factors) reduction) Research Research



OUTCOME DOMAINS: You say tomato... NOTES Many outcome domains and multiple phrases that refer to a common domain. Frequent use of certain terms within the field. Risk and protective factors fall into different outcome domains. Outcome domains are infinite and there are infinite phrases that refer to a common domain. CA SDFSC encourages use of youth development models to explicitly target prevention of ATOD use and violence among youth. As such, the range of outcome domains is extensive. Review terms used frequently in the youth development and substance use/violence prevention field. Prevention theory and practice employ various terms to refer to similar concepts. This can be confusing when selecting indicators to assess proposed outcomes. Be certain to document your definitions of terms. This will add clarity to the evaluation plan and facilitate its implementation. **Protective Factors** Similar/Same Terms Sample Indicator Life skills Social competency Score on prosocial communication scale Personal competency Attitudes Individual/interpersonal functioning **Risk Factors** Similar/Same Terms Sample Indicator Delinquency Behavior problems # of fights reported on school record last year Violence

Individual versus Community Level Indicators

- The more diffuse the strategy, the more difficult to see an impact at the individual level
- Assess individual outcomes when services are directly delivered to individuals
- Assess community outcomes when services are delivered in the community

Determine whether it is appropriate to select indicators that reflect the behaviors/attitudes of individuals or indicators that reflect community or environmental atmosphere.

Community Level Indicators

1st: Define "community" as narrowly and specifically as possible. "Community" can be: stores in a given radius; policies in a local town; residents in a specific sector

2nd: Defined as short to intermediate term indicators. Community level indicators can be:

- # of letters written to legislators
- # of AOD related crimes, deaths, or injuries

Community level indicators should be specific. Determine the exact nature of the "measuring stick". This prevents ambiguity during the assessment process and provides a clear gauge of progress toward proposed outcomes.

Countdown to impact?

Measure an impact that can be expected based on your services

- Teaching conflict resolution?
 - Measure conflict resolution ability, not general social skills.
- Providing information on effects of alcohol use?
 - Measure knowledge of alcohol effects, not heroin use.

Tailoring a program evaluation to individual circumstances includes defining direct links between program services and proposed outcomes. Indicators serve as the bridge between the two – make it an obvious connection.

Use "no change" in ATOD use/Violence as indicator of impact

 Indicator: The incidence of participating youths' physical fights will not increase over time.

Use comparison of ATOD use/Violence rates to national trends as indicator of program impact

 Indicator: Compared to the national trend of increasing rates of ATOD use with age, rates among participating youth will not increase.

What the future holds...

Indicator Targets & Thresholds

 Identifying levels of predicted outcomes

Other states require specified outcome levels. CA is moving in this direction.

Step 1: Evaluation Logic Models & Indicators





Review of Evaluation Logic Models

Introducing Program A

Listing Your Outcome Indicators

Choosing Instruments: Abstract Concepts to Concrete Practices

Reliability and Validity

STEP I: Evaluation Logic Models and Indicators

- Review of Evaluation Logic Models
- Introducing Program A
- Listing Your Outcome Indicators





"Yeah? Well, MY dad's Web site is better than YOUR dad's Web site!" NOTES

NOTES	Program A
	Primary Substance Use Prevention
	Targets adolescents and parents of adolescents
	Afterschool (youth); Evening/week (adult)
	• CBO
	Site location: local schools
	Staff: majority are school staff: aides/teachers

Evaluation Logic Model



Your Program's Indicator	NOTES	
YOUR PROGRAM Ind Program		
Indicators		
Short term		
Intermediate		
Long term		

NOTES	Program A Indicators		
	Indicators		
	basic demographics of population served		
	% of at-risk students served X risk category (goal: 65%)		
	# completed program (attended 60% of program days)		
	# of participants served (goal: 150)		
	increase knowledge of ATOD effects		
	increase decision making ability		
	enhance peer social skills		
	enhance school bonding		
	enhance adult-youth relationships		
	reduce ATOD use: lifetime; 30 day		
	improve ATOD norms/attitudes		

Notes:

- Notice that indicators are defined in terms of the type of impact expected (increase; decrease, etc).
- All indicators are quantifiable.
- Indicators will indicate the *progress* the program is making *toward* ATOD reduction.

Optimizing Evaluation Design

- Assigning Priority
- Increasing Evaluation Rigor



"It's a guess. I never said it was an educated guess."

Customizing the evaluation design to your program circumstances will insure a good fit. In addition to a design that will maximize the likelihood of demonstrating program impact on proposed outcomes, evaluation design should accommodate program circumstances. Consider limitations or challenges to conducting a program evaluation *and* seek realistic opportunity to increase the evaluation rigor.

Assigning Priority to Evaluation Components

- More evaluation resources for program components with more service intensity
 - o pre-post test designs
- Fewer evaluation resources for program components with fewer services
 orecord attendance rate at community seminar

NOTES

When considering how to use (limited) resources allocated for evaluation, identify the program component with the highest intensity of services. The area with the highest level of service delivery is the most likely (in most cases) to demonstrate an impact on outcomes. A pre/post evaluation of this program component would be a good use of evaluation resources.

Less service-intensive program pieces may be evaluated using more (resource) simple methods. For example, for some SDFSC projects, the environmental prevention component has a secondary or a periphery role in terms of service delivery. Rather than use evaluation resources for a pre/post design here, the evaluation may consist of quantifying the number of letters written to legislators. It is not required that all program components be evaluated. Prioritize evaluation resources according to components most likely to impact participants.

Design Options to Increase Rigor

- Incorporate experimental design (if possible) OR
 - Control groups (requires some planning)
 - Comparison groups (easier than you think!)
- A multiple assessment schedule with follow-up data points, such as a 6 month follow-up, increases evaluation rigor.

Evaluations that include experimental design (e.g., have a control or comparison group) provide valuable information on program impact. This is a challenging design to implement, and it is included here as an ideal (but not required) design.

A pre-post with 6 month (after post test) follow-up design has the advantage of filtering out response bias. For example, respondents may be more willing to disclose ATOD use at post-test data collection because they feel more comfortable/trusting than they did at pre-test collection. A follow-up data point would adjust for this initial "increase" in use.

RIGOR

High Pre/Post with Control Group* Pre/Post test with Comparison Group Pre/Post test with Follow-up test Pre/Post test Post test only

Low

Choosing Instrumentation: Abstract Concepts to Concrete Practices...

NOTES



Take your program evaluation from theory to practice. Identify the evaluation tools (aka measures, instruments) appropriate for assessing indicators.

Factors to Consider for Evaluation Tools

- Key Concepts for Measurement
 - o Reliability
 - o Validity
- Standardized vs. Locally-developed Items
- Item and Response Formats



Resources that report reliability & validity

- PAR Psychological Assessment Resources www.parinc.com
- NSF Online Evaluation Resource Library <u>www.nsf.gov</u>

More resources listed on pages 155-156 of Planning For Results OR See the PPE Resources section.

IS THAT INSTRUMENT RELIABLE & VALID (AND WHO CARES IF IT IS)?

Reliability

• A reliable measure provides consistent results across multiple (pilot) administrations.

Validity

• The extent to which an instrument measures what it is intended to measure, and not something else.

Who Cares If It Is Reliable & Valid?

Well, you do!

Reliability: If you are taking the time to evaluate a particular indicator, you want to be certain that the outcomes are dependable and not a fluke. Furthermore, when you produce an evaluation report, you will include information on the evaluation instruments used. Reporting each instrument's reliability demonstrates that the evaluation is based on credible assessment tools. Reliable instruments are evidence of a rigorous program evaluation and inspire confidence in the evaluation findings.

Validity: In this case, you decide what you want to measure, and you select an instrument that validly measures it. Do you want to measure adolescent social skills? Attitudes toward peer violence? Parental support? Well do it! A valid measure will ensure that you tap into exactly what you want to know. Reporting the validity of your instruments in your evaluation report indicates a methodologically sound evaluation. You and others can be confident that your evaluation results are true findings.

- You want to be certain that the outcomes are not a fluke
- Reliable and valid instruments are evidence of a rigorous program evaluation and inspire confidence in the evaluation findings

Is It Reliable?

NOTES

- The number that represents reliability, officially referred to as Cronbach's Alpha (α), will fall between .00 and 1.0.
- Rule of thumb...a reliable instrument has a coefficient of .70 or above (Leary, 1995).
- Think of a reliability coefficient as corresponding with an academic grading scale:

90-100	А	excellent
80-90	В	above average
70-80	С	average/sufficient
70 and below	D	less than average

Reliability. This is pretty much what it sounds like...the results produced by an instrument should be dependable. A reliable measure provides consistent results. Measurement should yield the same results across multiple administrations. For instance, if you measure the height of a child 3 times in one day, you'd expect the results to be the same. The method of measuring height is reliable if height does not vary within the same day (barring any Alice in Wonderland experiences). If you measure that same child 1 year later, the results would be expected to vary. This change in height over time does not mean that the method is unreliable. So, to establish how reliable an instrument is, it is trial tested for consistency within an appropriate time interval. If it is found to be reliable, the instrument is a credible assessment tool.

The number that represents reliability, officially referred to as Cronbach's Alpha, will fall between .00 and 1.0. The number represents the strength of the relationship between results from multiple administrations of the same instrument. If reliability is .00, then there is no relationship between the results (3 measurements of the child on a single day produce different heights) and the instrument is not reliable. If the reliability is 1.0, then the there is an exact match between results and the instrument is highly reliable (3 measurements of the child on a single day indicate that the child is 46 inches each time). As a rule of thumb, a_reliable instrument (and that's what you're aiming for) has a reliability number of .70 or above. The reliability coefficient values. Consider that reliability is contextual and a measure's consistency may vary depending on factors associated with the instrument itself, or depending on population or environmental characteristics.

Is it Valid?

- Using CONSTRUCT VALIDITY involves testing the strength of the relationship between measures it *should* be associated with (convergent validity) AND measures it *should not* be associated with (discriminant validity).
- Trends are reported as correlation coefficients (r) (ranging from (+/-) .00 to .10).

For reference, to validate a depression instrument it is compared to measures of sadness & happiness:

Positive correlation (r=.83) indicates that the two independent scores increase or decrease with each other; as depression scores increase, sadness scores increase.

Negative correlation (r=-.67) indicate that the two independent scores change in opposite directions; as depression scores increase, happiness scores decrease.

This term refers to the extent to which an instrument is measuring what it is intended to measure, as opposed to something else. This may seem like a "duh" concept, but in practice it can be tricky to get an instrument that taps into exactly what you want to know. For example, one method for comparing the size of teenage boys across U.S. high schools would be to ask for their pant size. It seems that pant size (typically reported by waist and length measurement) should reflect the size of the boy wearing them. In this case, however, boys' pant size may reflect fashion (oversize, baggy pants) or other factors (school uniform requirements; family economics, etc.) associated with clothing selection. Pant size is a valid measure of the size of the pants, not the size of the boy wearing them. Valid instruments assess exactly what they purport to measure.

The most common method for determining whether a measure is valid is to compare it to other measures. Comparisons are made to test the strength of the relationship between measures it *should* be associated with AND measures it *should not* be associated with. For instance, consider an instrument that is supposed to measure depression. A high depression score should be related to a high score on a separate instrument measuring sadness. A high depression score should correspond with a low score on an instrument measuring happiness.

An instrument producing results that converge on similar instruments and diverge on opposite or unrelated instruments are valid. Typically these trends are reported in terms of correlation coefficients. Like in reliability, this number falls between .00 and 1.0, reflecting the strength of the relationship between the scores on two instruments. In this case, the number may be a positive or negative. Positive correlations indicate that the two independent scores increase or decrease with each other; as depression scores increase, sadness scores increase. Negative correlations indicate that the two independent scores change in opposite directions; as depression scores increase, happiness scores decrease.

Types of Validity

There are different ways to assess validity:

- Face Validity
- Construct Validity
- Criterion-related Validity
- Concurrent criterion-related validity
- Predictive criterion-related validity

Face Validity. The extent to which the researcher or other person judges the measure to appear to measure what it purports to measure.

Construct Validity. The extent to which a measure is correlated with other measures it should be related to (convergent validity) and is not correlated with unrelated measures (discriminant validity).

Criterion-related Validity. The extent to which the (concurrent or predictive) measure is associated with a related behavior-based criteria.

Concurrent criterion-related validity. Differentiates between individuals in the present time. E.g., a drug use survey (the measure to be validated) can validly ID use within the last 24hrs if it's score correlates with a blood test administered simultaneously (the behavioral criterion).

Predictive criterion-related validity. Differentiates between individuals based on some behavioral criterion that occurs at a later date. For example, a reading aptitude test (the measure to be validated) will validly identify 8th graders unable to pass a future high school proficiency exam (the behavioral criterion) if, in fact, those students fail the exam in the future.

TRICKY! TRICKY! Reliability & Validity Can Be Sticky!

- Instruments can be highly reliable but not valid.
- Reliability AND Validity are context-specific!

For example, teenage boy may have 20 pairs of pants that are all the same size (reliable), but since he wears them baggy and belted around his knees this is not a valid instrument for measuring the size of the boy.

Consider whether an instrument has been tested on appropriate population: age, gender, SES, language, race, etc



Types of Instruments

- Standardized vs. Locally-Developed
- Formats
- Response Options
- Subscales

EMT/CARS provides a comprehensive list of youth development instruments on the website (<u>http://www.emt.org/publications.html</u>).

To use standardized or locally developed instruments? (That is the question)

- Consider pros and cons
- Also an option: Combining standardized measures or scales with a few locally developed items into one instrument.



There are pros and cons to consider when deciding to use standardized versus locally developed evaluation instruments. Review the advantages and challenges associated with each. Combining standardized measures or scales with a few locally developed items into an overall evaluation instrument is also an option. Don't be a wishy-washy Hamlet about it, commit and implement!

Standardized Instruments

PROS	CONS
Already constructed! Lots of content choices!	May not tap into novel/unique aspects specific to your program
Psychometrics have already been established (valid & reliable)	May not have been tested/normed with your project's population (e.g. age or racial group)
Easy to compare results – across projects, to national scores, etc.	

Locally Developed Instruments

PROS	CONS
No cost	Time consuming to develop (i.e. pilot testing for reliability & validity, etc.)
Able to measure unique program features	Difficult to compare to other programs, similar curriculums, national standards, etc.
	May be redundant with already existing measures

If you do plan to develop your own instrument, the following links provide critical howto's and watch-out-for's:

- <u>http://www.rce.rutgers.edu/pubs/pdfs/fs995.pdf</u>
- <u>http://www.extension.psu.edu/evaluation/pdf/New%20TS%2053.pdf</u>

NAVIGATING RELIABILITY AND VALIDITY

LOOKING IT UP

Find the name of measure (include version, volume, etc.)

Record the details of the reference (author, title, source, publication date)

Seek other potential references cited in the text or bibliography

Identify details about the population tested ("sample") # of people ("sample size") ______ ethnicities ______ languages ______ socio-economic status ("SES") _____

other details

Locate statistics on the measure's reliability
Overall reliability

Any subscales

Report information on the measure's validity (e.g. type of validity tested, results from validity tests)

32 Flavors and then some...

Instruments come in many formats, such as:

- Questionnaires, surveys, checklists
- Interviews
- Focus groups
- Observations

Response options run the gamut:

- Yes/no
- Continuum
- Open-ended

Choosing Instruments: Formats

Instrument	General Purpose	Pros	Cons
Questionnaires Surveys Checklists	Quickly and/or easily get lots of information from people in a non- threatening way	 Complete anonymously Administer to groups Easy to administer to many people Inexpensive to administer Easy to analyze and compare Provides a lot of data Many already exist 	 Wording can bias client's responses Impersonal May need sampling expert for surveys Provides limited insight
Interviews: Structured or Unstructured	Provides broad understanding of someone's impressions or experiences; or learn more about their answers to questionnaires	 In depth and wide range of information Develops relationship with participant Flexible with participant 	 Time consuming Difficult to analyze and compare Can be expensive Interviewer can bias participant's responses
focus groups	Allows in depth group discussion on single topic	 Quickly and reliably get shared impressions Efficient way to get range and depth of information in short time Conveys key information about programs 	 Can be difficult to analyze responses Requires trained facilitator Difficult to coordinate scheduling

Package Deal: Instruments That Come With Curricula

NOTES

- Tend to measure knowledge (not necessarily behaviors or attitudes)
- Consider extent to which the curriculum developer's measure aligns with indicators you have identified as outcome goals.

There is a tendency to use the evaluation instruments that are easiest to get a hold of – but beware of pitfalls. In the case of curriculum packages, make sure that a developer's evaluation tool measures outcomes relevant to the program's evaluation plan.

Of note is the potential "nightmare of bureaucracy" associated with *some* existing instruments. It is important to research the process required for obtaining any necessary approval (from the developer or from entity that "owns" the instrument). In certain cases this can cost you in time, hassle, and/or money. Factor this into your criteria for choosing appropriate instruments.

Buffet Style Instrumentation: Something for Everyone!

- Use subscales
- Combine standardized measures with a few locally-developed items
- Use scales from different standardized measures
- Do a survey & an interview
- Assess the youth & the parent

Choosing Instruments: Response Options

Response Category		Response Option	Example	Pros	Cons
fixed response	Dichotomous responses	 yes/no agree/disagree true/false 	Select one	 Easy to analyze and compare Easy to complete 	 Limited range of information Does not reveal nuances of difference
Multiple category responses		 multiple choice answers rating scales (Likert- type) rank order 	 Choose A, B, or C Strongly agree; agree; disagree; strongly disagree Never; once; a few times; many times; all the time Rank items from most to least common in your school 	 Allows for range of information and variability in responses Provides a lot of data Focuses on areas of researcher interest 	 Limits information to the categories provided
open-ended	n-ended -ende		 Extensive information Not limited to forced choice answers May bring to light untapped information Builds relationship with participants 	 Difficult to analyze and compare Difficult to record the information May not produce data on areas of interest Time consuming to administer and score 	

Step 2: Identifying Criteria and Existing Instruments for Your Program

to Measuríng Outcomes ainless Program Evaluation Step-by-Step Guide ¢



Identifying Criteria for What Works for You

Overview of Existing Instruments

IDENTIFYING CRITERIA FOR WHAT WORKS FOR YOU

Identify Criteria

- Existing Instruments
 - ° CHKS
 - CSAP

What Works for You

Identify your criteria for a measure

Consider:

- Required elements of evaluation
- Is it appropriate for your population (age, ethnicity, language, education level, etc)
- □ Cost
- □ Research based? Psychometrics available?
- □ Time required for completion
- □ Scoring

Program A Instrument Criteria

Criteria:

- □ Strong pyschometrics
- Appropriate for teens
- Appropriate for Latino/a youth
- Available in Spanish
- □ Free

Existing Instruments

- CHKS
- CSAP Core Measures Index

See Resources section for more!

CALIFORNIA HEALTHY KIDS SURVEY

The California Healthy Kids Survey (CHKS) provides modules specific to multiple domains. These include: demographics, school-specific and general ATOD and violence; resiliency and youth development; physical health; and sexual health/behavior.

Detailed <u>Technical Reports</u> available on the website discuss the meaning and significance of each item on the survey.

Reliability & Validity. From the website: The CHKS is based on over 18 years of survey research experience, and includes many items from other reputable, large-scale surveys such as the California Student Survey and the national Youth Risk Behavior Survey. Research shows that in anonymous, confidential surveys (like the HKS) there is a high degree of validity in student answers—even with sensitive questions. The HKS also uses several measures and procedures to further ensure that data are reasonable estimates of behavior for all students.

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Module A: Demographics & Core Areas

Specific to indicators associated with SDFSC, assesses demographic background variables and key areas of: ATOD, violence/school safety, physical activity, and diet

Middle school module: 81 items High School module: 88 items

Module B: Resilience and Youth Development

A portion of this module (items 1-23) are required for SDFSC *school districts*. Items assess external assets (e.g. relationships with others; participation at school, home, community), internal assets (e.g. social skills, goals, empathy). In addition, a "school connectedness" scale is included.

Middle school module: 56 items High School module: 56 items

Module C: AOD, Safety (including violence & suicide)

General (not school-specific, like Module A) questions on AOD use in past 6 months, also drug sales, perception of adult use, and youth violence (fighting, bullying, weapons).

Middle school module: 19 items High School module: 39 items

Module D: Tobacco

Tobacco use, attitudes, peer norms, peer approval, and behavioral intentions.

Middle school moduleule: 24 items High School moduleule: 24 items

Module E: Physical Health

Detailed assessment of physical activity in and out of school, body image, weight loss/maintenance behavior. Also, assessment of risks including sports, motor vehicles, general health, doctor visits.

Middle school module: 20 items High School module: 21 items

Module F: Sexual Behavior (including pregnancy and HIV/AIDS risk)

Assesses sexual patterns, experience, and attitudes, pregnancy history, HIV-related risk behaviors, perception of peer norms, contraceptive use, AOD associated with sexual behavior, family support, exposure to HIV/AIDS education.

Middle school module: 14 items High School module: 19 items

CENTER FOR SUBSTANCE ABUSE PREVENTION Core Measures Index

Measures across five domains (ATOD; individual/peer; family; school; community) can be downloaded from the CSAP Core Measures website:

http://www.activeguidellc.com/cmi/index.htm

ATOD	Individual/Peer	School	Family	Community
lifetime use	antisocial attitudes	parent-school involvement	family conflict	neighborhood attachment
30 day use	rebelliousness	school safety/ dangerousness	family cohesion	social disorganization
age at first use	self-esteem	school grades & records	parent child bonding	sense of community
binge drinking	attitudes towards use	school bonding/ commitment	family ATOD use & history of use	perceived availability of drugs & guns
dependency	perceived harm/risk	education expectations & aspirations	parenting practices	youth participation
problem drinking	intentions/ expectations		family composition	
	normative beliefs		perceived parental attitudes towards youth's ATOD use	
	life skills		family involvement	
	leadership/ mentoring			

The following CSAP website provides instruments for parents/adults (as well as the youth instruments listed above):

http://www.preventiondss.org/Macro/Csap/dss_portal/templates_redesign/start1.cfm? page=%2Fmacro%2Fcsap%2Fmir%5Fsearch%5Fcreate%2Fredesign%2F&topic_id= 5§_id=1&indv_proj_id=&CFID=213280&CFTOKEN=43415760&link_name=Mea sures%20and%20Instruments%20Repository&LINK_URL=%2Fmacro%2Fcsap%2F mir%5Fsearch%5Fcreate%2Fredesign%2F

All Together Now

- Instrument design pointers
- Administering your instrument

With evaluation instruments identified, pull all the pieces together. This includes polishing touches on your evaluation tool(s).

HARD HAT ZONE: Compiling a Complete Measure

- Keep track of the origin of all the individual components (measures, scales, items).
 - Record of each components source whether 0 you came up with the question yourself or it's a scale from a broader instrument.



Useful when for program evaluation report or if 0 need to replicate or explain your methodology.

Word to the Wise: Subscales

In order to maintain the integrity of your instrument, you must preserve the reliability and validity of each component.

- Don't change wording in items or response options. You might really really want to. But don't.
- Don't subtract items from subscales. Resist the temptation. It really does matter.
- Do use relevant subscales. These are predetermined clusters of items, e.g. subscales of an "aggression" instrument are "aggression towards people" and "aggression towards property". Pick and choose subscales if the complete measure exceeds your needs.
- Make sure the scale is appropriate for your population!

Any changes to wording or administration protocol (e.g. reading items from the survey to a youth) should be made with caution. Though not recommend, modifications may be necessary for "real world" application. In anticipation of this, it is suggested that:

You plan ahead. Consider likely scenarios that may occur given your instrument and your population. As much as possible, develop standardized approaches to each scenario. Arriving at "plan B" in advance is a step towards preserving the integrity of your evaluation through minimizing changes and making necessary modifications strategically. By defining modifications to items or proctoring for anticipated scenarios ahead of time, unanticipated situations will be handled more effectively.



Under

Construction

Simplify & Streamline



THERE ARE PLENTY OF THINGS YOU CAN DO WITH A WALL OF PURE TIME. ONE OF THE LEAST PRODUCTIVE THINGS YOU CAN DO WITH IT, HOWEVER, IS TO GIVE THE FINGER TO THE PEOPLE ON THE OTHER SIDE OF IT.

Don't duplicate items! (Unless you mean to.)

Recording date of birth, gender, and race in the program registration log? Don't include these items in your survey.

Don't over-measure!

Using a conflict resolution AND a problem-solving scale? Be sure that they are differentiated enough to add unique information on your program impact...or else select the *ONE* scale that best targets your construct of interest.

Organizing items

- Start off with simple (non-threatening) questions, like age, grade, gender, etc.
- Break it up.Avoid grouping all the sensitive items (e.g. ATOD use) at the beginning or end of the instrument.
- End on a positive (or at least neutral) tone. Consider ending with a items on "hopes for the future" or "how I spend my free time".
- Item to item fluidity is important for ease and accuracy of the respondent. Also, make sure changes in response option format are easy to follow.

NOTES

Lookin' good

Anything you can do to make the instrument look appealing will go a long way. This is not a test!

Interesting font? Colored paper? Funny icons? A comic strip between sections?





Tell 'em What To Do: Instructions

- Use common everyday language to say what you mean. Customize to your target population.
- Include information about participation being voluntary & confidential
- Indicate why completing the measure is valuable.

Writing Items

- Be precise (not vague)
 - What do you think about drugs?
 - What do you think about underage consumption of alcohol?
- Be unbiased (not biased)
 - Do you think hitting another person is mean and horrible?
 - o In your opinion, is it okay to hit another person?
- Ask ONE question at a time
 - Do you smoke and drink? Yes/No
 - Have you ever smoke cigarettes? Yes/No
- Make hard questions easier to answer
 - How many alcoholic beverages (6oz servings) do you drink each week? _____
 - Which of the following best describes how many alcoholic beverages (6oz servings) you drink each week? (check one) ___None ___1-2 ___3-5 ___More than 5
- Avoid confusing negative phrases
 - If a classmate hits you, should you not tell the teacher? Yes/No
 - If a classmate hits you, would you tell the teacher? Yes/No

Make room for nuance in response	Circle one: Vec/Ne
OR	Circle one. res/ino
Do you yell at your child(ren)?	Circle one:
Never/Rarely/Sometimes/Often	

- Watch for reverse-coded items
 I like school.
 Strongly agree/Agree/Disagree/Strongly disagree
 My classroom is nice.
 My teacher is mean.
 Strongly agree/Agree/Disagree/Strongly disagree
 Strongly agree/Agree/Disagree/Strongly disagree
- Among the risks of including items that are difficult to interpret are inaccurate data and frustrated participants
- A broad range of response categories allow for more varied and in depth examination of findings (group response categories differently or identify particular type of kid that program impacts; or doesn't impact)
- Reverse coding is required when the desired response is rated counterintuitively on the rating scale. For example if "0" on a scale of 0 to 5 reflects "the most happy".

Collecting Data Once or Twice? How to Phrase It.

Pre-Post Test Item (administer at	Post-Test Only Item (administer at end
I care about my school	Since coming to/being in this program, I care more about my school.
Most of the timeSome of the timeNever	 Strongly agree Agree Disagree Strongly disagree
(administer at end of the program	
I care about my school Always Most of the time Some of the time Never	

If using a pre-post test design (preferred), administer identical items on two occasions. The responses can be compared to determine whether a change has occurred over time. Post-test only requires that you capture any "change" in a single item.

Try Your Hand



Writing Items

3 different ways to ask a 5^{th} grader about their tobacco use.

Question/Item	Response format

3 different ways to ask an <u>11th grader</u> about how often their peers drink alcohol.

Question/Item	Response format		

Improve the following items

For a teen:

Is it easy to buy cigarettes and alcohol on your block? Yes/No

For an adult:

Do you not know how to discuss drugs with your kids? Strongly agree/Agree/Disagree

Step 3: Choosing an Instrument and Developing a Finished Product





Choosing an Instrument

Developing a Finished Product

CHOOSING AN INSTRUMENT

NOTES



- Choosing an Instrument Checklist
- Choosing an Instrument Checklist, Program A
- Survey Administration Checklist
- Program A Evaluation Logic Model

DEVELOPING A FINISHED PRODUCT

- Anticipating Next Steps
- Administration Issues

With an evaluation tool in hand, you are ready to go out there and evaluate! Arrive at an implementation plan that assigns evaluation administration responsibilities and designates a timeline for data collection and processing. Name names and hold parties accountable.

Anticipating Next Steps

				. Star
11111	41111		A.	
11111		11111	LILLEL	11111
	41111	11111		11111
.1153.5.5	-46655	+11111	-200049	
-88000	-40000	-11111	-11121	-12151
1000008	+00000	-00000	-55588	-00000
-65554	+0.000	+888886	+00089	-00880

- Make response forms easy on the eye. Keep in mind that someone will have to review response sheets in order to analyze results.
- **Consider a trial run (i.e., pilot test) for the final instrument.** Grab a few young people or parents (not participants) who can help you out. Changing the instrument after (pre-test) administration is not too cool.

Administration: Rules of the game

- Collecting data from minors
- IRB Approval
- Confidentiality
- Proctoring

Requirements for the parental consent of minor's participation in program evaluation vary by context. Review and follow the standards set by the school, school district, community organization, county office, etc. in (or under) which your program operates. In addition to the traditional "send a letter home" approach to obtaining parental consent, consider using the following methods:

- Include a passage related to consent for participation in program evaluation activities as part of each child's program registration paperwork.
- Use "passive consent": Send a letter home describing the nature of the evaluation activities and indicating that consent will be considered granted unless the parent returns a "permission denied" form to the program.

Note that regardless of how you design the consent process for your program evaluation, it is important to inform participants (i.e. the youth and any involved parent/guardian) that participation is (a) voluntary and (b) confidential. These participant rights can be phrased in order to maximize participation, but it is critical that the information be provided.

DETAILS DETAILS: Administration

- Do you have the resources necessary to administer the instrument? Paper and pencils? Interviewers? Appropriate setting?
- Are the administration instructions clear (to the participant *and* the administrator)?
- What level of proctoring is appropriate?

Step 4: Survey Administration

Painless Program Evaluation A Step-by-Step quide to Measuring Outcomes



Survey Administration

SURVEY ADMINISTRATION

NOTES



Ant managment seminars

Survey Administration Checklist

- Identify youth participants eligible for data collection. Criteria for eligibility?
- When will data be collected? pre:____ post:____
- Who will administer the instrument? pre:_____ post:_____
- Who has the materials necessary for instrument administration(s) (enough copies of measures, pens, pencils, etc)? pre:_____ post:_____
- Are copies of the instruments available in appropriate languages (e.g. English, Spanish, etc)?
- How long will it take for survey to be completed by participants? ______
- Who is responsible for gathering materials and completed instruments after administration? pre:_____ post:_____

Finally... NOTES You now know how to: Identify appropriate outcome indicators for your program • Evaluate instruments based on your measurement criteria • Assess reliability & validity of measures Construct an optimal instrument Conduct data collection with your instrument. ٠ The End. (Woohoo!) CADOD-BYE

DEVELOPING A FINISHED PRODUCT

- Anticipating Next Steps
- Administration Issues

With an evaluation tool in hand, you are ready to go out there and evaluate! Arrive at an implementation plan that assigns evaluation administration responsibilities and designates a timeline for data collection and processing. Name names and hold parties accountable.

Anticipating Next Steps

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1000400	-30086		11111	
	4.8 1 8 4			
10.000	10000	408906	+00088	+00006
		×00000	+200093	*00900
-83000		-11111	-11111	-32333
1000008	+00000	-66666	-55588	-00000
-00000	+00000	+823990	+00089	-000000

- Make response forms easy on the eye. Keep in mind that someone will have to review response sheets in order to analyze results.
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- What level of proctoring is appropriate?

PPE Workshop Workbook Addendum

SDFSC Parent Program

- **1. Evaluation Logic Model outcome indicators**
- 2. Evaluation Logic Model identified measures for indicators
- 3. Documentation of instrument development
- 4. Instrument designed to measure program indicators

Evaluation Logic Model: Parent Program



Target population: Parents of teens in living in rural areas Services Provided:

Parenting Program: provides parenting education on substance use effects; parenting skills (e.g., bonding; conflict management); promote positive family values



Evaluation Logic Model: Parent Program

Long term	Measures	
Goals/Performance Indicators	Options	Design
1. Reduce adult (parent) substance use	CSAP	pre/post/6month
2. Increase adult (parent) awareness of ATOD effects	CSAP	pre/post
3. Reduce ATOD use in child(ren) of participants	CSAP	pre/post/6month

Risk &	Intermediate	Measures		
Protective	Goals/Performance Indicators	Options	Design	
Factors	1. Improve parent-child relationship	CSAP	pre/post	
	2. Increase sense of family connectedness	CSAP	pre/post	
	3. Increase parent involvement in child's life	CSAP	pre/post	
	4. Increase parent sense of support (from other adults)	CSAP	pre/post	



Short term	Instruments	
Goals/Performance Indicators	Existing	Options
1. Basic description of participating parent demographics	program log (enough	CHKS or
	info here?)	CSAP
2. Have 100 parents of adolescent(s) complete 80% of the program	attendance log	
(across 4 sites)		
3. Train 6 parent facilitators (for future sustainability of program)	program log	
4. Have 4 parent-hosted social events over 4 months time	program log	
5. 50% of participants recruited as parents of youth in SDFSC	program log	
program	(recruitment source)	



Target population: Parents of teens in living in rural areas Services Provided:

Parenting Program: provides parenting education on substance use effects; parenting skills (e.g., bonding; conflict management); promote positive family values

Problem/Need in the community:

- Parents are isolated & may not have a support network
- Youth/adult substance use especially alcohol
- Youth don't have a sense of community
- Youth don't demonstrate sense of accountability to others

Supporting Documentation for Parent Survey

My Notes:

- Psychometrics (reliability & validity, etc) for scales used in Parent Survey.
- All tables taken from CSAP website. <u>http://www.preventiondss.org/Macro/Csap/dss_portal/templates_redesign/start1.cfm?page</u> =%2Fmacro%2Fcsap%2Fmir%5Fsearch%5Fcreate%2Fredesign%2F§topic_id=5§sect_id=1 <u>§indv_proj_id=§CFID=213280§CFTOKEN=43415760§link_name=Measures%20and%</u> <u>20Instruments%20Repository§LINK_URL=%2Fmacro%2Fcsap%2Fmir%5Fsearch%5Fcreate%2Fredesign%2F</u>
- Website says it is constantly updated with new info so check back when writing up evaluation report.
- Changes or issues are noted below for individual scales
- Double check to see that youth survey measures ATOD use so can use the data for the 3rd long term goal of Parent Program.
- Double check that all parent participant demographics are in program records otherwise need to add section in Parent Survey for this information.

Sense of community

Measure: Sense of Community Index - (CSAP Core Measure/CMIR43)

Description: Sense of Community Index (SCI)

Target Population: Urban populations of all ages.

Construct(s): Sense of Community

Respondent: Self

Mode of Administration: Pencil and paper self-report

Number of Items: 12

Burden Estimate (hours): Nominal

Available languages: English and Spanish

Reliability: Reported reliability by Pretty, et al. (1994): Two separate studies were reported, one giving the index of a reliability co4efficient of .72 and the other giving it a reliability coefficient of .78.

Validity: Not Available

Source: http://www.capablecommunity.com/pubs/SCIndex.PDF

Notes on community: changed response scale.

original measure indicates I can sub in appropriate terms for [block] and [neighbors]. I am using "town" and "neighbors".

Parent involved in child's life

Parent school involvement

Measure: Parent-School Involvement - (CSAP Core Measure/CMIR25).
Description: Parent Involvement in School Interview.
Target Population: Designed for grades 5 thru 12
Construct(s): Parent-School Involvement
Respondent: Parent
Mode of Administration: Pencil and paper self-report
Number of Items: 6
Burden Estimate (hours): Nominal
Available languages: English and Spanish
Reliability: 0.86
Validity: Not Available
Source: Dr. Ken Resnicow Emory University Rollins School of Public Health 1518 Clinton Road Atlants, GA 30322 404-727-7222 Kresnic@sph.emory.edu

Adult knowledge of ATOD use consequences (GPRA)

Measure: CSAP GPRA attitudes and beliefs regarding substance use- adult (2005).

Description: Questions addressing the attitudes and beliefs of adult respondents regarding the use and risks associated with the use of ATOD. They derive from the instrument CSAP GPRA Participant Outcome Measures for Discretionary Programs - Adults, an instrument approved by OMB for use in such programs through 2005.

Target Population: The questions were designed to be used in outcome evaluation of CSAP funded substance abuse prevention programs for adults, but may have much broader application.

Construct(s): Individual belief and risk appreciation factors

Respondent: Self or surveyor

Mode of Administration: Oral/paper and pencil

Number of Items: 8

Burden Estimate (hours): .1

Available languages: English/Spanish

Reliability: Link will be provided when sponsor updates are complete

Validity: Link will be provided when sponsor updates are complete

Source: Link will be provided when sponsor updates are complete

Note: ask CARS if can use this scale even though no reliability § validity reported yet. same for below ATOD use patterns scale.

Adult ATOD use patterns (GPRA)

Measure: CSAP GPRA drug and alcohol use - adult - (2005).
Description: Questions related to respondents ATOD use.
Target Population: Adults
Construct(s): 30-day individual substance use, age of onset
Respondent: Self or surveyor
Mode of Administration: Oral/paper and pencil
Number of Items: 13
Burden Estimate (hours): .1
Available languages: English/Spanish
Reliability: Link will be provided when sponsor updates are complete
Validity: Link will be provided when sponsor updates are complete
Source: Link will be provided when sponsor updates are complete

Measure: Family - Parent/Child Bonding (Parent Instrument) - (CSAP Core Measure/CMIR32)
Description: Parent-Child Affective Quality/Parent Report
Target Population: Parents
Construct(s): Parent/Child Bonding (Parent Instrument)
Respondent: Parent
Mode of Administration: Self
Number of Items: 7
Burden Estimate (hours): Nominal
Available languages: English and Spanish
Reliability: 0.84 - 0.86
Validity: Not Available
Source: Dr. Richard Spoth and Dr. Cleve Redmond 2625 N Loop 500 Ames. IA 50011-1275

(515) 294-9752 rlspoth@iastate.edu

Family members as a resource/family connectedness

Measure: Family - Family Relations/Cohesion - (CSAP Core Measure/CMIR31).

Description: Family Relations Scale/Cohesion Scale.

Target Population: Urban, ethnically diverse families with delinquent and drug-abusing chidren and adolescents

Construct(s): Family Cohesion

Respondent: Self report by both parent and adolescent

Mode of Administration: Pencil and paper self-report

Number of Items: 6

Burden Estimate (hours): Nominal

Available languages: English and Spanish

Reliability: Factor Structure-0.69 (mother) and 0.80(child)

Validity: Scale is being validated in ongoing studies.

Source: Dr. Patrick Tolan University of Illinois Institute for Juvenile Research 840 Southwood Street Mailcode 747. Chicago, IL 60612 (312) 413-1763 Tolan@uic.edu

PARENT SURVEY

Fill US In!

Why do it:

We are asking these questions so we can learn about more about this program and our community. By completing this survey, you will help us understand how parents learn from the program and how we can **make the program better** in the future.

Your choice:

Answering these questions is **voluntary**; you do not have to answer any question that makes you feel uncomfortable. This survey is **not a test**, so there are **no right or wrong answers**. Please take your time and give honest answers.

No names:

The answers you give are **confidential**. There is no place for your name on the survey because the information you provide will *not* be connected to your identity. All of your answers will be kept **private** and do not have any names on them.

Please read instructions provided at the beginning of each section.

Your Community

CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1.I think my town is a good place to live.				
2. People on this town do not share the same values.				
3.My neighbors and I want the same things from the town.				
4.I can recognize most of the people who live on my town.				
5.I feel at home on this town.				
6.Very few of my neighbors know me.				
7.I care about what my neighbors think of my actions.				
8.1 have no influence over what this town is like.				
9.If there is a problem on this town people who live here can get it solved.				
10. It is very important to me to live on this particular town.				
11. People on this town generally don't get along with each other.				
12. I expect to live on this town for a long time.				

Your Child

CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

During the last 6 months:

	Never	Once or Twice	Sometimes	Regularly	Very Often
 Check your son's/daughter's homework after it was completed? 					
2. Help your son/ daughter do his/her homework?					D
3. Help your son/daughter prepare for tests?					
4. Talk with your son/daughter about his/her experience at school with classes or class work that day?					
5. Talk with your son/daughter about his/her experience at school with friends or other school children that day?					

6. Talk with your son/daughter about his/her experience with other school activities (sports, lunch time) that day?

Your Beliefs About Alcohol & Cigarettes

CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

How much do people risk harming themselves physically and in other ways when they:

	Great risk	Moderate risk	Slight risk	No risk
1. Smoke one or more packs of cigarettes per day?				
2. Smoke marijuana once a month?				
3. Have four or five drinks of an alcoholic beverage nearly every day?				
4. Have five or more drinks of an alcoholic beverage once or twice a week?				

CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

How do you feel about adults:

	Neither approve nor disapprove	Somewhat disapprove	Strongly disapprove
 Smoking one or more packs of cigarettes per day? 			
Trying marijuana or hashish once or twice?			
 Having one or two drinks of an alcoholic beverage nearly every day? 			
8. Driving a car after having one or two drinks of an alcoholic beverage?		٦	

Substance Use

Thinking of the past month, CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

What is your best estimate of the number of days you:

	None	1 to 2	3 to 5	6 to 9	10 to 19	20 to 29	All 30
1.Used chewing tobacco during the <i>past 30 days</i> ?							
2.Smoked all or part of a cigarette during the <i>past 30 days?</i>							
3.Drank alcohol during the <i>past 30</i> <i>days</i> ?							
4.Used marijuana or hashish during the <i>past 30 days</i> ?							
5.Used cocaine during the <i>past 30</i> <i>days</i> ?							
6.Used "crack" during the <i>past 30 day</i> s?							
7.Used any inhalant for kicks or to get high during the <i>past</i> <i>30 days</i> ?							
8.Used heroin during the <i>past 30 day</i> s?							

	1						
	None	1 to 2	3 to 5	6 to 9	10 to 19	20 to 29	All 30
9.Used hallucinogens during the <i>past 30 days</i> ?			-		_		
PICK <u>ONE</u> :							
How old were you the	first time	e you:					
10. Smoked all or pa	art of a c	igarette?	>				
) I	vears old have ne	ver smol	ked part	or all of a	cigarett	e	
11. Had a drink of a	n alcoho	lic bever	age?				
) I	vears old have ne	ver smol	ked part	or all of a	cigarett	е	
12. Used marijuana	or hashi	sh?					
} I	vears old have ne	ver smol	ked part	or all of a	cigarett	е	
13. Used any other	illegal dr	ugs?					
) I	vears old have ne	ver smo	ked part	or all of a	cigarett	е	

You & Your Child

CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

During the past month, when you and your child have spent time talking or doing things together, how often did you:

	Almost always	Fairly often	About half the time	Not too often	Almost never	Never
1.Get angry at him/ her						
2.Let this child know you really care about him/her						
3.Shout or yell at this child because you were mad at him/her						
4.Act loving and affectionate toward him/her						
5.Let this child know that you appreciate him/her, his/her ideas or things he/she does						
6.Yell, insult or swear at him/her when you disagreed						
7.When this child does something wrong, how often do you lose your temper and yell at him/her						

Your Family

CHECK THE <u>ONE</u> BOX THAT IS MOST TRUE FOR YOU:

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I'm available when others in the family want to talk with me.				
2.	I listen to what other family members have to say, even when I disagree.				
3.	Family members ask each other for help.				
4.	Family members like to spend free time with each other.				
5.	Family members feel very close to each other.				
6.	We can easily think of things to do together as a family.				

Fíníshed. (Woo hoo!)

Thank You!