

Families in the World of Evaluation:

The Evaluation of the National Federation of Families
for Children's Mental Health
Course I, "How to Understand Evaluation"

Kathryn Schutte, M.S.; Pauline Jivanjee, Ph.D.;
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May 2003



Research and Training Center on Family
Support and Children's Mental Health

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Federation of Families
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National Institute on Disability and
Rehabilitation Research,
U.S. Department of Education



Center for Mental Health Services,
Substance Abuse and Mental Health
Services Administration, U.S. Department
of Health and Human Services

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The recommended citation for this publication is:

Schutte, K., Jivanjee, P., Robinson, A., & Koroloff, N. (2003). Families in the world of evaluation: The evaluation of the national Federation of Families for Children's Mental Health Course I, "How to Understand Evaluation." Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

This publication was developed with funding from the National Institute on Disability and Rehabilitation Research, United States Department of Education, and the Center for Mental Health Services, Substance Abuse and Mental

Health Services Administration (NIDRR grant H133B990025). The content of this publication does not necessarily reflect the views or policies of the funding agencies.

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Course I Evaluation Report Executive Summary

This report is the evaluation of the national Federation of Families for Children's Mental Health Course I training "How to Understand Evaluation." The Research and Training Center on Family Support and Children's Mental Health at Portland State University in Portland, Oregon conducted the evaluation to assess the effectiveness of the training course, "How To Understand Evaluation." This course is the first of a series of three consecutive courses designed to give families of children with serious emotional disorders knowledge about program evaluation. Specifically, the goal of the Course I evaluation was to learn if family members who participated in the training gained knowledge, skills, and confidence in working in evaluation and using evaluations in advocacy. This report presents a review of relevant literature from the fields of children's mental health and participatory research and evaluation, an analysis of the participants' perspectives on the training, and a discussion of the implications of the findings.

The researchers conducted telephone interviews with twenty-four family members who had participated in one of two training courses. Family members answered both quantitative and qualitative questions. In response to quantitative questions, participants rated changes in specific skills and attitudinal changes on Likert-type scales (*1 = little or nothing, 3 = some*

things, 5 = a lot). Qualitative questions probed for examples of the perceived changes and participants' perceptions of the value of the training. Researchers took detailed notes during the interviews and analyzed quantitative and qualitative responses. In summary, family members reported that the training

- ◆ led to an increase in their knowledge of evaluation.
- ◆ increased their confidence in asking questions and voicing opinions about evaluation.
- ◆ improved their ability to advocate.
- ◆ positively changed their attitudes to researchers and evaluators.

While the report was based on a small, non-representative sample, findings of the Course I evaluation showed that family members who were involved or who desired to be involved in program- or system-level evaluation reported that they gained knowledge, skills, and confidence in the use of evaluation.

I. Literature Review

The following literature review summarizes concurrent changes in children's mental health and evaluation practice that have resulted in increased involvement of parents and other stakeholders in research and evaluation. Parents' involvement in children's mental health services has expanded from only receiving services toward full involvement in planning, delivering, and evaluating services. Simultaneously, there has been a shift in evaluation practice from parents being the focus of evaluation efforts to parents becoming members of evaluation teams. Evaluation teams are moving toward more participatory approaches which involve family members and a variety of stakeholder groups in conducting evaluations, with the goal of using findings to influence program and policy improvements.

EVOLUTION OF FAMILY PARTICIPATION IN EDUCATION AND CHILDREN'S MENTAL HEALTH SERVICES

Family participation in children's mental health has been influenced by developments in education for children with disabilities. P.L. 94-142, the Education for All Handicapped Children Act, which was passed in 1975, was notable because it was the first federal mandate of family participation. For the first time, families' participation in the development of their child's Individualized Education Plan (IEP) was required

nationally (Friesen & Koroloff, 1990). The right to participate was affirmed in the Individuals with Disabilities Education Act of 1997, P.L. 105-17. Families were to be invited to participate in deciding what would enhance their child's development. As a result of legal mandate, school personnel began to design and implement family-focused assessments. These assessments had to be designed in a way which best suited each individual's family's preference for interacting and sharing information (Davis & Gettinger, 1995). To complete these family-focused assessments, staff had to find effective ways to communicate with families and to discover what families needed. Despite the mandates for family participation in education, many families continue to struggle to get their children's educational needs met appropriately.

In mental health and social service contexts, service delivery models have begun to incorporate more participatory practice. The emergence of the Child and Adolescent Services System Program (CASSP) in 1984 began a shift to family-centered practice and opened up opportunities for family involvement. Beginning in the 1980's, there was a gradual shift away from the agency-centered model of service delivery, in which families were required to fit their needs into a menu of services offered by agency staff. Providers of the new model of family-centered services asked families about their needs, strengths, and preferences for services and families became partners in the planning and implementation of services (Koroloff, Friesen, Reilly, & Rinkin, 1996).

Family participation has been enhanced with the involvement of parents on the boards and advisory committees of children's mental health organizations and agencies (Friesen & Stephens, 1998). Consumers of services have increased their involvement from being recipients of services to giving input about service design and becoming part of planning and advisory committees and evaluation teams (Friesen & Stephens, 1998). Recently there has been a demand from family advocacy organizations for a model of family-driven systems of care, where family members take lead roles in planning ser-

vices in collaboration with service providers (Osher & Osher, 2002).

Family involvement in policy activities is becoming more common at national, state, and local levels. The Comprehensive Community Mental Health for Children and Their Families Program of 1993, funded by the Center for Mental Health Services (CHMS) mandated the involvement of families with children with emotional and behavioral challenges in the evaluation of systems of care for children's mental health. Communities receiving grants under the auspices of the Child and Adolescent Service System Program (CASSP) are required to have family participation at all levels of activity (Friesen & Stephens, 1998). In addition, family member participation is mandated in state-level planning under the State Comprehensive Mental Health Services Plan (Friesen & Stephens, 1998).

Parents have participated in advocacy on behalf of their own children and other families and children. They have advocated at the local level in their communities and have joined together to lobby state and federal legislatures and to educate the public about the needs of children with emotional and behavioral challenges and their families. Family members have also been instrumental in changing state laws that require parents to give up custody of their children in order to access mental health services (McManus, Reilly, Rinkin, & Wrigley, 1993). The emergence of family advocacy organizations has increased the number of family members advocating on behalf of children and their families. Their effectiveness in achieving their goals of improved services has increased. These family advocacy organizations provide emotional support for families, assist families in receiving appropriate and needed services, and advocate for the improvement of services (Koroloff et al., 1996).

One such advocacy organization is the national Federation of Families for Children's Mental Health (FFCMH). The Federation is a nationwide advocacy organization for families and youth with mental health needs. With state and local chapters, the national Federation provides advocacy on a national level, based on the be-

lief that effective family-driven advocacy will ensure that children's mental health remains a high national priority (Federation of Families for Children's Mental Health, n.d.). Emerging in the late 1980s, FFCMH has provided opportunities for families around the country to link with each other and share their advocacy experiences. As a result, families have increased their knowledge about political processes and their collective effectiveness at the local, state, and national policy levels (Koroloff et al., 1996).

Participating in advocacy efforts, family members have increasingly found their voice when informing policy makers about what works, what services families need, and what kinds of services are effective. Family members have sought research reports and evaluations to aid in the achievement of their advocacy goals (Lopez, 2002). To really understand how research and evaluation can further support advocacy, it is important for families to understand how research is conducted and how to interpret the results of research.

As family involvement became more visible and accepted in children's mental health service planning and delivery, the next logical step was to invite family members to participate in the research and evaluation process. In 1996, authors Koroloff, Friesen, Reilly, and Rinkin proposed involving family members in researching and evaluating programs. In a 1998 newsletter published by the Federation of Families for Children's Mental Health, Barbara Friesen made the case for involving families in research so that they might use the results to influence service providers and to assist in their advocacy efforts (Friesen, 1998). In addition, family participation in research and evaluation is believed to lead to studies designed to answer questions that are important to families.

Parents are acting as consultants to research teams and reviewing grant proposals. For example, family members are on research peer review committees at the Center for Mental Health Services (CMHS) and the National Institute on Disability and Re-habilitation Research (NIDRR) (Friesen & Stephens, 1998). Within the Research and Training Center on Family

Support and Children's Mental Health that conducted this evaluation, family members play active roles. They participate in the development of research priorities and subsequent proposals for research projects to address the priorities at the Research and Training Center. Family members and youth are members of the Research and Training Center's national advisory committee. Family members also serve as salaried members of research project teams and/or act as paid consultants and reviewers on project activities and publications at the Research and Training Center.

There are benefits of family involvement in research and evaluation related to the quality of both the processes and the products of the research. Families involved in conducting the research share a common experience with those who are part of the research study. These family member researchers are more likely to gain the trust of the research participants and to get accurate information (Osher, van Kammen, & Zaro, 2001). Also, family members can share their insights in order to verify findings and propose explanations for unexpected results (Osher & Telesford, 1996). Family participation in research improves the usability of instruments and the relevancy of findings to families (Friesen & Stephens, 1998). Involving families in the research can help to solve some of the problems families are facing, issues not necessarily important to researchers (Carpenter, 1997). Finally, dissemination efforts can be enhanced by the involvement of families. Parents can present the information in a more user-friendly format and distribute the results to a wide range of people, especially other family members (Vander Stoep, Williams, Jones, Green, & Trupin, 1999).

SHIFTS IN RESEARCH AND EVALUATION PRACTICE

Shifts from traditional research and evaluation practice toward participatory approaches have influenced the inclusion of family members on research and evaluation teams. A key tenet of the traditional research model is the concept of objectivity in which researchers claim no out-

side influence on the research process. Researchers attempt to control variables and distance themselves from the subjects of their research. Subjects make no contribution to the formulation of the research questions.

Participatory approaches to research and evaluation present a contrast to the traditional approach by involving those being researched as partners in the process. They are no longer subjects, but instead participants in the research process. Researchers and their new partners work together formulating research questions, gathering data, conducting analysis, and disseminating the findings (Sohng, 1992).

Another influential development in the field of evaluation has been the growing emphasis on the utilization of feedback for program improvement. As social service practice has become more consumer-driven, evaluation practice has also embraced consumer and family voices. An increasing number of researchers have adopted the consumer participation model of service delivery and translated it into participatory research designs (Sohng, 1992).

Evaluation is often used to address issues of concern to the public. The people left out of traditional evaluation studies are the intended participants in the social programs being evaluated, those who will be most directly affected by the evaluation. Because evaluation approaches are dependent upon who is asking the questions and who develops the criteria to answer these questions, it is important to include those most affected by the evaluation (Greene, 1997). As Millet (2002) pointed out, "When program participants from marginalized groups are not brought into the evaluation process early on, we are in danger of selecting the wrong outcomes" (p. 3). Further, evaluators have a responsibility to make sure that all evaluations are inclusive, sensitive to multiculturalism and diversity, and designed with a focus on nontraditional solutions to problems (Millet, 2002).

Involving participants in the change process can make the research more relevant and powerful (Sohng, 1992). Participatory research is grounded in the idea that information can be

used for social change and involving participants in the research process promotes social change, equity and justice (Murray, 2002). In addition, involving participants in the research allows them to have the power to define what problems to address and to select the methods to use in addressing these problems. This offers an opportunity to address their specific concerns (Mertens, Farley, Madison, & Singleton, 1994).

An increasing number of evaluations employ participatory research models. Participatory, empowerment, deliberative, and democratic evaluations are all types of evaluation that include the recipients of the services being evaluated in the evaluation process. David Fetterman, a proponent of empowerment evaluation, has described a worldwide movement towards involving participants in evaluations (Fetterman, 2001). Michael Quinn Patton (1997) and Michael Scriven (1997) have contributed to the ongoing debate about the merits and practical applications of empowerment approaches to evaluation.

Fetterman (1997) advocated for the use of empowerment evaluation and described teaching people how to conduct their own evaluation during an evaluation process. He noted that empowerment evaluation has become more accepted in a variety of settings. For example, foundations, such as the W.K. Kellogg Foundation, have incorporated empowerment approaches into the evaluation of programs they are funding. Government agencies, such as the Department of Health and Human Services' Center for Substance Abuse and Prevention, have used empowerment approaches (Fetterman, 1997). Empowerment evaluation has been embraced by some members of the American Evaluation Association and has been used in education and health research (Fetterman, 1997).

The participatory approach to evaluation has also been used around the world to address issues and questions in community development, urban planning, adult mental health services, physical disabilities, and early intervention services. For example, in Stockholm, Swe-

den a “deliberative evaluation process” was used to address traffic problems (Murray, 2002). Transportation planners opened up the process to politicians, administrators, and members of “green” organizations. Incorporating these different groups, especially the citizens involved in the green organizations, resulted in a greater number of alternative solutions being considered (Murray, 2002).

Another example of the use of participatory evaluation occurred in early intervention services in the United Kingdom (Carpenter, 1997). Through the gradual involvement of family members in service provision and service evaluation, a parent-as-researcher paradigm emerged. As family members became involved in service provision, the next step was to employ their knowledge of the needs of their child and family in researching how these needs can be met (Carpenter, 1997). This strategy addresses concerns identified about the substantial gap between the needs of consumers of services and their families for long-term demonstrations of effective interventions and the reality of many short-term evaluations (Carr et al., 1999).

Participatory evaluation was used to evaluate a network of four family support centers (Greene, 1997). Program participants, staff, and administrators worked with the evaluators to develop the questions and instruments. Participants collected and analyzed data, and contributed to the interpretation of data. Involving a wider range of stakeholders broadened the scope of the information collected and helped to link the claims of the diverse stakeholders. A greater range of experiences was taken into account, thus enhancing the usefulness and effectiveness of the evaluation (Greene, 1997).

GROWING ORGANIZATIONAL SUPPORT FOR FAMILY INVOLVEMENT IN RESEARCH AND EVALUATION

Several organizations have supported the involvement of family members in research and evaluation. In the late 1980’s, an Association for the Care of Children’s Health panel discussed

family-centered research across the fields of health, mental health, and disability. The panel developed principles to guide research. These principles noted the importance of researcher-parent collaboration and the need to respect and protect family privacy and independence, recognize family diversity, share information with the families, and tell families about the purpose of the research and how the research might benefit them (Koroloff & Friesen, 1997).

Presently, the National Institute on Disability and Rehabilitation Research (NIDRR) encourages grantees to use participatory action research (PAR) which involves families and consumers. Turnbull, Friesen, and Ramirez (1998) summarized the advantages of the participatory action research approach adopted by the National Institute on Disability and Rehabilitation Research:

1. Increased relevance of research to the concerns of family members;
2. Increased rigor of the research;
3. Increased benefit to researchers in minimizing logistical problems;
4. Increased utilization of research by families; and
5. Enhanced empowerment of researchers, families and other stakeholders. (p. 178)

In 1999, the Surgeon General’s office issued a report that introduced a blueprint for addressing children’s mental health needs. The growing roles of family members were discussed, including new roles for family members as employees and as participants in research (U.S. Department of Health and Human Services, 1999). In 2000, over 300 people attended a conference where specific action steps were developed for a National Action Agenda on Children’s Mental Health (U.S. Department of Health and Human Services, 2001). One action step called for a mechanism to obtain input from youth and families in setting an agenda, making service improvements, and assessing policies and programs. Another action step encouraged professional boards to require their members to be trained in engaging youth and families as partners in assessment, intervention, and outcome monitoring. Finally, there was

a call for the establishment of formal partnerships, including youth and families, to facilitate the transfer of knowledge among research, practice and policy groups (U.S. Department of Health and Human Services, 2001).

Consumer and family participation in research and evaluation was also recommended by the National New Freedom Commission on Mental Health. The Commission was charged in 2002 with advising President Bush on methods of improving the mental health service delivery system to enable adults and children with serious mental disorders to participate fully in their communities. A key recommendation of the Commission's Subcommittee on Consumer Issues was to involve consumers in all aspects of research design and evaluation (New Freedom Commission on Mental Health Subcommittee on Consumer Issues, 2003).

The Comprehensive Community Mental Health for Children and Their Families Program of 1993, funded by the Center for Mental Health Services (CHMS) required the involvement of family members in the evaluation of systems of care for children's mental health (Gawron, McCormack, & McKelvey, 1999). This gave families opportunities to be members of evaluation teams, playing roles in the development and implementation of evaluation of the services. The Center for Mental Health Services' mandate has challenged evaluators to develop new strategies for collaborative research with family members and other stakeholders. Evaluation teams are developing strategies to utilize the strengths and talents of family members (Gawron et al., 1999). At the same time, family members are learning the skills needed to be effective members of evaluation teams.

EXAMPLES OF FAMILY MEMBERS ON RESEARCH/EVALUATION TEAMS

A number of research and evaluation teams have reported on their experiences of involving family members as researchers. While many faced challenges, they all reported that the involvement of family members added to the quality of the evaluation. Here we summarize key features of their collaborations.

As early as 1983, IRAM, a state affiliate of the National Alliance for the Mentally Ill (NAMI), collaborated with a university research team over a period of several years to evaluate the organization's work (Sommer, 1992). The collaboration resulted in seven self-surveys initiated by IRAM measuring issues ranging from member attitudes to the needs of Spanish-speaking families. The university research team assisted IRAM on survey development as well as data analysis. One of the challenges they faced was the tension between participation and scientific rigor. To address the challenge, the research team made modifications in their normal research procedures. Remembering that family members had different priorities and different skills, the team combined multiple goals. A benefit of this collaboration was IRAM's ability to disseminate the findings of the survey to a broad range of people including families, professionals, and policy makers (Sommer).

Another example of collaborative evaluation was the Community Wraparound Initiative in Illinois, a Center for Mental Health Services System of Care grant community. To meet the requirements of the grant, the evaluation was developed with the participation of all stakeholders, including families (Gawron et al., 1999). The participatory approach was designed to increase families' sense of ownership of the children's mental health program. A parent evaluator was hired to hold focus groups for parents and trainings for staff, ensuring family involvement in the evaluation activities. The parent evaluator was also responsible for developing queries of the database in response to families' requests for information (Gawron et al.).

The King County Blended Funding project was an example of family members taking the lead in developing and implementing an evaluation of children's mental health services (Vander Stoep, Williams, Jones, Green, & Trupin, 1999). A family-led team invited a professionally trained researcher to join the team to conduct the evaluation. In the early stages, team members encountered challenges in reaching consensus regarding the development of the evaluation. Through negotiation and compro-

mise, the team members reached agreement on a theory of change, measures, and outcomes. The evaluation was completed and findings disseminated. The evaluation team consulted with service providers and family members to develop non-technical ways to display the evaluation findings, such as pictographs. Team members believed that the families' involvement resulted in the dissemination of relevant findings in formats that were accessible to a variety of audiences (Vander Stoep et al.).

A Center for Mental Health Services study of 37 system of care grant communities examined the roles of family members in the evaluation of children's mental health services (Osher et al., 2001). Respondents were family members employed on evaluation teams, evaluators, and program directors. Fifty percent of respondents reported that family members participated in evaluation design and 56% indicated that family members participated in the development of instruments. Half of the respondents reported that family members participated in data collection and data analysis, while 19.4% said that family members were involved in data entry activities. The study also found that family members, program directors, and site evaluators reported different perceptions of the extent of family involvement. For example, while 82.6% of program directors and 81.8% of evaluators

reported that family members were involved in the review and utilization of data, only half of family members reported such involvement (Osher et al.).

The authors described training, the existence of a specific funding initiative requiring family participation, established relationships within the community, and the vision of an individual as conditions that promoted family involvement in evaluation. Further, they reported that family involvement on evaluation teams increased the amount of data collected and families interviewed by family researchers provided more complete and honest answers. Lastly, using family members as interviewers improved the cultural competence of the evaluation (Osher et al., 2001).

As families are becoming more accepted as members of research and evaluation teams, it is important that they learn necessary skills to effectively participate on these teams. The national Federation of Families for Children's Mental Health has developed three evaluation courses for families with the goals of familiarizing family members with program evaluation and research, teaching them the skills to participate on research and evaluation teams, and preparing them to lead their own research and evaluation projects.

II. Course I, “How to Understand Evaluation” by the National Federation of Families for Children’s Mental Health

RATIONALE FOR THE TRAINING

Realizing the benefits of family involvement in evaluation, the importance of evaluation as a tool for changing systems, and the need for participating family members to be equipped with skills, the national Federation of Families for Children’s Mental Health developed an evaluation-training curriculum for families. The curriculum was conceptualized as a primer on how to understand and interpret evaluation findings and use them to support service system change. The training program was developed collaboratively with evaluators from the Research and Training Center on Family Support and Children’s Mental Health in Portland, Oregon and family members, with additional assistance from ORC Macro, International. The curriculum was built on an appreciation of the expertise of families and evaluators, their unique combinations of knowledge and skills, and the benefits of working together. An overall goal of the collaborative effort was to create a new and distinct way to address challenges in the children’s mental health service system and to understand the experiences of those providing and receiving services. New roles for families in evaluation are intended to place family members in positions where they assist in determin-

ing the focus and scope of study, communicate results, and in the process enhance the overall cultural relevance of the study.

DESCRIPTION OF THE TRAINING

The national Federation of Families for Children's Mental Health Evaluation Training Initiative for Families consists of three sequential courses. Each of the courses lasts three days and is co-taught by a family member and an evaluator. The training initiative was developed to provide families with information, skills, tools, and strategies necessary to use research and program evaluation information to advocate for individuals and for system change. The trainings were designed to be interactive and multi-method, using adult learning principles.

The goal of Course I, "How to Understand Evaluation" is to prepare family members to use evaluation results for advocacy. Participants learn

- ◆ how to use program evaluation for effective advocacy.
- ◆ the role evaluation plays in improving services and outcomes for children and families.
- ◆ the historical context of research and evaluation and emerging roles for family members.
- ◆ types of program evaluation.
- ◆ steps in the evaluation process.
- ◆ political, economic, social, and cultural influences on evaluation.
- ◆ the visual display of data.
- ◆ how to read research/evaluation reports and articles.
- ◆ key terms in evaluation (Federation of Families for Children's Mental Health, 2002).

The goal of Course II, "How to Work in Evaluation" is to prepare family members to be confident, active, and effective members of a research or evaluation team. The objectives of the training include helping participants understand

- ◆ the consideration and implications of making evaluation/research design decisions.
- ◆ the political, ethical, racial, and cultural influences of each decision in the evaluation process.
- ◆ the interdependent influences of all aspects of the evaluation process.
- ◆ basic data collection methodologies, such as focus groups, surveys, and questionnaires.
- ◆ how to plan dissemination for maximum impact (Federation of Families for Children's Mental Health, 2002).

In Course III, "How to Lead Evaluation," family members learn how to develop a study question, how to build a diverse and representative evaluation team, how to find the expert consultants and other needed resources, and how to lead their team through the evaluation process.

There are two goals for this course:

1. To prepare family members to take the lead on research/evaluation teams by identifying the questions, critically assessing the context and planning for anything, gathering the resources, building the partnerships, managing the project, and using the results; and
2. To develop a sustained capacity within communities (Federation of Families for Children's Mental Health, 2002).

One option for Course III is for one or two participants to come to the training prepared with an issue of relevance to their community, a draft study question related to that issue, and identified stakeholders in their community. The participants will leave with a plan of action to answer their study question. The other option is for the family members to conduct more extensive pre-work prior to attending Course III. This pre-work includes creating and convening the multi-stakeholder team and drafting the study question and study plan. With this option, the entire team attends the training and leaves with a further developed plan of action.

The majority of family members trained to date have been recruited from the Center for Mental Health Services' Comprehensive Community Mental Health Services for Children and Their Families grantee communities and the Circles of Care grantee communities. The training provides these communities a valuable mechanism to increase engagement and enhance the skills of family members who want to be involved in program evaluation.

III. Evaluation of Course I

METHODS

Early in the development of the World of Evaluation courses, a decision was made to evaluate the effectiveness of each course only after a full pilot test and the resulting modifications to the curriculum were completed. Course I completed its pilot phase in 1999 and it has been delivered on a regular basis since then. Course II completed its pilot in 2000 and Course III is still in the pilot phase. This report focuses on the outcomes measured 3-6 months after participants completed the fully developed curriculum for Course I. In order to evaluate the effectiveness of the first course “How To Understand Evaluation,” Research and Training Center staff collaborated with staff of the national Federation of Families for Children’s Mental Health in the design and development of a questionnaire and plan for the data collection process. The research team also received feedback from training participants. The short questionnaire was critiqued at a training session and the family members’ suggestions were incorporated into the evaluation design.

The evaluation of the first course, “How to Understand Evaluation” was developed to examine

- ◆ family member/participants’ reports of the amount they learned about the evaluation process and the importance of evaluation.

- ◆ family member/participants' reports of changes in their attitudes toward working with evaluators.
- ◆ family member/participants' reports of changes in their ability to advocate.
- ◆ family member/participants' reports of changes in their confidence about asking questions and voicing opinions about evaluation.
- ◆ the strengths and limitations of the training.

We developed a 14-item questionnaire (see examples in Table 1 and complete questionnaire in the Appendix). The quantitative questions asked participants to rate changes in specific skills and attitudinal changes on a Likert-type scale (1 = little or nothing, 3 = some things, 5 = a lot). Qualitative items probed for specific examples of the perceived changes and participants' perceptions of the value of the training.

Table 1—Sample Questionnaire Items

Item type	Item
Quantitative	On a scale from 1 to 5, how would you rate the amount you learned about the evaluation process?
Qualitative	Tell me about some of the things you learned and how you've used them.

Sixty to ninety days after the trainings, participants in two different Course I presentations were sent a letter by the Federation of Families describing the evaluation of the training. This letter included a consent form they could sign and send back to the Research and Training Center on Family Support and Children's Mental Health at Portland State University. Of the 40 participants, 24 returned the consent forms and were contacted for a telephone interview. The other 16 participants either did not respond or responded after the interviews were completed. The interviews lasted about 30 minutes each. Responses to demographic and quantitative items were quantified. Qualitative responses were analyzed with the assistance of Nud*ist (Richards, 2002), qualitative data management software. Trustworthiness of the qualitative analysis was enhanced by independent coding by team members (Rodwell, 1998).

PARTICIPANTS IN THE EVALUATION

The participants in the Course I evaluation were parents or caregivers to children with emotional and behavioral challenges who had participated in the training. Of the 24 family members who took part in the Course I evaluation, 21 were females and three were males. Participants were from 13 different states in all regions of the United States. About half of the participants had little or no prior experience in evaluation. Six participants had some prior experience, which ranged from developing databases to being a parent representative on a university evaluation team. Five participants had extensive prior experience, with several designating themselves as evaluators.

IV. Findings

The data indicated that family members found this training valuable and useful. Even with the range of experience that participants brought, they consistently reported that the training was a positive experience. In the report of our findings, we present the quantitative data first, followed by examples of qualitative comments given by participants illustrating how they reported using the knowledge they gained. When referring to a single individual, the pronoun, “she” will be used regardless of gender to protect the confidentiality of participants.

THE EVALUATION PROCESS

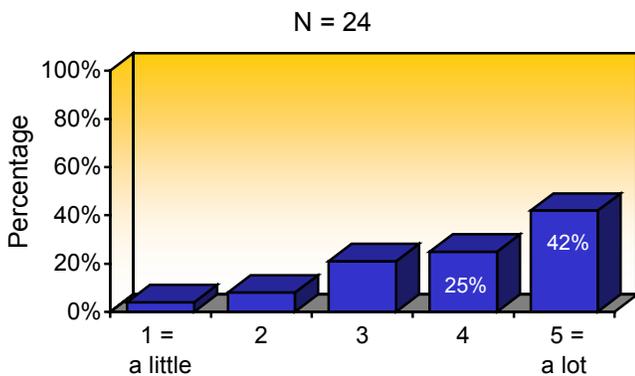
Participants were asked to rate how much they learned about the evaluation process. On a five-point scale, 67% of the participants rated the amount they learned about the evaluation process a 4 (more than some things) or 5 (a lot), with 42% rating it a 5. Participants reported that they learned

One participant reported that she went back to her organization and began summarizing articles to include in newsletters sent out to providers and families who are involved in evaluation.

about “how to put an evaluation together,” learned about “the different pieces of an evaluation,” and were better able to understand the jargon used by many evaluators. Some re-

ported having “a better understanding of how to collect the data” and one commented on learning “how to put it together so it would make sense.” The participants’ responses are shown in Figure 1.

Figure 1: Participants’ Reports of the Amount They Learned About the Evaluation Process



One goal of the training was to teach participants how to use and understand graphs and charts. When asked to rate how much they learned about graphs and charts, 33% of the participants reported they learned “some things,” 25% rated the amount they learned a 4 (between “some things” and “a lot”), and 29% rated the amount they learned a 5, “a lot.” When asked to comment on how they had used what they learned, participants commented that they could now understand the information presented on charts. Participants reported they had learned to be cautious of how information is presented, and learned how to present information effectively to a variety of audiences.

Another goal of the training was to increase the participants’ ability to use evaluation reports and research articles. Twenty-five percent of the participants rated the amount they learned a 3, “some things,” 17% rated the amount they learned a 4, and 50% reported they learned “a lot” (5) about using evaluation reports and research articles. Several participants commented that the training taught them to look more critically at research articles and reports, to look at “who is conducting the study,” who funded the study, and “when it was done.” Another participant said she learned how “not to get bogged down” and how to extract important

information out of an article. Lastly, one participant reported that she went back to her organization and began summarizing articles to include in newsletters sent out to providers and families who are involved in evaluation.

IMPORTANCE OF EVALUATION

For many participants, the training helped them to understand the importance of evaluation. Participants noted that the training helped them realize the impact that evaluation can have on program and policy decisions and how important it is to understand exactly what the evaluation is saying. A number of participants commented that through the training, they learned about the importance of involving families in the evaluation process. Several noted that they now believed that more family members should become involved in evaluation. One participant noted that she realized the importance of giving families “the mechanisms to be involved” in evaluation. Several participants mentioned that they were planning to talk with other family members they work with about evaluation because they now see the value of participating in the evaluation process.

I learned that evaluation should be driving a lot of things being done—it’s important. I’m surprised how useful it is.

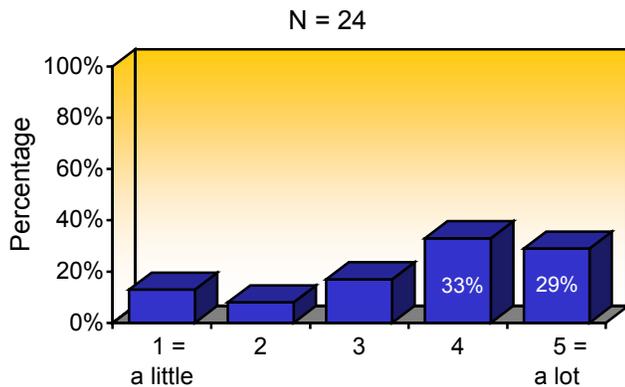
ATTITUDES TOWARD WORKING WITH EVALUATORS

In addition to reporting that the training helped them feel more comfortable with the evaluation process, many participants reported that the training changed their attitudes toward working with evaluators.

Evaluators seem more human, not just working with numbers and figures.

Sixty-two percent of the participants rated the change in their attitudes towards working with researchers a 4 (33%) or 5 (29%), indicating high levels of positive attitude change. Participants’ ratings of their changes in attitudes toward working with evaluators are shown in Figure 2.

Figure 2: Participants' Reports of Changes in their Attitudes toward Working with Evaluators

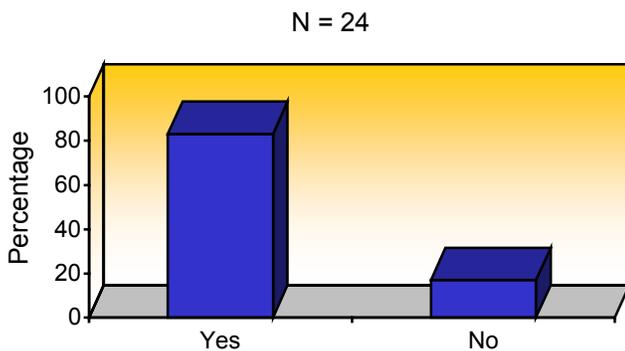


Overall, participants who had little or no previous experience working with evaluators reported positive changes in their attitudes. Some commented that they were more excited about working with evaluators and were able to be more vocal with them. Evaluators seemed to them to be “less intimidating” and “more human, not just working with numbers and figures.” They also noted the importance of “working with researchers” to improve program evaluation and research.

USING EVALUATION FOR ADVOCACY

A goal of the training was to teach participants how to use evaluation for effective advocacy. When asked if Course I affected their ability to advocate, 83% of participants responded positively. Their responses are shown in Figure 3.

Figure 3: Participants' Ratings of the Effects of Course I Training on their Ability to Advocate

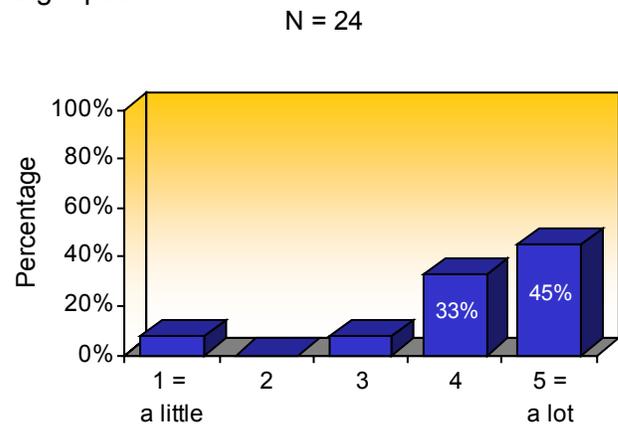


Participants commented on the use of evaluation as a tool for advocacy at both system and program levels. Several participants noted that they had gained new skills in reviewing and understanding research reports. They reported that they had learned how to use evaluation reports to advocate for better services for families. Several participants reported an increase in contacts with policy makers for the purpose of advocacy since the training. Other participants reported learning how to present information to service providers and policy makers in an effective way.

CONFIDENCE IN ASKING QUESTIONS AND VOICING OPINIONS ABOUT EVALUATION

A goal of the training was to help participants feel more confident in asking questions and voicing opinions about evaluation. Participants were asked if they felt the training changed their confidence in asking questions and voicing opinions about evaluation. Forty-five percent of the participants rated the change in their confidence level at a 5 (a lot), with 33% rating their change at 4 (between some and a lot). Their responses are shown in Figure 4.

Figure 4: Participants' Reports of Changes in their Confidence in Asking Questions and Voicing Opinions



Participants gave several examples of how the training increased their confidence in asking questions and voicing opinions. One mentioned that parents don't need to feel intimidated when voicing opinions about evaluation. Other comments were that the training made evaluation

easy to understand if “taken piece by piece” and the training gave participants the confidence they need to use evaluation findings, interpret research, and use facts and figures. One participant stated that she feels more confident talking to evaluators at “the evaluator’s level.” Finally, one participant felt that she could “talk boldly and ask questions,” and voice opinions about evaluation decisions.

Now we can talk boldly and ask questions.

Several participants noted that the training helped them to feel more confident when talking about evaluation. One participant noted that being familiar with the steps of the process and evaluation terminology gave her more credibility with researchers and service providers. Another participant reported that learning about evaluation helped her feel more professional and that she had gained valuable tools. A third participant stated that she can understand research reports enough to be able to “use to her advantage.”

STRENGTHS AND LIMITATIONS OF THE TRAINING

Many participants commented about the strengths of the trainers. They described the approach of partnering a professionally-trained evaluator and a family member as co-trainers as an effective training strategy. They also reported that the complementary teaching approaches of the trainers worked well. Participants appreciated the trainers’ efforts to simplify

the subject matter and to make sure that everyone understood the information being presented. They also commented on the trainers’ flexibility in responding to the learning needs of the participants. Lastly, the participants appreciated the friendliness of the trainers, their sense of humor, and their ability to help the participants feel comfortable.

The training provided an opportunity for family members from around the country to come together to learn about the work of evaluation teams. Family members said that they could easily relate to each other in an environment that was comfortable and non-threatening. Several participants commented that they appreciated being with other family members with a shared interest in evaluation and realizing how much they have in common. Overall, participants reported that this training was extremely valuable. Participants reported that the training helped them to better understand their roles on evaluation teams and to feel more professional. Some responded that the training gave them the confidence to ask questions about the evaluation process. Others talked about the need for other family members in their communities to receive this training.

When asked what aspects of the training were not useful or what they thought should have been left out, a small number of participants stated that the curriculum on the history of evaluation and research was not as useful as other parts of the training. One person recommended shortening the beginning preview.

V. Participant involvement

During the course of the training, family members requested further opportunities to build their capacities in evaluation. They expressed their desire to put into practice the concepts and skills they had learned by direct involvement in the analysis of this interview data. As a research team, we felt that including participants in the analysis would be consistent with the collaborative nature of the evaluation and we were interested in the additional perspectives participants might bring to the interpretation.

As a result, family members who indicated interest had full access to the qualitative and quantitative data absent identifying information. The research team did some preliminary analysis and mailed the data, a tip sheet listing the steps of qualitative analysis process, and a set of highlighting pens to each family member who expressed a desire to participate in the analysis. We then arranged two conference calls to discuss the analysis of themes in the qualitative data. In total, seven people participated in the calls.

Several lessons were learned from the conference calls. We learned that it is difficult but not impossible to do qualitative analysis by phone. Scheduling convenient times for interested participants was challenging. Twenty-two of the twenty-four family members expressed a desire to participate in the data analysis. However,

due to scheduling difficulties and last minute crises, only seven family members were able to participate in the conference calls. The evaluation team and family members reviewed the qualitative data and attempted to identify recurring themes in the findings. We learned that a beginning discussion would have helped participants to assume the evaluator role in the conversation and to separate from their personal experiences as participants in the training. Several family members related to those answers that were most like their own experience in the training. The participants identified the same themes as the research team members, yet selected alternative examples to illustrate the themes.

VI. Discussion and Conclusion

There were several limitations to this study. The first limitation is that the data represents the responses of just over 50% of the participants of two sessions of the Course I training. We do not know if these responses are similar to what might have been reported by the other 50%, or whether these responses reflect the experiences of participants in other sessions of Course I. Another limitation was that participants had varied knowledge and skills before taking the course. Those who entered with extensive background in evaluation may have experienced a ceiling effect on the scales we used. Data that would have allowed us to control for prior knowledge and experience were not collected.

The participants did not take a pre- and post-test. It was decided that a survey about how much family members knew about evaluation before the training began might make them feel uncomfortable about participating in the training and it would be inconsistent with the values of the trainers. Therefore, our findings are based on what participants reported during the follow up telephone interviews. This “one time only” type of design is limited in its power and does not allow us to effectively assess change in knowledge and skills over time.

Despite these limitations, we found that most participants reported that Course I, “How to Understand Evaluation” taught them a range of

information about the evaluation process. They reported gaining skills, confidence, and a desire to become more involved in evaluation. The findings show the willingness of this group of family members to learn about evaluation, their desire to use the information to help other children and families, and their willingness to work with evaluators and researchers. It also demonstrated the feasibility of delivering this content through a three-day, interactive workshop.

The training provided a good base for family members to begin to understand the evaluation process. Participants reported that this basic understanding allows them to seek out information they can use to improve services, to think more critically about this information, and to begin a dialogue with evaluators and researchers about what they are finding. With this knowledge they can begin a collaborative process to improve the quality of information gathered. Several participants reported that they had discovered new roles for themselves and other family members.

Family members can begin a collaborative process that can improve the quality of information gathered.

As reported by a number of participants, the training helped them become aware of the importance of evaluation and the impact that evaluation results can have. This realization has motivated them to become more involved in the evaluation process and to educate other family members about the importance of evaluation. Participants reported that the training was a confidence-builder. Their increased level of confidence led many participants to report that they had become more vocal, and they had begun to ask questions and to advocate at local and state levels. With the ability to read and understand evaluation reports, participants reported that they had taken evaluation findings to policy makers and used this information to advocate for improvements in services to meet the needs of children and their families.

Participants also reported that their increase in confidence helped them to feel more comfortable working with evaluators. As a result, they said that they can now approach agencies and

systems to introduce the idea of family members working with evaluators. Some participants reported that their knowledge of the evaluation process will enable them to make a convincing case for their involvement.

The experience of the participants also shows the benefits of providing opportunities for family members from across the country to network with each other. Some family members felt that was a strength of the training. Bringing family members together allows them to feel that they are not alone, that family members from across the country are dealing with some of the same challenges. This connection can give them the additional support needed to stay involved in improving services for their children. This training initiative is the first family-only training experience for grantee families.

Involving participants in the analysis of the data was done in the spirit of collaborative research. Participants expressed an interest in applying some of the knowledge and skills they had obtained in the training. However, we learned through our experience of involving the participants, better preparation is needed. In retrospect, we would mail the information out sooner, provide clearer instructions and expectations of participants before and during the phone call, and clearly distinguish the roles of evaluator and training participant before beginning the conversation. In the future we will explore the possibility of including the analysis of the interview data in the Course II training.

The national Federation of Families for Children's Mental Health evaluation skills-training initiative provides a unique learning experience for family members of children with mental, emotional, and behavioral disorders to learn about research and evaluation. Findings of this evaluation of Course I provide preliminary support for the effectiveness of curriculum in building skills and knowledge for families interested in program evaluation and research. Family members may further develop their knowledge and skills in Courses II and III, thus increasing their capacity to contribute to improving and sustaining children's mental health services and supports.

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Appendix

Families as Evaluators

Level I Interview Questions

Hello. My name is _____. I'm with the Research and Training Center at Portland State University. We are working with the Federation of Families to evaluate the series of trainings called "How to Understand Evaluation". Did you receive our letter and questionnaire in the mail? I'm calling to find out how useful the training you attended was for you and how you may have used what you learned. This will only take a few minutes of your time and your participation is completely voluntary. Your answers will be kept confidential and your name will not be associated with any of your individual responses.

We will be going through the questions you received in the mail from us. Are you willing to participate? Is this a good time to talk?

1) Which training did you attend? _____

Think back to the training you attended.

2) From your experience of the training, what ideas stuck with you?

3) On a scale from 1 to 5, how would you rate the amount you learned about the evaluation process?

Would you say _____ 1 = little or nothing 3 = some things 5 = a lot

- a) Tell me about some of the things you learned and how you've used them.
- b) Describe what kind of experience you had with evaluation prior to the training?

4) A goal of the training was to increase your ability to use evaluation reports and research articles. On a scale from 1 to 5, how would you rate the amount you learned about reports and research articles?

Would you say _____ 1 = little or nothing 3 = some things 5 = a lot

- a) Tell me about some of the things you learned and how you've used them.

5) A goal of the training was to increase your skill in reading graphs and tables. On a scale from 1 to 5, how would you rate the amount you learned about reading graphs and charts?

Would you say _____ 1 = little or nothing 3 = some things 5 = a lot

- a) Tell me about some of the things you learned and how you've used them.

6) Has participation in Level 1 training affected your ability to advocate?

YES NO [If yes] Can you give me an example?

7) As a result of the training, how has your confidence in asking questions and voicing opinions about evaluation changed? On a scale from 1 to 5, how would you rate the change in your confidence in voicing opinions about evaluation?

Would you say _____ 1 = little or nothing 3 = some things 5 = a lot

a) Can you give me a specific example?

8) As a result of the training, how has your attitude about working with researchers or evaluators changed? On a scale from 1 to 5, how would you rate the change in your attitude about working with researchers and evaluations?

Would you say _____ 1 = little or nothing 3 = some things 5 = a lot

a) Can you give me a specific example?

9) As a result of the training, you met other family members who were interested in evaluation, as well as the trainers. Have you contacted any of these individuals because you had questions or needed information about resources?

YES NO [If yes] Describe who and how they helped.

10) During the sessions, some questions or concerns were placed in the “parking lot”. Were these addressed either during or after the training?

YES NO

a) Did you receive materials from the Federation after the training?

YES NO [If yes] How have you used them?

11) Thinking about the training as a whole, what difference has the training made to you?

[Probe: How valuable has it been?]

12) Which aspects of the training were not useful or that you would have left out?

13) Is there anything else you’d like to say about the training?

14) Some of the family members have expressed interest in participating in the analysis of the information obtained by this questionnaire. Would this be of interest to you?

YES NO [If yes] We will put your name on a list and contact you.

That’s all the questions we have for you today. We really appreciate your taking the time to answer our questions.