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A SURVEY OF CLIENT SATISFACTION WITH AGENCY SERVICES
PROVIDED BY TRINITY CHILDREN AND FAMILY SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work


by
Jose de Jesus Quiroz
June 2001

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Approved by:


Dr. Matt Riggs, Faculty Supervisor
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6/13/01
Date


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Trinity Children and Family Services


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ABSTRACT

This study explores and describes the satisfaction that clients placed at Trinity Children and Family Services have with the agency's therapeutic services. Therapeutic services in this case refers to the therapy that the residents receive from their individual and group therapists, and their interactions with the unit case manager/dorm supervisor and unit counselors. The participants ranged in age from thirteen years old to seventeen years old. All the residents at the agency have been placed there for treatment through a court order. The residents are all on formal probation under Section 602 of the California Welfare and Institutions Code for some type of criminal offense. A thirty-three item Youth Client Satisfaction Questionnaire was given to eighteen of the residents in an attempt to quantify their satisfaction. Results from the analysis indicated that the residents are more satisfied with their interactions with the unit staff than with any other therapeutic service. The residents were less satisfied with their interactions with the group therapist than with any other therapeutic service. Residents were about equally satisfied with their interactions with their individual therapists and case managers.

DEDICATION

To Jesus and Guadalupe Quiroz, my parents, who always encouraged me to attend college, for their love and support and for always telling me that I could accomplish anything in life that I wanted.

To Cynthia Caballero-Quiroz, my wife, who patiently put up with my hectic school schedule, complaining sessions, and most importantly for her love and support.

ACKNOWLEDEMENTS

I would like to extend my sincere appreciation and gratitude to Gilbert Quinbar for allowing me to conduct this study at Trinity Children and Family Services. His flexibility in allowing me time off to attend school and field work made my completion of the MSW program and of this study much more easier and possible.

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CHAPTER ONE
INTRODUCTION

Statement of Problem

The juvenile justice system in America was founded to provide services for juvenile delinquents. The juvenile justice system, in theory, has been established to enhance the welfare of children and adolescents. In our society juvenile offenders are given the opportunity for rehabilitation instead of punishment. Today the causes of juvenile delinquency are attributed to the breakdown of the traditional mechanisms of control (family and society), industrialization, and urbanization.

It is believed that with early intervention juvenile delinquents can be prevented from becoming adult criminals because their behavior has not yet been fixed into a set pattern. However, due to the media's attention on crimes perpetrated by youthful offenders and politicians eagerness to be tough on crime, adolescent delinquents are being portrayed as super-predators, ruthless young men and women who view criminal activity as normal behavior and who are unconcerned about the consequences of their actions. The criminal justice system has included treatment as part of its strategy for controlling illicit drug use for much of the 20th century (Hiller, Knight, Broome, and Simpson, 1998), as well as other antisocial behavior, with

particular emphasis being given to the treatment of delinquent adolescents.

In 1996 approximately 65,000 children lived in residential treatment/care facilities in the United States and the number continues to grow (Friman, 1996). Durkin and Durkin noted in 1975 that 150,000 children and adolescents were placed in approximately 2,500 institutions that were inpatient psychiatric facilities, small group homes, or institutional programs that served hundreds of youths (cited in Zimmerman, 1990). The public sentiment towards these placements is generally skeptical and negative (Friman, 1996). These facilities usually follow two distinct formats: traditional training school/institutional format with mostly shift-work staff and smaller group homes with a family type atmosphere with trained staff that live with the youth (Friman, 1996). Trinity Children and Family Services operate several residential treatment programs throughout California that mostly follow the traditional format. Approximately 500 youths are served in residential treatment with another 600 being placed into foster homes.

Research into the effectiveness of adolescent psychiatric treatment is long standing and both original studies and reviews examining their effectiveness have been produced (Swales, 1995). Common factors that have been identified as affecting outcome include those relating to

the individual client, their family, and the treatment itself (Swales, 1995). However, only limited research from the consumer-oriented perspective has been conducted regarding the residents of these placements (Davis and Gerrard, 1993).

Historically client satisfaction has been overlooked, or at least subjugated to low status as a research variable in the overall evaluation of many mental health care programs (Davis and Gerrard, 1993). Program evaluations often focus on the efficacy of the treatment, where the primary focus has been on problem assessment, treatment planning, intervention strategies, and treatment outcomes (Davis and Gerrard, 1993). In recent years surveys of patient satisfaction have become more common place with the question about the appropriateness of satisfaction as a concept and its use as an approach to evaluating the quality of service provision remaining pertinent (Webb and Clifford, 1999). In question with these satisfaction surveys is whether client dissatisfaction is a more valid indicator of the quality of services and a better predictor of noncompliance (Webb and Clifford, 1999).

Studying the client satisfaction of services provided by Trinity Children and Family Services will be important in determining whether the needs of the clients are being met by the program structure. It is important to study this problem at this time in which juvenile delinquents are

receiving harsher sentences and in light of the passing of recent legislation in California allowing district attorneys to prosecute more juveniles as adults. By studying the client's satisfaction with the services it may be possible to implement program changes that may improve the clients' satisfaction with the agency's services and which may affect the recidivism rate.

Purpose of the Study

In 1999, Trinity Children and Family Services conducted an internal evaluation of program services at all its large placement facilities. The evaluations were conducted by teams composed of employees from the different facilities with the supervision of an independent consultant. The emphasis was on case records and documentation, physical plant condition, adherence to personnel policies, medical procedures, meeting community care licensing requirements, and the board and care of the clients. However, an important omission was that none of the clients were given any type of survey or questionnaire to determine their satisfaction or dissatisfaction with program services and in particular therapeutic services. The purpose of this study is then to measure the satisfaction of clients with agency therapeutic services. Therapeutic services for this study will be defined as those interactions that the clients have with their

individual and family therapist, the unit case worker and counselors, and their group therapists.

This research project will aim to determine whether this agency is effective in its delivery of therapeutic services as measured by client satisfaction. By studying client satisfaction with this agency's services it may be possible to improve the social services that this agency is providing. In addition the findings generated by this project may also be of help to other similar agencies that may wish to evaluate client satisfaction.

The clients admitted to this program are all on formal probation, that is they have been declared 602 Wards of the Court under the California Welfare and Institutions Code, through various probation departments throughout California. The clients have all been psychologically assessed by a licensed psychologist and they suffer from a variety of psychosocial problems such as physical and/or emotional abuse, neglect by their primary care givers, sexual abuse, educational/learning difficulties, gang membership, and substance abuse. Most have several arrests before being ordered placed out of home. The clients are placed in the facility to modify their dysfunctional and delinquent behavior by intervening in their interpersonal relationships and their intrapsychic processes. Interpersonal relationships are defined as their ability to interact and function with members of society, including

their peers, family, staff, and the community.

Intrapsychic processes are defined as self-esteem, mental health, intellectual functioning, judgment, decision-making skills, and personal insight.

The treatment services at Trinity Children and Family Services focus on therapy and behavioral modification. The therapy delivered at this agency includes individual therapy for one hour a week; family therapy, either once or twice per month for one hour; specialty group therapy (i.e. substance abuse, anger management, sexual offender/victim, victim awareness, and gang education) for three to four hours per week; peer group participation for approximately two hours per day; case management and educational services. All therapy, individual, group therapy, and family therapy is provided by a licensed clinician, peer group therapy is provided by trained child care workers, and all case managers have a bachelor-level education. Behavior modification is accomplished by monitoring the client's behavior through daily entries in their unit file, a level system with an accompanying token economy, and daily behavioral school scores. These services are expected to effect positive changes in their behavioral and emotional health during their placement with the agency and upon return to their community.

Definitions

Case managers at this agency are also referred to as Unit Supervisors. The names are interchangeable. This person serves a dual role within this agency. As Case managers they oversee to the every day needs of the residents assigned to them. This some of the case manager duties includes attending case conference reviews with the treatment team on a regular basis, insuring that that the residents medical need are being met, that they attend school, meeting with the clients' probation officers, and write progress reports. As Unit Supervisors they are responsible for the day-to-day supervision and training, as well as insuring their units are properly staffed.

Therapists in this study are defined as those individuals that are licensed through the Board of Behavioral Science Examiners to provide psychotherapy. All of the residents are assigned to one individual therapist, who is also the family therapist. The residents all attend specialty groups to address specific needs in a group setting and all the group therapist are licensed as well.

Unit counselors are defined as childcare staffs that provide direct supervision of the residents.

Therapeutic services are defined as the interactions among the clients with their therapists, unit supervisor, and unit counselors.

Limitations of the Study

The limitations of the study are that only eighteen of the sixty-six residents participated in the study. Do the to unusual run away behavior of some of the newer residents and the need to receive parental approval for their children to participate only eighteen of the residents were given the instrument. Another limitation is that only this agency was used to conduct the study, consequently results could not be compared with other similar agencies. This particular agency has approximately eight residential treatment facilities located throughout California and as such the generalizations made from this study can only be applied to the Yucaipa Campus. A larger sampling of this agency's clients and of other similar agencies would have yielded more accurate results as to the satisfaction or dissatisfaction that the clients may have with therapeutic services.

CHAPTER TWO

LITERATURE REVIEW

Children and adolescents with behavioral and emotional disorders are often referred to residential treatment facilities (RTCs). Accurate population figures for children and adolescents in residential group care are difficult to obtain. Smollar and Condelli (1990) stated that in 1986 over 100,000 young people between the ages of 10 and 19 were admitted to psychiatric hospitals and countless others were placed in out-of-home treatment centers for emotionally disturbed or maladjusted youth. Friman (1996) reported that in 1996 approximately 65,000 children lived in residential treatment/care facilities in the United States. A national study commissioned by the U.S. Children's Bureau indicated that in the mid-1990s approximately 500,000 children and adolescents were placed in out-of-home care with the majority in foster care and about 25% in residential treatment facilities (Whittaker, 2000). Despite the difficulty in obtaining accurate population figures it is evident that many children are placed in out-of-home residential care annually.

Residential treatment centers are psychiatric organizations, which are not licensed as psychiatric hospitals, that offer clients individually planned programs of mental health therapy along with residential care

(Matthys, 1997). RTCs have also been described as a child welfare service that provides 24-hour care for a child in a residential facility designed as a therapeutic environment that provides integrated treatment services, educational services, and group living on the basis of each child who cannot be effectively helped in his or her own home, or with a substitute family (Whittaker, 2000). Residential treatment may be required because the child's behavior is so unmanageable that outpatient treatment is simply not feasible or because the child has not responded to outpatient treatment (Matthys, 1997). Rinsley (1990) stated, in a review of the literature, that the following factors justified inpatient or residential admission for youths: (1) behavior that is bizarre, disruptive, or dangerous to the youngster or to others; (2) failure of the youngster to respond to outpatient services; and (3) home and community/social environments that are unable to cope with the youngster or that maintain or exacerbate the symptomology. RTCs typically serve the most challenging and seriously disturbed children and youths, whose needs are many and complex (Whittaker and Pfeiffer, 1994).

Placement in a RTC can originate through three sources: (1) parents or guardians; (2) the child welfare/social service system; and (3) the juvenile justice system (Smollar and Condelli, 1990). Children in residential treatment tend to be, or have been, clients of

all or most of the major children's services systems, child welfare, juvenile justice, and mental health (Whittaker, 2000). This study will focus on clients from the juvenile justice service system, namely adolescent males between 13 and 18 years age that are on probation (Welfare and Institutions Code, Section 602: Wards of the court).

Group homes are RTCs whose origins may be traced back to the late 1960s and early 1970s when there was a movement in the child welfare field to develop programs that would deinstitutionalize mental health treatment for children and adolescents who were not severely mentally ill or violent (Smollar and Condelli, 1990). In general RTCs are viewed negatively. The reasons for the negative view are varied, ranging from the absence of hard indicators of successful long-term outcomes to inadequate models of residential group treatment to high unit costs (Whittaker and Pfeiffer, 1994). The place of residential treatment in the continuum of child services is being challenged largely for economic reasons (Matthys, 1997). Based on data from seventeen states, the average cost of private residential treatment was more than \$52,000 per episode, with an average length of stay of 15.4 months (Smollar and Condelli, 1990). Additionally children that are placed in RTCs are often labeled as mentally ill or emotionally disturbed, and some studies have reported that labeling can result in increased dependent behavior and a lack of motivation to change,

making treatment efforts unduly difficult (Smollar and Condelli, 1990).

Clients as Consumers

In assessing program effectiveness, behavioral outcomes are often the focus of evaluative studies (Chan and Sorensen, 1997). During the past decade the movement to empower consumers in all areas of social work practice has been joined by a growing recognition of the importance of the consumer's perspective in assessing and monitoring health and social services (Geron, 1998). Determining client satisfaction is an important component of any program evaluation, but little has been done to assess the satisfaction of residents of residential care homes with major program services and environmental factors (Davis and Gerrard, 1993).

The recent preoccupation with the measurement and evaluation of mental health services has resulted in a growing interest in the assessment of consumer satisfaction (Stallard, 1996). Current child mental health systems emphasize the importance of consumer satisfaction and a child-centered approach (Shapiro, Welker, and Jacobson, 1997). This has become of more importance as children are entering the mental health service system in larger numbers and with more severe disturbances (Beck and Meadowcroft, 1998). One of the most important developments in social

work during the past decade has been the movement to empower consumers in all areas of practice (Geron, 1998). Consumer satisfaction is, therefore, increasingly being highlighted as an important objective of health care, a key determinant of service quality and a useful indicator of outcome (Stallard, 1996).

Mental health studies have tended to define the consumer as the recipient of direct therapy and have typically focused on assessing the satisfaction of one person involved in the process (Stallard, 1996). The growing influence of the consumer movement on mental health services has forced recognition of the importance of understanding the consumer perspective on mental health and social problems and on consumers' personal experience of day-to-day care (Webb and Clifford, 1999). Although feedback received from adults in the field of mental health has been measured for the past two decades the methods of assessing young client's satisfaction with their services has lagged behind and it is only recently that it has begun to be studied (Shapiro et al 1997). One reason that has been given is that young people lack the ability to make meaningful judgments about the complexities of mental health treatment (Shapiro et al 1997).

The use of client satisfaction surveys can lend important insights in program evaluation and client perceptions of the provider-client relationship have been

shown to affect treatment compliance (Davis and Gerrard, 1993). Various researchers have viewed satisfaction as the degree of discrepancy between expectations and experience (Oliver 1979 cited in Stallard, 1996). These gap models propose that satisfaction occurs when experience is equal to or greater than expectations, with dissatisfaction occurring when the experience fails to achieve expectations (Stallard, 1996). Some researchers have argued that that the users' evaluations are not of the service but of their feelings about or experience with the services (Webb and Clifford, 1999). Although behavioral outcomes are important, they do not tap the clients' viewpoint, which can be crucial in assessing the acceptability of a program to clients and its perceived effectiveness in giving clients the tools they need to avoid future relapses (Chan and Sorensen, 1997).

The theoretical perspectives that have guided past research into client satisfaction with social services have included consumer satisfaction with mental health and social welfare services and program evaluation. Both of these perspectives will guide this research. Further research that will have to be included into this study include studying different client satisfaction surveys, and assessing validity and reliability of the instruments. A variety of methods have been used to assess satisfaction and elicit the views of service users and the methods vary

in terms of their complexity, expense, inclusiveness, specificity, and representativeness, with the satisfaction survey being the most common (Stallard, 1996).

The study will have to look at any methodological issues involved in conducting client satisfaction surveys in general and particularly with adolescents. This research project will then build upon studies that have attempted to measure client satisfaction with a social service agency but will differ by measuring the satisfaction of adolescent males on probation that have been referred to Trinity Children and Family for treatment. Further literature reviews in the areas of effectiveness of residential treatment facilities, client satisfaction with these agencies, and studies that have specifically used surveys that have taken into consideration developmental differences between adults and adolescents will also have to be looked at. Looking at developmental differences in the ways adults and youths think about mental health services may also be reviewed in the literature. By addressing all these factors it may be possible to answer the research question of this study. This research project set out to determine the level of satisfaction that the residents have with the agency's therapeutic services. The hypotheses for this project are: Does the total time spent in placement, age, or number of arrests affect the residents' satisfaction with agency services?; Is there a

difference in the level of satisfaction that the residents report for the four components of therapeutic services being measured (i.e. levels of satisfaction with their individual therapist, unit staff, case manager, and group therapist(s)?

CHAPTER THREE
METHODS SECTION

The specific purpose of this study is to assess the clients' satisfaction with the services provided by Trinity Children and Family Services. The agency has conducted internal program evaluations but it has not measured the clients' satisfaction with its services. Instead these program evaluations have focused on case records and documentation, physical plant condition, adherence to personnel policies, medical procedures, meeting community care licensing requirements, and the board and care of the clients. This study will allow the measurement of satisfaction that the clients have with the services that they are being provided with.

This sample was composed of 18 residents placed at Trinity Children and Family Services in Yucaipa, California. The residents ranged in age from 13 to 17 years of age. The sample consisted of eight Hispanic clients, four African-American clients, five Caucasian clients, and one Asian client. At the time that the data was gathered there were 22 Hispanic, 24 Caucasian, 18 African-American, and 2 Asian clients placed in Trinity. The instrument was administered to the clients in groups of three to eight in late March 2001 and in mid April 2001. It was given to the clients at the library located on the

facility's on-grounds non-public school. Permission was given by the school principle to administer the instrument during school hours.

Instrumentation

The research instrument that was used was the administration of a client satisfaction questionnaire to the clients of Trinity Children and Family Services in Yucaipa. This method has been used in past studies and it has been useful in measuring the satisfaction that clients' have had with human service agencies. The study used the Youth Client Satisfaction Questionnaire (see Appendix A for instrument). It was developed by Shapiro and his colleagues (1997) to measure the satisfaction of clients at a private, non-profit organization in a Midwestern state. The questionnaire is a 32-item measurement instrument that records its responses in a 4-point, Likert scale. It can be either be administered verbally or in printed form to clients.

Methodological limitations of this study are that only the satisfaction of the clients of one campus of Trinity Children and Family Services was measured, which limits the generalization of the data gathered to the other facilities and to RTCs in general. Another limitation is to be aware of the clients' inhibition to express dissatisfaction, which will bias the results.

Data Collection

Data that was collected for this study included the independent variables of age, ethnicity, gender, number of arrests, and total time in current placement. The dependent variables were related to the clients' satisfaction with their relationships with their therapists, case managers, child care workers, and their perceived benefit of therapy.

This study utilized a modified Youth Client Satisfaction Questionnaire (YCSQ) developed by Shapiro and his colleagues. The original instrument items are limited to questions regarding the client's interaction with their therapist. This study added questions about the clients' interactions with their case managers, group therapist(s), and child care workers.

The YCSQ was developed to generate items that represented the major parameters of young peoples satisfaction/dissatisfaction with services they received at a residential treatment facility in the Midwest. Shapiro et al (1997) assessed the reliability of the YCSQ by pre-testing and post-testing the instrument. Validity was assessed by using language in the instrument that someone with a 4.3 reading level could comprehend. If the instrument is administered verbally its comprehensibility improves. The modified form of the questionnaire was not assessed for reliability and validity due to the typical

attrition rate of clients placed in these agencies and the lack of parental consent for the clients to participate in the study. Cultural sensitivity was not addressed in the Shapiro et al study (1997).

One strength of the data collection for this study was that data was gathered directly from the clients. Another strength of this study was that demographic data and other data was cross-checked through a client file review. A strength of the instrument is that it uses easily understood written and verbal language. One weakness of this method was that the clients were limited to Likert scale responses, which did not allow for the clients to expand upon their responses if they had wished to. Another weakness was that data (i.e. number of arrests, time at first arrest, previous placements) was missing in the client files. The presence of the researcher may also be viewed as weakness as the client may have answered the questions differently in order to please the interviewer. Informing the clients both verbally and in writing that their responses will remain confidential and that their identity will remain anonymous may have minimized these limitations.

Protection of Human Subjects

The researcher protected the confidentiality and anonymity of the clients by ensuring that no identifiable

data could be tied to any one client. The data is reported in group form only. Additionally, an informed consent statement (see Appendix B) and a debriefing statement (see Appendix C) was attached to the instrument. The researcher removed the signed informed consent statements and stored them in a secure location so that the confidentiality and anonymity of the respondents will be assured. The data gathered from the clients was not sensitive in nature. The data gathered was about of clients' satisfaction with services that they have received.

CHAPTER FOUR

STUDY FINDINGS

Means and standard deviations were generated by using descriptive statistics. The mean time in placement is 6.94 months with a standard deviation of 2.77 months. For the variable of Age the mean is 14.61 years old with a standard deviation of 1.43 years. The mean number of Arrests is 2.94 with a standard deviation of 3.54 arrests. (See Table 1). Table 1 also contains means, standard deviations and alpha scores for the multi-item scales of satisfaction with individual therapist, unit staff, case manager, and group therapist. The mean for satisfaction with individual therapist is 2.13. This measure had a standard deviation of .66. For the scale of satisfaction with unit staff the mean is 2.43 with a standard deviation of .64. A mean of 2.18 with a standard deviation of .79 resulted from the analysis of the scale for satisfaction with case manager. For the scale of satisfaction with group therapist the mean is 1.99 with a standard deviation of .79. The analysis indicates that in general the residents are more satisfied than not with the agency's therapeutic services.

Alpha measures were utilized to determine reliability coefficients of the multi-item scales. The Alpha analysis was run on the four sub-categories of the instrument (Satisfaction with individual therapist - TXSAT, case

manager - CMSAT, unit counselors - DMSAT, and group therapists - GTXSAT). Cronbach's Alpha is .95 for the satisfaction with individual therapist, .92 for satisfaction with unit staff, .73 for satisfaction with case manager, and .93 for satisfaction with group therapist (See Table 1). The instrument's items had good reliability coefficients, with the exception of the Alpha scale for Satisfaction with Unit Counselors, which is marginal.

TABLE 1. Descriptive Statistics

Variables	Mean	Standard Deviation	Cronbach's Alpha
Time in Placement	6.94	2.77	
Age	14.61	1.43	
Number of Arrests	2.94	3.54	
Satisfaction with Individual Therapist	2.13	0.66	.95
Satisfaction with Unit Staff	2.43	0.64	.92
Satisfaction with Case Manager	2.18	0.79	.73
Satisfaction with Group Therapist	1.99	0.79	.93

Further description of the data is done utilizing histograms. Histograms were generated for the four sub-categories of Satisfaction with Individual Therapist, Unit Staff, Case Manager, and Group Therapist. (See Figures 1, 2, 3, and 4)

FIGURE 1. Satisfaction with Therapist

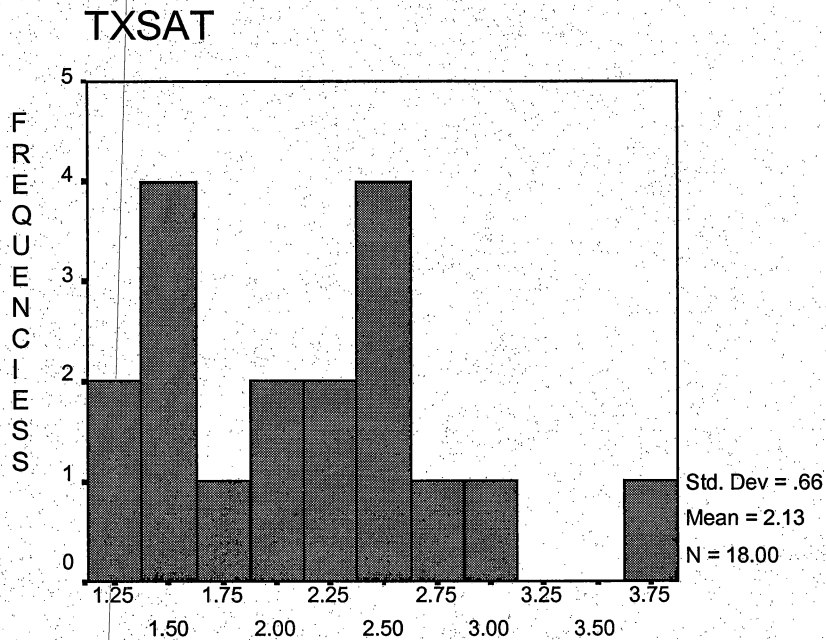
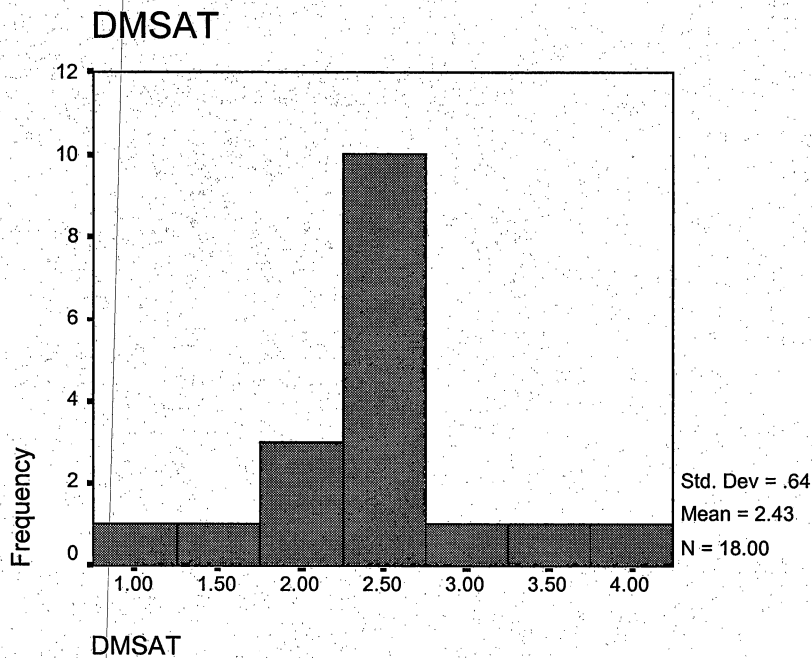


Figure 1 shows that the responses to the items for Satisfaction with Therapist are generally evenly spaced. The shape of the histogram is largely symmetrical with the exception of an outlying point. From this figure it can be assumed that the residents are largely satisfied with their individual therapist with the exception of the outlying client.

Figure 2 displays the client's satisfaction with unit staff.

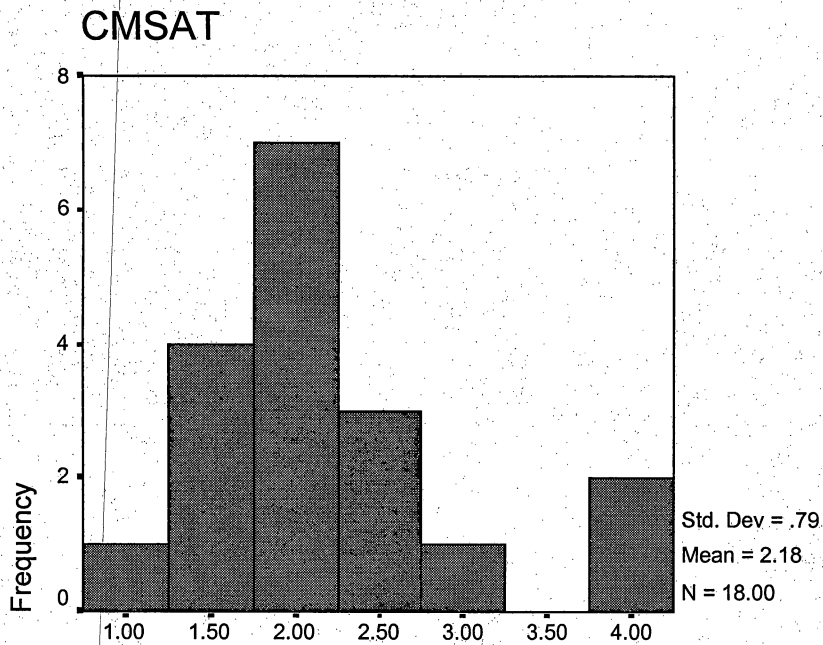
FIGURE 2. Satisfaction with Unit Staff



The data is very evenly distributed. The data distribution makes a bell-shaped curve that approaches a normal distribution. The effects of any outlying points do not appear to affect the symmetry of the histogram. This is the highest area of satisfaction that the clients have in the four sub-categories.

Figure 3 displays the clients' satisfaction with their case managers.

FIGURE 3. Satisfaction with Case Manager

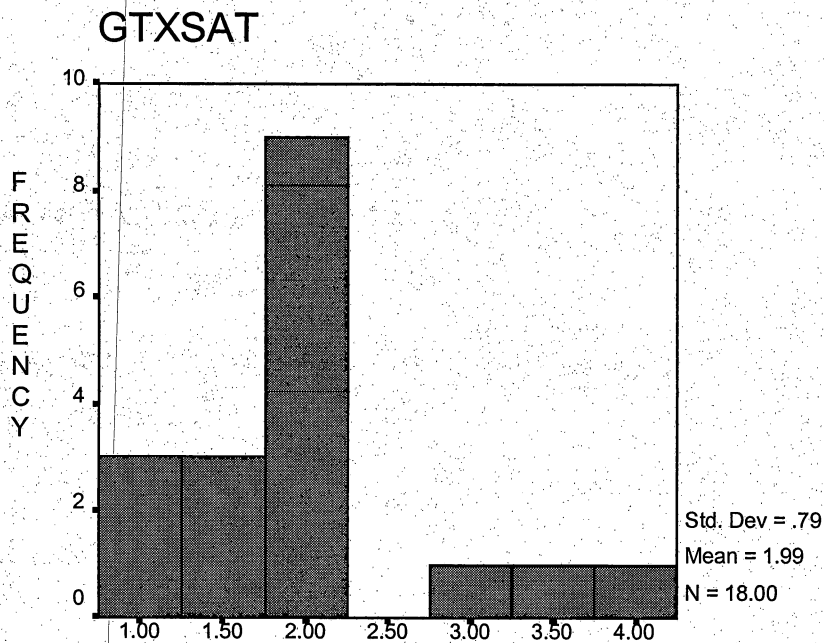


CMSAT

Figure three's data regarding Client Satisfaction with Case Manager is very symmetrical. There is almost a normal bell shape curve. However, there is an outlying point that distorts the symmetry. Client satisfaction with case manager is about the same as satisfaction with individual therapist (See Figure 1).

Figure 4 is the histogram that displays the data regarding the clients' satisfaction with their group therapist.

FIGURE 4. Satisfaction with Group Therapist



In Figure 4 it can be seen that the data is positively skewed. Its bell shape is not as symmetrical as the previous three histograms. This is the lowest area of satisfaction that the residents have with the agency's therapeutic services.

Hypothesis 1 was tested using correlational analysis. Table 2 presents the correlational analysis of the variables of Time in Placement, Age, and Number of Arrests with the four sub-categories of Satisfaction with Individual Therapist, Unit Staff, Case Manager, and Group Therapist.

TABLE 2. Correlational Analysis

	Satisfaction With Therapist	Satisfaction With Unit Staff	Satisfaction With Case Manager	Satisfaction With Group Therapist
Age of Client	-.110	-.104	-.066	-.167
Months in Current Placement	-.307	-.116	-.436	-.283
Number of Arrests	.523 (*)	.398	.705 (**)	.615 (**)

* .Correlation is significant at the 0.05 level (2-tailed).

** .Correlation is significant at the 0.01 level (2-tailed).

There were no significant results for sub-categories of Age of Client and Time in Placement. However, the correlation among Months in Placement and Satisfaction with Case Manager is $r = -.44$, which although not statistically significant is too large to not be considered important. The reason for it not being statistically significant is probably the result of the small sample size. It is likely that as a resident spends more time in placement he becomes less satisfied with the case manager.

The dissatisfaction maybe do to the amount of time and the quality of time that the case manager spends with the clients. Case Managers at this agency do not directly supervise the clients. Instead they manage the clients cases to insure that are making progress on their treatment goals. The case mangers at this agency are not trained psychotherapists and as such they when they counsel a resident it is not to address therapy issues but rather it

is about their progress in the program. Another factor that may be related to less satisfaction with the case managers is that the case manager determines when it is time for a resident to leave the program (graduate) and consequently the longer a resident remains in placement the more likely he is to view the case manager as keeping him in placement and away from his family and community.

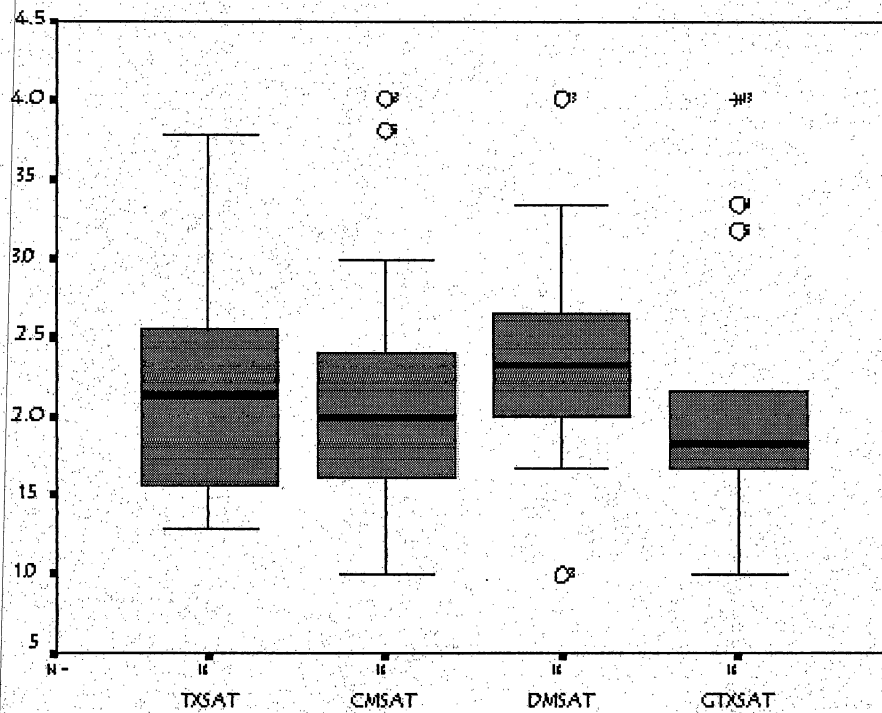
Three significant correlations resulted from comparing Number of Arrests with the sub-categories of Satisfaction with Therapist, Case Manager, and Group Therapist. The Number of Arrests correlated significantly with Satisfaction with Therapist at the $p = .05$ level. Significant correlations with Satisfaction with Case Manager and Group Therapist are at the $p = .01$ level. Hypothesis 1 appears to be partially supported by these correlations as Number of Arrests, but not the other variables, appear to affect the clients' satisfaction with agency therapeutic services.

Hypothesis 2 was tested to determine if there was any difference in the level of satisfaction among the four sub-categories. An F score of 2.79 was derived with the degrees of freedom being 3 and 51. Significance was at $p=.05$. The comparison of the means using repeated ANOVA showed that there are differences in the different areas of client satisfaction. The highest level of satisfaction was with the unit counselors. This level was greater than the other

three sub-categories. The next highest level of satisfaction was with their Therapist and Case Manager. These levels were about the same. The clients were, in general, less satisfied with their group therapists than with any other category.

Figure 5 (Box Plot) further illustrates the study's findings regarding the clients levels of satisfaction with the agency's therapeutic services and support for Hypothesis 2.

FIGURE 5. Box Plot



As can be seen the sub-category of Satisfaction with Unit Staff (DMSAT) has the largest satisfaction measure. The sub-categories of Satisfaction with Therapist (TXSAT)

and Case Manger (CMSAT) are about equal in measurement. The lowest level of satisfaction is with Group Therapist (GTXSAT). Several outlying points affect the data analysis but one in particular (Client 13) has been noted in other areas of this analysis.

CHAPTER FIVE

DISCUSSION

The results generated by this study indicate that the residents of Trinity Children and Family Services-Yucaipa are satisfied with the agency's therapeutic services. Descriptive statistics revealed that the majority of residents were satisfied with the agency's therapeutic services as evidenced by the choices that they made on the questionnaire. The analysis indicates that in general the residents are more satisfied than not with the agency's therapeutic services. On seventeen of the thirty-three variables more than three quarters of the residents surveyed either strongly agreed or agreed with the instrument item. No one variable received less than fifty percent of either strongly agreeing or agreeing with the statement. One resident indicated an answer of Strongly Disagree on all variables, which affected all statistical tests that were used. The reason as to why he did this is unknown, as an interview was not conducted with any of the residents after the administration of the instrument.

A surprising finding was that the client's number of arrests provided significant correlations with their satisfaction with unit counselors, individual therapist, and group therapist. What is surprising about these correlations is that the more arrests a client has the more

likely he is to be satisfied with everyone in the placement with the exception of the case managers. A strong correlational effect, but that was not statistically significant, was that the longer a client is in placement the less satisfied he is with the case manager.

The significant correlations among Number of Arrests and Satisfaction with Unit Counselors, Individual, and Group Therapists are likely to do with the amount of time and/or quality of time that the clients spend interacting with personnel in juvenile detention centers and in residential facilities. The clients are more likely to spend more time with direct supervision personnel (i.e. unit staff, probation correction officers, etc.) than with supervisory personnel (i.e. unit supervisors, case managers, etc.). As a client is arrested more times and spends more time in juvenile detention centers and residential treatment facilities the more likely that he is going to spend more time with direct supervision personnel than with supervisory personnel.

It is reasonable to assume that as the clients spend more time with direct supervision personnel that they are likely to build rapport with them and thus they are likely to feel more satisfied with them. Satisfaction with their individual therapist and group therapist is probably do to the intimate nature of psychotherapy. As the clients address their treatment issues, which are highly personal

in nature, with their therapists they bond with them and come to trust them. Consequently they are more likely to be more satisfied with their therapists. The strong effect among number of arrests and less satisfaction with the case manager the longer they remain in placement may be attributed to the residents perceiving the case managers as authority figures that prevent them from reunifying with their families as quick as they want to. In this particular agency it is the case manager that makes the recommendation to the treatment team about when a client is graduate from the program.

Support for the second hypothesis was found by measuring the clients' level of satisfaction in the different sub-categories. Repeated measures ANOVA revealed that the resident's level of satisfaction with different components of therapeutic services is different. It was expected that the residents would have different levels of satisfaction. Based on the data analysis the residents are more satisfied with the unit staff than with any other sub-category being measured.

The weakness of this study was that only a limited sample was drawn from the total population of the agency. Of the 66 residents only 18 or approximately 28 percent of the residents participated after receiving signed parental consent for their children to participate in the study. A larger sample would probably yield better results.

Generalizations drawn from the analysis can only be made for this particular agency and even then one has to consider the limitations of the study. However, it is still important for social service agencies to periodically evaluate their client's satisfaction with agency services. By not determining client satisfaction social service agencies will not be able to determine if their services are actually helping their clients or if the agency needs to make adjustments to their services.

Additional Comments

Determining client satisfaction is an important component of program evaluation. This is even more critical when society considers the possible outcome of not providing effective interventions for adolescents involved in criminal activity. In the state of California there are approximately 32 prisons for adults and the California Youth Authority has an approximate 14 detention facilities serving ages 14 to 25. Large counties in California have at least two juvenile detention facilities and with a need for more. Less populated counties all have at least one juvenile detention facility. It is generally believed that with early intervention into the lives of delinquents they can be prevented from becoming adult criminals. Group homes and residential treatment facilities are a resource in provision of services to criminally delinquent youth.

Despite the unpopularity that group homes and residential treatment facilities have with the general public, to date they have been a viable alternative to keeping adolescents detained in juvenile centers. Group homes and residential treatment facilities typically provide services to the most challenging and seriously disturbed children and adolescents in our society. These children and adolescents because of their unmanageable behavior, including criminal activity, or emotional disturbances are usually unable to function in their environment without serious consequences for themselves and for their family and communities.

Of the approximately 500,000 children and adolescents that are placed in out-of-home placement in the 1990s about twenty-five percent live in residential treatment facilities (Whittaker, 2000). Based on these large numbers it is imperative that group homes and residential treatment facilities evaluate the satisfaction of the children that they provide services too. By failing to do this one can assume that these agencies will only serve as warehouses until the children become adults and find themselves incarcerated in prison.

Conclusion

Although this study is limited its application to other residential treatment facilities it did serve the need of beginning the process of evaluating the resident's satisfaction with agency therapeutic services. Overall it can safely be said that the residents of Trinity-Yucaipa are generally satisfied with their interactions with their therapists, case managers, and unit staff. Now that social service agencies perceive their clients as consumers it will be imperative that they deliver quality services to insure that the clients receive the maximum benefit out of such services. By not evaluating client satisfaction with agency services, in this case residential treatment facilities, one can only assume that children and youth with severe emotional and behavioral problems will continue their downward spiral into problems that will only lead to their incarceration in detention centers or prisons. It is often said that children are our future, and in this case all children not just the ones that manage to avoid problems with the juvenile justice system are the future. This study has then serve the purpose of at least asking these troubled children about how they feel about the therapeutic services that they receive.

APPENDIX A:
YOUTH CLIENT SATISFACTION QUESTIONNAIRE

Relationship With Therapist

1. My therapist understands me

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

2. My therapist has good ideas that help me

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

3. I like my therapist

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

4. I enjoy participating in sessions with my therapist

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

5. I believe my therapist cares about me

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

6. My therapist understands the kind of people in my family and neighborhood

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

Benefits of Therapy

7. I feel differently now because of therapy

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

8. Therapy has changed the way I feel about myself

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

9. I act differently now because of therapy

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

10. Therapy has changed the way I get along with my family

Strongly Agree₁ Agree₂ Disagree₃ Strongly Disagree₄

11. I have learned things in therapy that have helped me in my life
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
12. I understand my goals in therapy
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
13. Therapy has helped my problems get better
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
14. All in all I feel good about my therapy
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
15. Therapy has changed the way I get along with others
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
16. It is easy for me to talk about problems with my therapist
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
17. It is hard for me to talk about problems with my therapist
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
18. Therapy has changed the way my parents (mother, father, other Caregiver) act towards me
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
- Relationship with case manager
19. My case manager/dorm supervisor understands me
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4
20. My case manager/dorm supervisor has good ideas that help me
- Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

21. I like my case manager/dorm supervisor

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

22. My case manager/dorm supervisor cares about me

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

23. My case manager/dorm supervisor understand the kind of people in my family and neighborhood

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

Relationship with living unit counselors

24. The unit counselors help me

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

25. I like my unit counselors

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

26. The unit counselors understand me

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

27. I can talk easily with the unit counselors

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

Benefits of Group Therapy

28. Special Group therapy has helped me

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

29. I have learned things in special group that will help me after placement

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

30. The special group therapist or therapists understand me

Strongly Agree 1 Agree 2 Disagree 3 Strongly Disagree 4

APPENDIX B:
INFORMED CONSENT FORM

DO NOT WRITE IN THESE SPACES

31. I understand my treatment goals in special group therapy.

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

32. Special Group therapy has helped my problems get better

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

33. I like my group therapist or therapists

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

The study in which you are about to participate is designed to investigate the relationship between client satisfaction and agency services received. This study is being conducted by Jose Quiroz under the supervision of Dr. Rosemary McCaslin, professor of Social Work. This study has been approved by the Institutional Review Board of California State University San Bernardino.

In this study you will be given the Youth Client Satisfaction Questionnaire. Only questions pertaining to your satisfaction with agency services will be asked. This questionnaire requires 15-20 minutes to complete.

Please be assured that any information you provide will be held in strict confidence by the researcher. At no time will your name be reported along with your responses. All data will be reported in group form only. I will remove the Informed Consent form from the survey in order to protect your confidentiality. Please remove the Debriefing Statement at the end of the Survey and keep it for your records. At the conclusion of this study, you may receive a report of the results.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study. Participation in this study will in no way effect your treatment program.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

APPENDIX C:
DEBRIEFING STATEMENT

Thank you for participating in this study.

The study that you have participated in will explore the level of client satisfaction with services that you have received from Trinity Children and Family Services. The reason for exploring client satisfaction with agency services is to determine if the services have made a significant impact in your life.

Please feel free to express any feelings that you may have now regarding your participation in this study. Your identity and responses to the survey questions will be held in strict confidence and the researcher requests that you do not discuss the nature of this study with other participants.

If you are interested in the results of this study or have any questions about the study at any time, you may contact the researcher at (909) 797-0114 and/or Dr. Rosemary McCaslin at (909)880-5507. Complete results will be available after June 2001.

APPENDIX D:
PARENTAL CONSENT FORM

Dear Parent/Guardian,

My name is Jose Quiroz and I am a graduate student at California State University, San Bernardino. I will be conducting a study a Trinity Children and Family Services- Yucaipa. The nature of the study is to determine the children's satisfaction with the agency's services. The information that the children will be providing in the survey will not be of a sensitive nature. I will be administering a client satisfaction survey to the clients that will take approximately 15 to 25 minutes to complete. I will assure the confidentiality of the study's participants and the data will only be reported in group form. I will physically remove their informed consent from the survey so that their identity will remain confidential. Your child will be free to withdraw from the study at any time and their participation in the study will in no way affect their treatment program. If you have any questions please contact this researcher at (909)797-0114 or (909)345-3204 or Dr. Rosemary McCaslin, at California State University, San Bernardino at (909)880-5507. This study has been reviewed and approved by the university's Institutional Review Board. Please indicate below if your child has permission to participate in this study.

Sincerely,

Jose Quiroz

Child's Name _____

_____ I give my consent for my child to participate in this study.

Parent's signature _____

Date: _____

NOTE: The letter sent to parents was on agency letterhead

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