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Evaluation for Intensive Home Community Based Services: A Program for At-Risk Youth and their Families

Bonnie Tali Cooper/Scheff
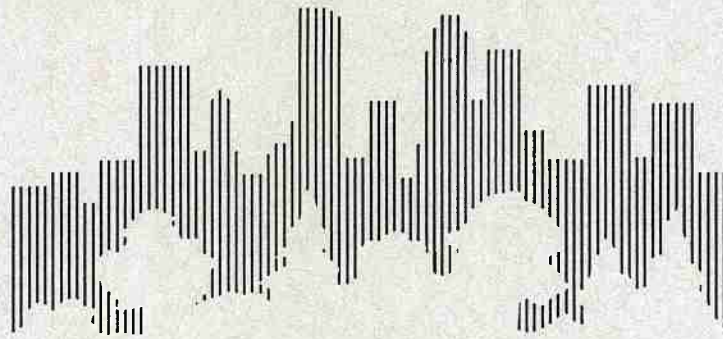*Augsburg College*

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MASTERS IN SOCIAL WORK THESIS

Bonnie Tali Cooper/Scheff

Evaluation for Intensive Home Community Based Services: A Program for At-Risk Youth and their Families

1996

EVALUATION FOR INTENSIVE HOME COMMUNITY BASED

SERVICES:

A PROGRAM FOR AT-RISK YOUTH AND THEIR

FAMILIES

BONNIE TALI JOY COOPER/SCHEEF

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF SOCIAL WORK

AUGSBURG COLLEGE

MINNEAPOLIS, MINNESOTA

JUNE 1996

Master of Social Work
Augsburg College
Minneapolis, Minnesota

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

has been approved by the Examining Committee for the thesis
requirements for the Master of Social Work Degree.

Date of Oral Presentation: 4/8/96

Thesis Committee:

Thesis Advisor

Thesis Reader

Thesis Reader

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DEDICATION

I dedicate this thesis to my father, who died two days before my graduation. Dad taught me that to challenge myself is to grow. Dreams are the reality waiting to happen. My father gave to me gifts that are lost in words. Thank-you Dad and I love you.

To my brother Keith, who gives me encouragement, love and a sense of family. Your unconditional love and acceptance has been my yellow light. Your ability to be who you are has added strength to my life, teaching me how to remove the blanket of shame.

To the children I work with, you have taught me how to work with you, you have taken risks with me so that I might learn and never forget, I too, was once a child.

ACKNOWLEDGMENTS

I wish to thank three outstanding individuals for their assistance.

George Dubie, for the support and encouragement you provided. Your spirit truly makes this world a better place to live in. You are a mentor to me in many different areas of my life. There are no accidents in life. I value your knowledge and love you possess for humankind. Your assistance in helping me balance my life greatly contributed to my completing this thesis.

Dr. Blanca Rosa Egas, for the challenge and growth you have provided to me. You have been a powerful role-model that leads by power-of-example, providing courage and strength to those lives you touch. I feel fortunate to have had the opportunity to be a student of yours and have you as one of my thesis advisors. Thank you Dr. Egas for all you have given to me.

Karen Christensen, my friend, sponsor and confidant. Your commitment to honesty and friendship has given me the strength to continue my journey. I appreciate the time and effort you have contributed to making this thesis a reality. Your dedication in being present in the moment is one of your greatest attributes shared with me.

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CHILDREN ARE THE WORK OF LIFE

WE WERE YOUNG ONCE

AND SOMEONE TOOK CARE OF US

NOW IT IS OUR TURN

CREE PROVERB

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ABSTRACT OF THESIS

"EVALUATION FOR INTENSIVE HOME COMMUNITY BASED

SERVICES:

A PROGRAM FOR AT-RISK YOUTH AND THEIR

FAMILIES"

Tali Bonnie Joy Cooper/Scheff

The purpose of this longitudinal evaluation study was to examine client perceptions of the Home Community Based Services Program (HCBS) located in two rural counties in Central Minnesota. It was hypothesized that adjudicated youth (ages 12-17), who have access to the HCBS Program may experience less out-of-home placements and less criminal re-offending. Data was collected utilizing two surveys, one at exit of services, and one six months after discharge of services.

Findings indicated clients perceived the HCBS Program a positive experience introducing change in the family system. Less out-of-home placement was experienced for youth involved in the HCBS Program.

The literature review formulated that a need exists for specialized intensive programs targeting high-risk youth. Previous research provided a construct supporting community based programs as intervention sites for high-risk youth and their families.

Cost effectivness gained revelence in conducting the literature search. The cost per residential placement for one youth is approximately $40,000 per year, (Social Services Census Report, 1995), HCBS Program's cost $53,000 per year.

INTRODUCTION

PROBLEM STATEMENT

Juvenile offenders in Minnesota have increased in numbers by 62% in the last five years (Minnesota Department of Corrections, 1995). Juvenile offenders are described as youth between the ages of 12 and 17 that are on probation. The term adolescence and youth are used interchangeably in this thesis. The Department of Corrections indicated in it's report that juvenile offenders experience a 72% ratio of more than one out-of-home placement and multiple reoffences before the age of 18. (Minnesota Department of Corrections, 1995) The caseloads for juvenile probation agents have more than doubled as a result of increased juvenile crime. The cost of one youth for approximately 9 months is $40,000. County and state dollars are exceeding the limit available to fund out-of-home placements (Correctional Census Report, 1995).

Adolescence is a time of major developmental changes in children and parents; it is a time of significant transformation and realignment in family relationships (Small & Eastman, 1991). Small and Eastman (1991) indicate these changes are affected by variations in intrafamilial factors such as: marital relationships, economic resources, social resources, and change in family structure. By the year 2000, the number of U.S. adolescents/youth will exceed 22 million, representing a projected 26% increase during the 1990's for the only age group not to improve in mortality since 1960 (Curtis, 1992).

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Adolescents/youth seldom seek help from professionals for social and behavioral problems. (Curtis, 1992). Youth involved in the correctional system are high-risk for social and behavioral problems, they also require intensive program services to institute changes in high-risk behaviors. (Downs & Rose, 1992).

Understanding programs that will postulate intervention for adjudicated youth are a challenge. Empirical studies have been accomplished indicating the nature of the problems youth face, however, methods of intervention are still ambiguous. (Brewster, Billy & Grady, 1993).

PURPOSE OF STUDY

Hypothesis for this research study states: "Youth that have access to the Home Community Based Services Program may experience less out-of-home placement and less criminal re-offending."

The Home Community Based Services Program (HCBS) helps adjudicated youth remain in the community with their families. The HCBS Program offers a wrap-around service linking youth and their unique socialization process. Youth and their families may benefit from a more individualized service offered in the community they live in. Intervention provided in youth's home and community may provide alternatives to out-of-home placement.

The purpose of this evaluation is to provide the HCBS Program a knowledge base in the evaluation of services and outcome. Evaluation

will expand on the perceptions of its participant's experiences during and after involvement in the program.

The impetus for this study came from the state evaluation service team. The evaluation team, along with the HCBS Program team, identified a need for additional research on the subject of adjudicated youth. A question asked by team members, " what programs cause a desired behavior change for youth and families?"

KEY WORDS USED IN THIS STUDY

Juvenile Offender: Adolescent/youth between the ages of 12 and 17 who has been found guilty of committing a crime.

Adjudicated Youth: Adolescent/youth who has been placed on probation due to criminal involvement, adjudicated meaning the person is not considered an adult.

Adolescent/Youth: A young person between the ages of 12 and 17. Adolescent and youth will be used interchangeably in this research study.

High-Risk: Adolescent/youth who has exhibited criminal and anti-social behavior; a youth who has committed at least one felony and/or several misdemeanors. A youth who has experienced at least one out-of-home placement due to criminal involvement.

Satisfaction: How participants rated the HCBS Program services.

RESEARCH QUESTIONS

The three research questions leading this study are:

    1. How satisfied are the participants when exiting

       the HCBS Program?

    2. What are the participant's perceptions of the

       of the effectivness of the HCBS Program Services?

    3. Six months after discharge, were the objectives

       of preventing out-of-home placement and criminal

       involvement met by the youth?

IMPORTANCE OF STUDY

Evaluation focuses on assessing effectiveness or efficiency of programs. Results will have immediate practical use in assessing operation also. Human services practice are based on a knowledge of human behavior in the social environment (Monette, Sullivan, & DeJong, 1990). Evaluation is an integral part of human service programs. Monitoring implementation of existing new programs helps to determine effectivness in goal achievement and delivery of service. Evaluation is also a way to measure whether a program has unintended consequences that are desirable or undesirable.

HOME COMMUNITY BASED SERVICES PROGRAM

DESCRIPTION

Home Community Based Services Program (HCBS) was developed in two rural counties located in central Minnesota as a response to increased criminal activity and multiple out-of-home placements of adjudicated youth (Social Service Census Report, 1993). The HCBS Program offers a wrap-around service that links the following services in one program: individual services, family-based services, peer group services, and community skills learning services.

SUBJECTS INVOLVED IN THE PROGRAM

The youth involved in the Home Community Based Services Program (HCBS) are between the ages of 12 and 17 and on probation in rural communities in two counties. There is an overrepresentation of males in the probation system in these two counties.

These youth have been described by the correctional system as chronic criminal offenders who are resistant to following societal rules (MN Department of Corrections, 1994). The youth involved in the HCBS Program have committed at least one to five felonies and several misdemeanors. Youth share two similarities: they are at-risk for out-of-home placement and have multiple criminal offenses.

LITERATURE REVIEW

RATIONALE FOR CONDUCTING THE LITERATURE REVIEW

Monette, Sullivan, and DeJong (1990) suggest a time frame for a literature review be no more than five years from the date of the research study. The time frame used in my literature review follows their recommendation. Two reasons influenced my decision for this time period. One, I used the last five years primarily to access the most recent studies and data on adolescent behavior. Second, the program I am evaluating is a new program addressing current behavioral problems existing for adolescents. This literature review includes information gathered that will establish a conceptual framework explaining what is needed for the development of youth in establishing healthy productive lives. Defining incarcerated youth, socialization, and out-of-home placement will expand on the conceptual framework in this study. The theoretical framework includes: Client-Centered Therapy (Egan, 1968), Rational Emotive Therapy (Cory, 1990), Existential Therapy (Cory, 1990), Developmental Tasks of Life Phases (Schuster, 1992), Maslow's Hierarchy of Needs Model (Schuster & Ashburn, 1992), Eric Ericson's Theory of Socialization (Schuster & Ashburn, 1992), Jay Haley's Problem-Solving Model (Nichols & Schwartz, 1995), and Salvador Minuchin's Structural Model of Family Development (Nichols & Schwartz, 1995).

My literature sources are grouped in five sections including the
literature summary:

* Adolescent Social Morbidity
* Adolescent/Youth Socialization
* Family Functioning: Out-of-home Placement
* Incarcerated Youth/Adolescent
* Summary of Literature Review

ADOLESCENT SOCIAL MORBIDITY

The National Invitational Conference on the future health of
adolescents was convened with support from the Maternal and Child
Health Bureau in Washington, DC. (Resnick, Harris, & Blum, 1994). The
goal of that conference was to identify the major health related concerns
that will face youth through the year 2000 and develop a blueprint for the
next 15 years for research, demonstration programming, and training.
According to Resnick and colleagues, the most powerful factors indicating
adolescent acting-out behaviors was caring and connectedness (Resnick,
Harris, & Blum 1994). The focus on caring as a protective factor
presented an important direction for program, policy, and practice. The
conference identified a shift toward social morbidity among young people,
meaning that the major threats to their health and well-being are
increasingly rooted in the organization, economics, opportunities, and
expectations of everyday life (Resnick, Harris, & Blum, 1994).

ADOLESCENT YOUTH: SOCIALIZATION

The onset of adolescence is a critical period of biological and psychological change for every child. Adolescence is a distinct stage in human development (Nightingale & Wolverton, 1993). Adolescence involves dramatic changes in environment. Adolescent social functioning can be described as developing coping mechanisms in meeting the demands of the environment. Social functioning implies relationships, interactions, and ways of functioning with other persons, social groups, and institutions. Human development is very complex as are the systems that influence adolescent adjustment to the process of socialization.

This research study focuses on the specific sub-group of adolescents experiencing difficulty functioning in society. The subjects in this study are adolescents/youth between the ages of 12-17 who are on probation due to criminal involvement. The adolescents/youth in this study are considered high-risk because of multiple criminal offenses and out-of-home placements.

The developmental tasks of life phases consist of eight phases. The third phase, toddler and preschool stage, focuses on recognition of self as a person and learning to be socialized (Schuster, 1992). According to Schuster (1992), when socialization is interrupted before reaching the adolescent stage, the adolescent may experience any of the following: anger, lack of control, confused internal identity, and refusal to take responsibility for one's behavior. Maslow's Hierarchy of Needs Model not only emphasized the need for self-actualization, but when that need is

postponed, self-esteem is damaged (Martin, Yancey, & O'Connor, 1989). Belongingness and togetherness is required for an attachment of form; the quality of that interaction is more significant than the constant availability (Germain, 1991). Long-term ill effects when attachments are not formed include deviant behaviors, emotional disorders, a poor self-concept, and difficulties in loving and attaining love and intimacy, or even in cooperating with others (Germain, 1991). Attachment creates a sense of belongingness.

The adolescence stage according to Schuster (1992) is when the skills essential for adult living are acquired and relationships are formed outside the family of origin. Peer relationships are primary in the socialization process in an adolescent's life. The adolescent peer group plays a significant role in the development of it's member's self-identities and may impact values that encourage participation in a variety of behaviors including high-risk behaviors (Sussman, Dent, Stacy, Burton, & Flay, 1990). High-risk behavior in peer groups is sometimes interpreted as a move into powerful positions associated with adulthood or independence from authority (Talway, Nitz, & Lerner, 1990). Eric Ericson views socialization as a life-long process that takes place at birth and continues into old age (Eshelman, 1991). Ericson's stage five in the socialization process, "identity vs. role confusion," signifies the importance of identity and role conflict (Eshelman, 1991). When role-identity becomes distorted, the adolescent experiences rolelessness which may cause a major restructuring of survival skills depending upon how healthy the support systems are in the adolescent's life. A constituent in learning

Social Forces
- Political
- Economic
- Environmental
- Ideological

SOCIAL ENVIRONMENT

Mezzo Systems

Families   Groups

Macro Systems

Institutions   Cultures

Organizations

Communities

**Micro System
(The individual)**
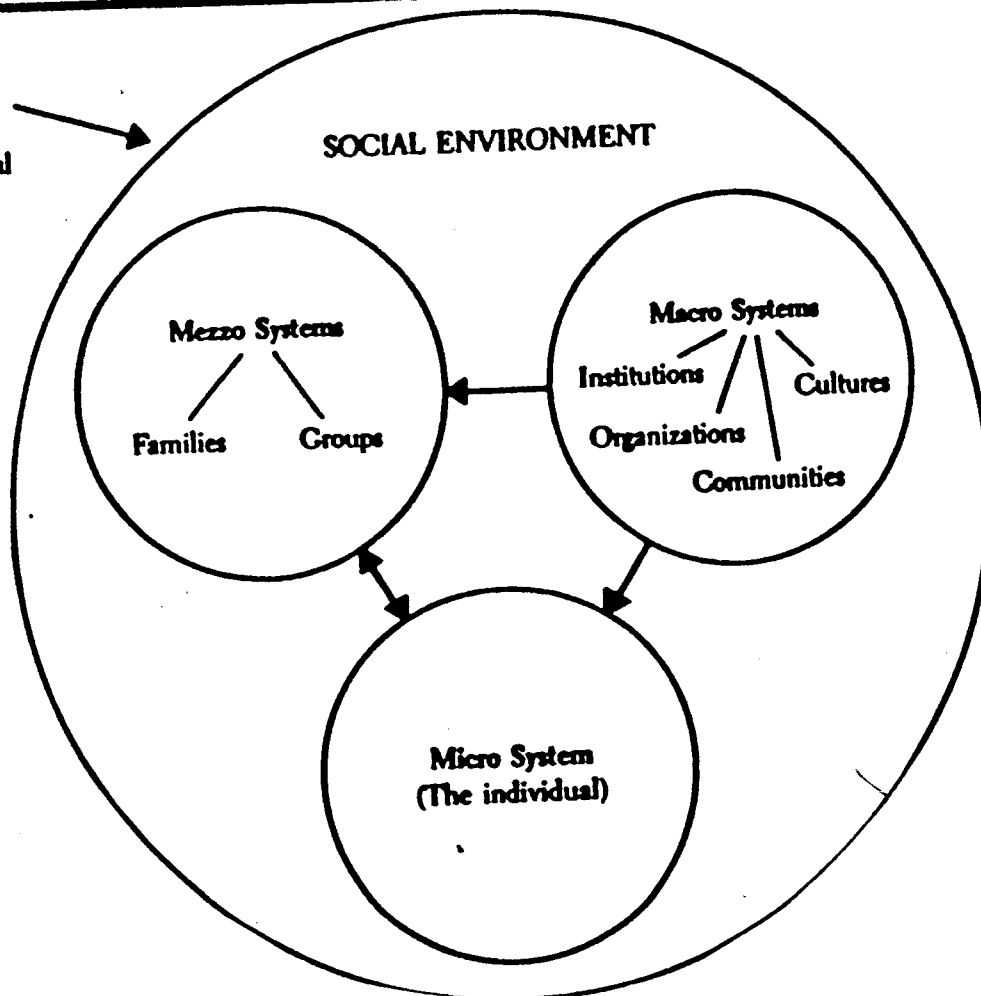
Zastrow, C., & Kirst-Ashman, K. (1994). Multiple interacting systems in the social environment. Understanding human behavior and the social environment. (3rd. ed.). (pp. 16-36). Chicago: Nelson-Hall Inc. Publishing.

how to work out solutions is part of socialization and an indicator of healthy pattern development is problem solving within social boundaries. Relationships and behavior exhibited by individuals were indicative of concern and needs. Social Systems Theorists view social systems in the context of reference to relationships among its parts: biological, physiological, and psychological (Johnson, 1992). Treating the individual (adolescent) in relationship to social environment may have a positive effect providing needs are met. The next page demonstrates the multiple interacting systems in the social environment; the macro, mezzo, and micro systems (Appendix F).

Adolescents want to be free of authority. Brickman and colleagues contend that a positive intervention for adolescents in seeking out their own autonomy was independent-living orientation programs rather than residential placements (Brickman, Dey, & Cuthbert, 1991). Lenning's research findings indicated that in order for an adolescent to adapt socially acceptable futures, a positive association to the work ethic must be conceptualized by the adolescent to produce high self-esteem (Lennings, 1993). According to Lennings, opportunity to form healthy work ethic attitude must be provided in work-training programs based in an adolescent context. (Lennings, 1993).

Adolescents attempting to express their own personal and immediate gratification have become increasingly sexually active (Rogers & Rowe, 1990). Environmental elements that affect adolescent sexual behaviors include: television, movies, magazines, and the myth of safe sex. Our society promotes sexual awareness to the extent of what we

wear. Elements of family and peer group patterns act to create similar sexual behavior for the adolescent (Moore & Boldero, 1991). Researchers need to be very careful to recognize the importance of both the common and unique contributions an adolescent experiences in reaching puberty. Predicting sexuality and appropriatenes were determined by many factors. Some of these factors include: sexuality practiced in the family unit, adolescent association identifying sexuality as a form of independence, peer pressure to engage in sexual contact, and biological stressors in becoming adults (Moore & Boldero, 1991). Social environment in the macro, mezzo, and micro systems have major impact on sexual adaptability youth face in social sexual development (Germain, 1991).

Frequent dieting among adolescents is causing serious health and behavioral problems. Examples of this include: biological growth functioning, retarded cognitive abilities, and poor sense of self (French, 1995). According to French (1995), one out of ten adolescents will experience a food disorder. Anorexia, bulimia, and bingeing on new fad diets are depleting the body of the nutrients required for healthy development and functioning. Females suffer from food disorders typically more than males, possibly because the pressure is to be thin and beautiful. It has been said that females are starving themselves to "fit in" (French, 1995).

Many factors exist in the socialization process for adolescents. High-risk adolescents adapt coping mechanisms that become solutions for survival such as theft, truancy, and resistance to social norms. Studies

and theories in this section of this research study emphasize treating individual in relationship to social environment.

FAMILY FUNCTIONING: OUT-OF-HOME PLACEMENT

We live in a society that no longer has a stereotypical definition of family. Family systems include single-parent, bi-racial, divorced, blended, extended, gay-lesbian couples. Existential therapists view family as part of the greater whole; believing it is not necessary to fit the expectations and prescribed roles society has placed on the traditional family in the past (Eshelman & Ross, 1991).

Parents and family are primary agents in the socialization process for children (Foxcraft & Lowe, 1991). The family's influence in problem-solving is an indicator of how adolescents will internalize learning skills to get needs met. Adolescents who are not taught learning skills in problem-solving were high-risk for criminal behavior because in trying to meet needs there is a lack of skill development. (Calabrese & Adams, 1990). Jay Haley's Problem-Solving Model views family as an inclusive system; the goal is to change individual member's behavior, thus, the family pattern will change (Nichols & Schwartz, 1995). Haley believes in working with high-risk adolescents and families, the key areas of focus are authority and resistance to accepting responsibility (Nichols & Schwartz, 1995). Small and Eastman believe that alienation and delinquency are empirically linked in adolescents who develop normlessness and a sense of separation from family. (Small and Eastman, 1991). Parents provide

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healthy support in a number of ways: basic resources, caring for the home, protecting child, guiding and supporting children's physical and psychological development, and advocating with the wider community on behalf of the child. The next page demonstrates the parenting adolescent scheme. (Appendix G). Parents operate differently in their ability to create coping skills necessary to provide healthy functioning for their children (Ku, Sonerstein, & Pleck, 1993).

Wells and Whittington conducted a longitudinal study in 1993 examining the functioning of children and families treated in an extensive family preservation program (Wells & Whittington, 1993). Subjects were studied at admission, discharge, and 9 to 12 months after discharge. Data from the study indicated a high level of risk exists when children are removed from their families and relationships become fragmented (Wells & Whittington, 1993). Wells and Whittington (1993) raised the question, are preservation services suited for families of adolescents at imminent risk of removal from their home? Mednick, Baker, and Carothers conducted a study that measured family patterns of stability (Mednick, Baker, & Carothers, 1990). According to both studies, family disruption (out-of-home placement) contributes to young adult criminal behavior According to Minuchin, disruption (out-of-home placement) creates restructuring of boundaries in response to family stress. (Nichols & Schwartz, 1995). Problems transpire when families are unable to restructure.

Salvador Minuchin views family as a sociocultural system that integrates demands of the larger macro society into the family system

Parenting Adolescents Scheme
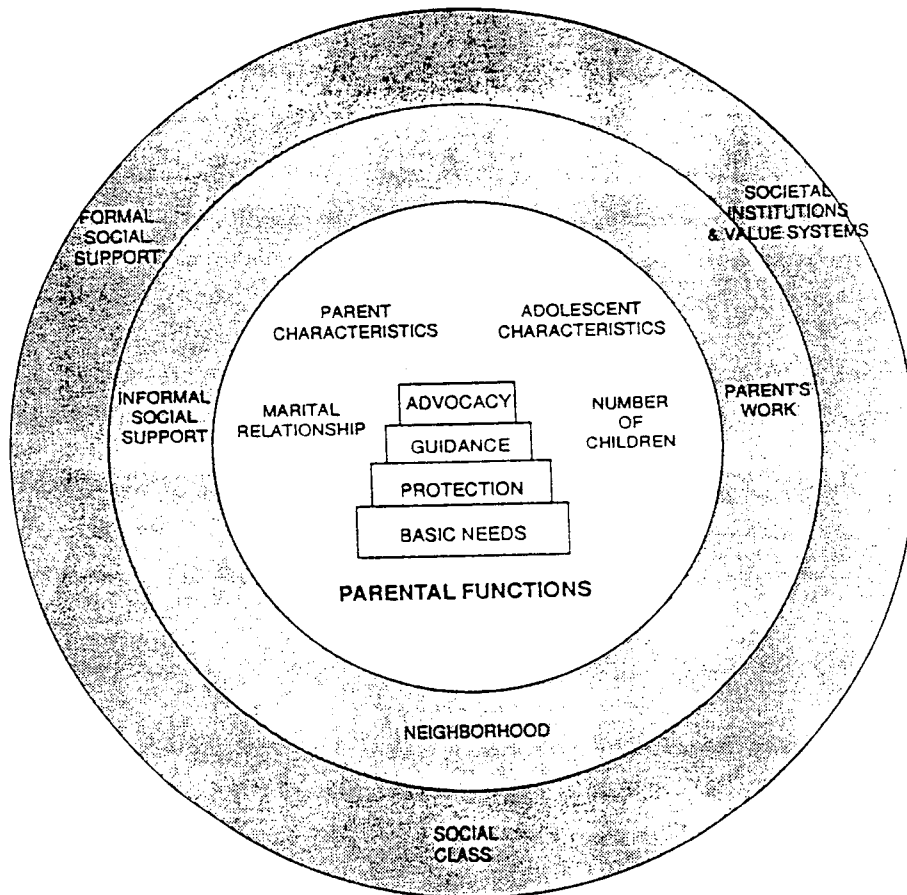
The figure shows a series of concentric circles. From outermost to innermost:

- SOCIETAL INSTITUTIONS & VALUE SYSTEMS
- SOCIAL CLASS
- NEIGHBORHOOD
- FORMAL SOCIAL SUPPORT
- INFORMAL SOCIAL SUPPORT
- PARENT'S WORK

Inner circle contains:

PARENT CHARACTERISTICS — ADOLESCENT CHARACTERISTICS

MARITAL RELATIONSHIP — NUMBER OF CHILDREN

A stacked pyramid labeled:
- ADVOCACY
- GUIDANCE
- PROTECTION
- BASIC NEEDS

PARENTAL FUNCTIONS

Talway, R., Nitz, K., & Lerner, R., N. (1991). Relations among early adolescent termperament, parent and peer demands, and adjustments: A test of the goodness of fit model. Journal of Adolescence, 13, 281.

(Nichols & Schwartz, 1995). The macro-system would include peer pressure, school, relationships in the community, economic status, and hierarchical position of the family (Nichols & Schwartz, 1995). The family and the macro-society transmit similar inherent needs for family functioning. Youth functioning in an unhealthy family system will tend to move into the macro-system to meet their needs. A cohesive relationship between family and environment were significant for learning problem-solving, coping mechanisms, and developing healthy family functioning.

INCARCERATED YOUTH-ADOLESCENT

Incarcerated youth/adolescent were defined as a young adult between the ages of 12 and 17 removed from family due to criminal activity and is on probation.

Youth on probation and incarcerated (out-of-home placement) have a 72% ratio of experiencing more than one out-of-home placement (Minnesota Department of Corrections, 1995). According to the Department of Corrections (1995), 62% of these youth will re-offend and commit crimes against people.

Calabrese and Adams (1990) conducted a cross-sectional study of incarcerated and non-incarcerated adolescents. Results indicated that incarcerated adolescents had significantly higher levels of alienation, isolation, and feelings of powerlessness (Calabrese & Adams, 1990). The high rates of recidivism indicated that a rejection of societal norms should be a major component of rehabilitation in programs for incarcerated youth

(Calabrese & Adams, 1990). Calabrese and Adams (1990) support the idea that incarcerated adolescents join and form peer groups associated with a set of specific behaviors: truancy, assault, theft, and resistance to authority and social norms. A culture of young people are possibly creating their own social norms to meet specific needs. Calabrese and Adam's findings indicated that separation from family may create more fragmentation from societal identification. School/community based programs were the best target for intervention. (Calabrese, Adams, 1990)

SUMMARY OF LITERATURE REVIEW

A concern exists in the literature review in two major areas: the rising number of adolescents exhibiting anti-social behavior and the need for programs that target the specific socialization needs of high-risk adolescents and their families. Adolescents in their own unique state of development are creating support systems that are resistant to social norms (Moore & Boldero, 1991).

As indicated in the literature review, not only is family one of the most important points of intervention in children's lives, family also contributes greatly in the socialization process in creating healthy, safe environments and support systems (Brewster, Billy, & Grady, 1993).

Relationships are key components in developing positive social behavior and adding meaning to life. Social support, family, school, social class, peer relationships, sexuality, chemical use, and community/neighborhood relationships are all significant in healthy social

development (Feiring & Lewis, 1993). Association in developing positive relationships to avoid criminal involvement needs to take precedence in healthy adolescent development. Role ambiguity is emphasized in adolescent adjustment. Feiring and Lewis during an interview with a 16 year old male who committed multiple criminal acts and experienced many out-of-home placements stated "how can I change what I do, I'm a troublemaker and a leader in a bad group?" (Feiring & Lewis, 1991). A powerful relationship exists in that statement in terms of power and relationship roles. Self-defeating behavior validates the prescribed role assigned to individuals in particular groups. The statement made by the youth is an example of self-defeating behavior. Denial, projection, and projective identification are dominant defense mechanisms that are learned early in the stages of personal development (Lewis, 1993).

Adolescent development is complex, this researcher asks if it is possible to address and implement programs that have an impact on changing high-risk behavior patterns associated with adolescent development? The literature reviewed expresses a need for specialized intensive programs that target youth involved in high-risk behaviors. The hypothesis for this study, "Youth that have access to the HCBS Program may experience less out-of-home placement and less criminal re-offending," attempts to answer this question in the form of evaluation of a program that targets the youth and families with similar characteristics investigated in this literature review.

METHODOLOGY

This longitudinal study is a program evaluation using existing data collected over a period of two years. The study is a combined effort of descriptive and exploratory research. Descriptive design provides variations of participant's experience in the Home Community Based Services Program (HCBS) and a range of individualized outcomes. Exploration design will provide an examination or feasibility in developing further study of the HCBS Program and may indicate why or what is effective in the service delivery of the program. Exploration will also yield new insights in an inductive process from the data gathered. (Rubin & Babbie, 1993). Existing data in the form of two surveys were collected by the HCBS Program's administrator over a period of two years. The first survey was completed at the discharge or exit of services. The second survey was completed six months after discharge of services. The HCBS Program's administrator sent the completed surveys to this researcher. Data analysis was univariate with individual participant responses compiled on a tally sheet and transferred to tables. The discharge exit survey consists of eleven open and closed-ended questions represented in tables one through three in the findings chapter. The six month follow-up survey consists of five open and closed-ended questions represented in tables four and five. Patton's suggestion to utilize content analysis was followed to identify coherent patterns and themes in the data collected. (Patten, 1987). The data collected are represented in groupings.

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SAMPLING

The sampling for this evaluation study was taken from existing data in the form of two client satisfaction surveys. Questions were open and closed-ended utilizing the Likert scale for the closed ended questions. The data were collected at the end of a two year grant cycle period.

The sampling was a representation of those subjects participating in the HCBS Program for both client satisfaction surveys. Subjects consisted of adolescents (and their families) between the ages 12 and 17 on probation who completed the HCBS Program. The sample was drawn on this specific population with the objective being to acquire the most comprehensive understanding of the subjects being studied.

The sampling for the first exit survey consisted of all subjects completing the HCBS Program (n=22) at the end of two years. The exit survey was given to all subjects at the closing session by the HCBS staff. A self-addressed stamped envelope was included with the exit survey. Completed surveys were returned by mail to the administrator of Greater Minnesota and then given to this researcher.

The six month follow-up surveys were mailed by the HCBS staff to all subjects six months after completion of the HCBS Program over a period of two years. The sampling consisted of all subjects mailed a six month follow-up survey (n=6). A self-adressed stamped envelope was included with the six month follow-up survey. Completed surveys were mailed to the administrator of Greater Minnesota and given to this researcher.

Sampling was drawn for both client satisfaction surveys from the same population completing the HCBS Program in a two year period of time. Subjects were not identified by name, gender or ethnicity. Logic for this decision was reached to protect subject's right to anonymity. Subjects completed the sampling instruments with the understanding and trust this policy would be followed.

Use of existing data for this research was approved by the Institutional Review Board at Augsburg College on November 30, 1995. The IRB approval number is as follows: 95-17-2 (Appendix A). To ascertain the quality of subject's protection, the National Association of Social Workers Code of Ethics in Schlorship and Research (Appendix C) was followed.

PROCEDURE

This researcher was authorized by the administrator of Greater Minnesota to use existing data from the HCBS Program. (Appendix B) Protection of individual rights and confidentiality was stressed. The following procedure in conducting this study was agreed between the director of Greater Minnesota and this researcher:

* The study was followed in a professional ethical manner.
* The administrator was available to this researcher through-out the study.
* My thesis advisor's name and phone number were given to the director of Greater Minnesota if he should need to contact her.

Surveys were completed by the participants of the HCBS

Program over a period of two year (n=22). A self-addressed stamped

envelope attached to the client surveys at the exit of services were

given to the youth and family. The same procedure in completing the

six month follow-up survey was followed with the exception of mailing

the survey to the youth and family six months after completion of

services. March 1, 1996 ended data collection. Surveys were mailed

to the administrator of Greater Minnesota and copies of the returned

surveys mailed to this researcher. Collaboration took place between the

administrator of Greater Minnesota and this researcher to protect against

intersubjectivity (Rubin & Babbie, 1993). Intersubjectivity was a

concern because of possible bias due to this researcher's personal

involvement with the HCBS Program.

DATA COLLECTION INSTRUMENTS

Prior to this study clients from the HCBS Program were asked

to complete two standard client satisfaction surveys. The data

collected for the two client satisfaction surveys took place over a

two year period of time and were collected by the administrator of

Greater Minnesota Family Services. The client discharge exit survey

and the six month follow-up survey analyzed how participants

perceived the services offered in the HCBS Program. Two sets of

existing data were analyzed in this study (Appendix D & E). One set

of existing data included a client satisfaction survey completed at the

close of services offered in the HCBS Program. The second set of existing data included a client satisfaction survey mailed to subjects six months after completion of services in the HCBS Progam.

The existing data compiled in the exit survey consisted of eleven questions that analyzed quality of care and delivery of program services. Client perceptions were analyzed in reference to knowledge and understanding the social worker possessed when delivering services. A content analysis was compiled analyzing other comments made by the clients who had received HCBS Program services.

The data compiled in the six month follow-up survey measured long-term program outcome and effectiveness. Program effectivness was analyzed in terms of positive change in child and family that continued to take place six months after closing of program services. Both surveys utilized closed and open-ended questions. A Likert scale was used to analyze closed-ended questions. Questions were designed to evaluate practice procedures, program performance and outcome. Program objectives measured include: child remained at home in community and child did not reoffend.

The client satisfaction surveys were not pre-tested because the instruments used for analyzing data were existing standard instruments utilized in the HCBS Program.

FINDINGS

SURVEY RESULTS

The research questions in this evaluation study are addressed in this section. The data were analyzed corresponding with recurring patterns and themes. Two surveys were used in this evaluation study. One at the exit of services and the second six months after discharge of service. The program time frame is 12-18 months. Twenty-two exit surveys were mailed out, eighteen subjects (81.1 percent) returned the exit survey. All respondents were either the parent or the primary caregiver.

The six month follow-up survey consisted of subjects that were included in the first set of surveys. Six surveys were mailed to youth and their families six months after discharge from the HCBS Program. Six surveys were returned. The number is small because of the time-frame participants were involved in the HCBS Program (12-18 months). The time-frame limited the number of youth meeting the criteria to receive the six month surveys.

Results of both surveys are recorded in Tables 1-5. Tables 1-3 present data collected from the exit survey, while Tables 4 and 5 give data collected from the six month follow-up survey. The data were analyzed corresponding to pattern and recurring themes.

TABLE 1

EXIT SURVEY

CLIENT PERCEPTIONS OF SERVICE DELIVERY

(N=18)

Question Number	Category of Perception	Response Category					
		5		8		10	
		#	%	#	%	#	%
1. staff sincerity, genuiness						18	100.0
2. consistent time-frame		1	5.6				
3. privacy & confidentiality						18	100.0
5. staff honesty		1	5.6				
8. extent family cooperated		1	5.6	2	11.2	15	84.0
9. goals established				2	11.2	16	89.6

A Likert scale of 1-10 represents participant's rating of service delivery. One represents the least desired response, 10 represents the most desired.

When subjects were asked if the staff person showed sincerity,

genuiness, privacy and confidentiality toward them/their family,

all 18 responded with "always"(response score of 10). Subjects rated

the extent the family cooperated and goals established "above average"

(response score of 8). All subjects with the exception of one rated

consistent time-frame, staff honesty and extent family cooperated

as "above average" (response score of 8 or more).

TABLE 2

EXIT SURVEY

CLIENT PERCEPTIONS OF THE UNDERSTANDING AND

KNOWLEDGE OF SOCIAL WORKER

(N=18)

Question	Category of Knowledge	Response Category					
Number	and Understanding	6		8		10	

		#	%	#	%	#	%
4. Knowledge of understanding		1	5.6			17	94.4
6. Crisis intervention, availability						18	100.0
7. Provide referrals		1	5.6	1	5.6	16	88.9

A Likert scale of 1-10 represents participant's ratings of service delivery. One represents the least desired response "never," while 10 represents the most desired response "always."

When subjects were asked if the staff person showed knowledge and understanding, 17 responded with "always" (response score of 10) and one subject rated "above average" (response score of 8). All subjects rated crisis intervention and availability with "always" (response score of 10). Subjects rated social worker's knowledge in providing referrals with "average," (score of 6) "above average," (score of 8) and 16 subjects rated "always" (score of 10).

The last two remaining questions on the exit survey are questions ten and eleven. Question ten asked if the family would use HCBS services again, 100% (n=18) responded to this question by answering "yes," they would use HCBS services again.

Question eleven is represented in Table three.

TABLE 3

EXIT SURVEY

CONTENT ANALYSIS OF OTHER COMMENTS BY CLIENTS

(N=14)

Response Category	#	%
Understood/Caring	12	85.7
Whole family treated	13	92.9
Needed support was given	9	64.3
Outcome was positive	13	92.9
Outcome was negative	1	7.1

The objective of question eleven was to examine specific practice areas delivered to families contributing to their success or failure in completing the HCBS Program. Participants responding to the question asking for "other comments," 13 (92.9 %) indicated that the whole family was treated. In the category "understood and caring," 12 participants (85.7 %) indicated that they felt understood and cared for. Participants responding to "other comments," 9 (64.3%) indicated that needed support was given by the social worker. Positive outcome was experienced by 13 (92.9%) of participants answering the "other comments" question, negative outcome was experienced by 1 (7.1%) participant answering the "other comments" question. This participant indicated a need to seek a psychologist rather than receive services.

Participant's written responses to question eleven on the exit survey were as follows:

"The program was good but we felt we needed psychological services."

"You are very understanding and caring. You utilize text book knowledge and clinical experience and individualize situations and personalities. We need this."

"Glad we had a chance to meet with someone who cares, the whole family worked together."

"We don't know what worked except that someone cared enough. It is difficult to find people who are willing to care and try to understand us when our family was so angry at each other."

"We got the support for change we needed and the whole family was treated."

"We needed the whole family to change and that happened, support was always available and the staff person understood our needs.

"Super supportive person we will miss weekly visits. The whole family was treated and it worked."

"Staff person helped in setting sensible boundaries, goals, positive change, hope other kids get this opportunity."

"Very dedicated to job and kids, supportive and worked with the whole family. We felt we needed to seek out a psychologist rather than using the HCBS Program.

"Glad we had a chance to meet with someone who cares."

"Above and beyond person with a respect for us and herself. We felt cared for and understood."

"This worked because the whole family was counseled together."

TABLE 4

SIX MONTH FOLLOW-UP SURVEY

N=6

PROGRAM WAS EFFECTIVE IN CREATING A
POSITIVE CHANGE IN CHILD

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

#	%	#	%	#	%	#	%	#	%
5	83.3	1	16.7	-	-	-	-	-	-

Question one of the six month survey reads: "I feel the program was effective in creating a positive change in my child?" Six participants responded to this question, five "strongly agreed" and one "agreed." This question responds to long-term outcome six months after youth were discharged from the program.

TABLE 5

SIX MONTH FOLLOW - UP SURVEY

N=6

PROGRAM WAS EFFECTIVE IN CREATING A
POSITIVE CHANGE IN FAMILY

Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
1		2		3		4		5	
#	%	#	%	#	%	#	%	#	%
3	50.1	3	50.1	-	-	-	-	-	-

Question two of the six month survey reads: "I feel the program was effective in creating a positive change in my family?" Of the six participants responding to this question, half, "strongly agreed" program services were effective in creating positive change in the family and half, "agreed."

Next, when asked on the six month follow-up survey if the child has remained in the home, all six answered affirmatively.

Question four on the six month follow-up survey asked if the child reoffended, five subjects responded, "no " to this question.

The last question on the six month follow-up survey asks, "would you use HCBS Program services again?" All subjects (n=6) responded "yes" to this question.

DISCUSSION

HOW PARTICIPANTS PERCEIVE PROGRAM SERVICES

The research questions answered by the participants of the HCBS Program were as follows:

1. How satisfied are the participants when exiting the HCBS Program? The association existed between positive outcome perceived by the participants and treatment administered to the whole family. The discharge exit survey indicated one client/family was not satisfied with program services. The family indicated on the comment section of the survey its reason for being dissatisfied was a lack of psychological services offered in the HCBS Program. This comment was an asset in assisting the HCBS Program to address gaps in delivery of program services.

2. What are the participant's perceptions of the effectiveness of the HCBS Program Services? Client/family perceptions reported that support was given as needed, crisis intervention and advocacy were effective, and overall, program services were effective. Crisis intervention is an important program component when working with high-risk youth. Consistent with the literature, specific programs targeting specific needs give evidence that community-based programs provide a construct for crisis intervention. The HCBS Program located in the community made crisis intervention more readily available at the time the crisis occurred.

Findings were consistent with the literature indicating adolescent acting-out behavior is associated with a lack of caring and disconnectedness. (Resnick, Harris & Blum, 1994). Analysis of the data indicated youth and families rated caring and understanding as above average.

youth and families rated caring and understanding as above average.

3. Six months after discharge, were the objectives of preventing out-of-home placement and less criminal reoffending met by the youth? Six questionnaires were mailed and returned. Results were positive, six youth remained at home in their community and one of the six youth had reoffended. Participants rated services above average. All six responded "yes" to utilizing the HCBS Program again. All participant's perception of program effectiveness in creating positive change in their family and child were rated above average.

In terms of dollars and cents, the average cost per out-of-home residential placement was $45,000 per youth. The HCBS Program has been effective in saving county dollars in the last two years in reference to preventing out-of-home placements. The HCBS Program service costs $55,000 per year.

LIMITATIONS

This evaluation study is not without limitations. The study sample is small (due to the new onset of the HCBS Program) and specific. The sample was one of non-probability which limits the findings. Generalizability is present in the study. In the best interest of the subject, ethnicity nor gender was recorded, this was to ensure anonymity and confidentiality. Findings are limited to the eighteen subjects involved in this evaluation study and cannot be generalized to the entire population.

The geographic area was limited to rural community, the sample homogenous.

Published researchers were included in this study, bias may exist towards research whose view are consistent with acceptable mainstream social ideas.

Existing surveys did not allow for other areas of interest to be measured.

Rubin and Babbie (1993) explain the bias that exists when intersubjectivity takes place is difficult to avoid. Although constraints were taken to ensure protection against intersubjectivity, norms of science are difficult to avoid.

The information presented in this evaluation study while important and relevant to the field of social work, is limited to a specific population.

RECOMMENDATIONS AND IMPLICATIONS FOR
SOCIAL WORK PRACTICE

RECOMMENDATIONS FOR PRACTICE

High-risk youth possess multiple problems and are becoming a
group that is complex and difficult to work with. A shortage of
programs addressing specific issues for high-risk adolescents
and their families contribute to the problem. As care providers
we can work together to provide care and support.

Adolescence is a time of major developmental change for children
in their environment. The literature states, "youth today are finding
themselves in trouble at a younger age, experiencing detachment to
social norms with lack of goal orientation." (Calabrese & Adams, 1990).
High-risk youth face an even greater challenge due to violence and
multiple out-of-home placements. Criminal reoffending has increased
out-of-home placements by 72%. (MN Dept. of Corrections, 1995) No
easy answer exists, agreement among care providers clearly indicates
concern in the rise of juvenile delinquency among our young.

Attempts are being made to understand how specific needs can be
met for this growing population with multiple problems.

Caregivers need to have an understanding of developmental
changes in adolescents and their families. (Small & Eastman, 1991).
Adolescents seldom seek help for social and behavioral problems.
Youth involved in the correctional system are youth that do not seek
help but that have high-risk factors contributing to their resistance
of social norms, high-risk factors include: chemical use/abuse; poverty;
dysfunctional family systems; lack of education and social support,

anger; and lack of care and connectedness to their environment. The literature review provided a number of studies have been completed identifying high-risk factors but few programs exist that address those high-risk factors.

High-risk adolescents are not typical, their needs are more intensive. The adolescents in this evaluation study share two common characteristics: they are at risk for out-of-home placement and have experienced multiple criminal offenses.

The findings section of this evaluation study emphasized the importance of youth and family feeling cared for, understood and connected. Caring can be utilized as a protective factor. (Resnick, Harris & Blum, 1994). As social workers it may be helpful to understand our own resistance in working with populations of youth who seem to be in opposition to social norms, rules, authority, trust and set up self-defeating behaviors. Social workers might position themselves to be prepared to not be trusted, liked or accepted. There is a certain amount of stress associated when interacting with clients that are oppositional. Anxiety and stress reduction need not only be reduced for the client but the social worker as well.

Throughout this study emphasis on parental support in addition to other adolescent support systems has been stressed. Family disruption (Mednick, Baker & Carothers, 1990) adds significant stress on family functioning. Out-of-home placement creates negative shifts for families. Social workers can reinforce positive shifts by moving away from family disruption. Learning to problem-solve within the family environment can create cohesiveness.

Teaching adolescents and families how to help themselves will

emphasize empowerment. The most dysfunctional family possess strengths, we as social workers need to build on those strengths, viewing the family dynamic as an asset.

Environment plays a significant role in the socialization process. Stress associated with environmental experience determines how an individual reacts to it's environment. If school time is filled with failures then the relationship associated with school will be negative. Successful experience increases self-esteem. Social workers can reenact new scenarios that contribute successful experience. High-risk youth and families need assistance in changing existing information.

Families need encouragement to establish boundaries, engage in positive recreation type activities, change language to reflect positive affirmation.

Survival is innate in all people. High-risk criminal involvement in adolescents may be asurvival skill. Social workers have the obligation to teach socially appropriate survival skills, create safe for children and assist in maintaining family health. There are no bad children or families, it is the information that is unhealthy. Change the information and family health will improve.

Conducive to the literature review and findings of this evaluation study, a recommendation would be to use existing strengths when working with high-risk youth and build on developing positive survival skills.

A quote from one of the respondents who participated in this research study: "Staff supported us in many ways, counseled, crisis intervention, advocacy, showed us how to love each other."

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The hypothesis, "Youth that have access to the HCBS Program may experience less out-of-home placements and less criminal reoffending,"appears to have been validated in this study.

The strengths perspective "fits" for social work. As social workers we work in systems that can empower youth and their families. The adolescents and families responding in this research study shared perceptions of the effectiveness of the HCBS Program because it's goals were to keep the family together and treat the family as a whole unit.

Perceptions of those involved in this study will help social workers and care providers develop programs that are effective in delivering service that interact systems in the social environment. The mezzo, (family & Groups) macro, (organizations, communities) and the micro, (the individual) are interrelated and we can provide the understanding needed to create effective relationships.

Jay Haley's Problem-Solving Model works in creating positive change in the family system. The key focus is on authority and changing individual member's behavior with the belief that family pattern will change. Social workers possess the resources to provide positive change for individuals in the family system.

Social workers can offer a number of functions that families may be unable to provide: advocacy; guidance; protection and basic needs.

Parents that have not experienced healthy adolescent development may not have fulfilled their own self-actualization process and have damaged self-esteem. In understanding Maslow's Hierarchy of Needs

Model we will understand socialization that is interrupted before reaching the adolescent stage blocks healthy socialization and adjustment. (Martin, Yancey, & O'Connor, 1989) Difficulties in loving and attaining love become distorted or dysfunctional. Social workers that gain insight into the self-actualization process will be a greater asset to their clients.

Community organization skills possessed by the social worker are the backbone in developing community/neighborhood programs. The literature formulated that a need exists for specialized, intensive programs that target high-risk youth in the communities they live in. Strengthening relationships between family and community may decrease criminal involvement. Social workers can assist in forming coalitions with other care providers, community support workers and agency staff to organize needed services for high-risk youth. Grant writing to develop or expand already existing programs take coalitions of people collaborating together. The social worker can be the instigator in organizing groups that work together.

The families involved in this study experience changes that cause the family to restructure it's roles, patterns and survival strategies. This is not inclusive to high-risk families, however, according to Minichun, when a family restructures, depending upon learned coping skills the adaptability to adjust is compromised. (Nichols, Schwartz, 1995) Social workers need to be aware that restructuring is chaotic but necessary for growth. Teaching coping skills to family's will give them the ability to survive life on life's terms.

Perceptions of those subjects involved in this study indicated family as the primary resource in the socialization process. Results

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from this study will be useful in developing other programs that offer similar services.

Social work practice is based on knowledge of human behavior, results can have immediate practical use.

In terms of dollars and cents community/neighborhood services are cost effective when compared with agency services. (Rothman, Erilich & Tropman, 1995). Social workers can accept this challenge and develop community/neighborhood services. Not only is social work practice based on knowledge of human behavior but challenge in developing programs that benefit society have it's roots in early social work.

CONCLUSION

Thesis title reads, " AN EVALUATION OF A PROGRAM FOR INTENSIVE HOME COMMUNITY BASED SERVICES: A PROGRAM FOR AT-RISK YOUTH AND THEIR FAMILIES."The purpose of this study was to provide the HCBS Program with a knowledge based on program effectiveness, practice and outcome. Participant's perceptions provided the data to accomplish this evaluation study. Program objectives were measured: prevent out-of-home placement and criminal reoffending. The findings appear to have answered the research questions asked. Findings also presented other questions for further study.

1. Changing the existing evaluation tools to measure specific areas would be helpful in future program development.
2. Incorporating a larger sample may add more validity to the study.
3. Conducting a Probability study, utilizing systematic or random sampling would remove some degree of generalization.
4. Conducting a cost-effectiveness study using program comparisons could assist in the future funding efforts.

This research study is an longitudinal study conducted over a period of two years. Research design included exploratory and descriptive design.

The goal of this thesis study is to continue current program development following input from participants of the HCBS Program. The participant's perceptions will be utilized and future study will evolve as a result of the data gathered.

It is important to understand that cost effectiveness is a relevant

issue in program evaluation. The current cost of residential placement is $40,000 per child for approximately 9 months. Funding for the HCBS Program is $53,000 per year. If two children remain at home the program has paid for itself. This is significant in terms of dollars spent by counties for out-of-home placements.

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Publishing.

APPENDICES

AUGSBURG

C•O•L•L•E•G•E

11/30/95

TO: Tali B. Cooper
      135 Hwy 212, Private Drive
      Granite Falls MN 56241

FROM: Rita R. Weisbrod, Ph.D. *Rita R Weisbrod*
      Chair
      Institutional Review Board

RE: YOUR IRB APPLICATION (EXPEDITED):   An Evaluation of a Program for Intensiv e Home Community Based Services: A Program for At- Risk Youth and Their Families

Your project has been approved with no changes recommended. We note that you are using existing data collected by the agency. In your thesis and any publications, we recommend that you not identify the community or county in order to maintain confidentiality of the agency's evaluation data, referring only to "a rural Minnesota community."

Your IRB approval number is:

        95- 17 - 2.

If there are substantive changes to your project which change your procedures regarding the use of human subjects, you should report them to me by phone (330-1227) or in writing so that they may be reviewed for possible increased risk.

I wish you well in your project!

Copy: Blanca Rosa Egas

2211 Riverside Avenue • Minneapolis, MN 55454 • Tel. (612) 330-1000 • Fax (612) 330-1649

Greater Minnesota Family Based Services

'Serving The Counties And Familes Of Minnesota'

A Program Of Woodland Centers

Corner of Willmar Avenue & SE 6th Street • PO Box 787, Willmar, MN 56201 • (612) 231-9151 • 1-800-422-6881

November 07, 1995

Tali Cooper
135 Hwy 212
Granite Falls, MN 56241

I am writing to you today to confirm our discussion concerning your research study for the evaluation of the Home Community Based Program here at Greater Minnesota.

You may use the existing data needed for your study with my permission. We discussed protection of individual rights and confidentiality. You will follow all procedures.

I feel confident this study will be handeled in a professional ethical manner.

I will be available to you through-out this study if you require my assistance.

You have given me your thesis advisors name if I should need to contact her.

Sincerely,

George Dubie LICSW., Licensed Psychologist
Director of Greater Minnesota Family Based Services of Woodland Centers

A COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAM
ESTABLISHED IN 1958
EQUAL OPPORTUNITY EMPLOYER/CONTRACTOR

APPENDIX C

The National Association of Social Workers has published a code of ethics in which schlarship and research are covered in six ethical guidelines. These guidelines are as follows:

1. The social worker engaged in research should consider carefully it's possible consequences for human beings.

2. The social worker engaged in research should ascertain that the consent of participants in the research is voluntary and informed, without any implied deprivation or penalty for refusal to participate, and with due regard for participant's privacy and dignity.

3. The social worker engaged in research should protect participants from unwarrented physical or mental discomfort, distress, harm, danger, or deprivation.

4. The social worker who engages in the evaluation of services or cases should discuss them only for the professional purposes and only with them.

5. Information obtained about participants in research should be treated as confidential.

6. The social worker should take credit only for work actually done in connection with scholarly and research endeavors and credit contributions made by others.

(NATIONAL ASSOCIATION OF SOCIAL WORKERS, 1993)

(CLIENT SATISFACTION SURVEY

Greater Minnesota Staff Name:_____   _____

POSITION IN FAMILY: (darken one circle)
   O   Parent/Primary Caregiver   O   Significant Other
   O   Extended Family (relative)   O   Child
           O   Other _____

1.   Did the staff person show sincerity, genuineness and concern toward me/our family problems?

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

       Never   Average   Always

Comments:

2.   Did the staff person keep appointments with me/our family in a consistent and timely fashion?

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

       Never   Average   Always

Comments:

3.   Did the staff person appear to respect me/our family's privacy and confidentiality?

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

       Never   Average   Always

Comments:

4.   Did the staff person demonstrate knowledge and understanding of my/our family's problem?

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

       Never   Average   Always

Comments:

5.   Even if you/your family did not agree; did the staff person approach me/our family with honesty and professionalism during his/her work with me/our family?

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

       Never   Average   Always

Comments:

6.   During times of crisis I/our family felt the staff person was availab   to me/my family's needs?

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

        Never   Average   Always

Comments:

7.   Did the staff person provide information and encourage the use of other resources in your community?

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

        Never   Average   Always

Comments:

8.   To what extent did you/your family work, cooperate and get involved with making changes?

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

        Never   Average   Always

Comments:

9.   As a result of your work with the staff person do you feel there was improvement in regards to the goals that were set for you/your family?

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

        Never   Average   Always

Comments:

10.   Would you/your family use these services again?

        O No   O Yes   (Darken one circle)

Comments:

11.   Any other comments:

Greater Minnesota Family Based Services
'Serving The Counties And Families Of Minnesota'

CLIENT SATISFACTION SURVEY (6 MONTH)

POSITION IN THE FAMILY: (darken one circle)
- Parent/Primary Caregiver
- Significant Other
- Extended Family (relative)
- Child
- Other_____

1. I feel that the program was effective in creating a positive change in my child.

```
1.................2.................3.................4.................5
```

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |

2. I feel that the HCBS Program was effective in creating positive change in our family.

```
1.................2.................3.................4.................5
```

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |

3. My child has remained in our home.

Please check yes or no.   Yes_____ No_____

4. My child has not reoffended

Please check yes or no.   Yes_____ No_____

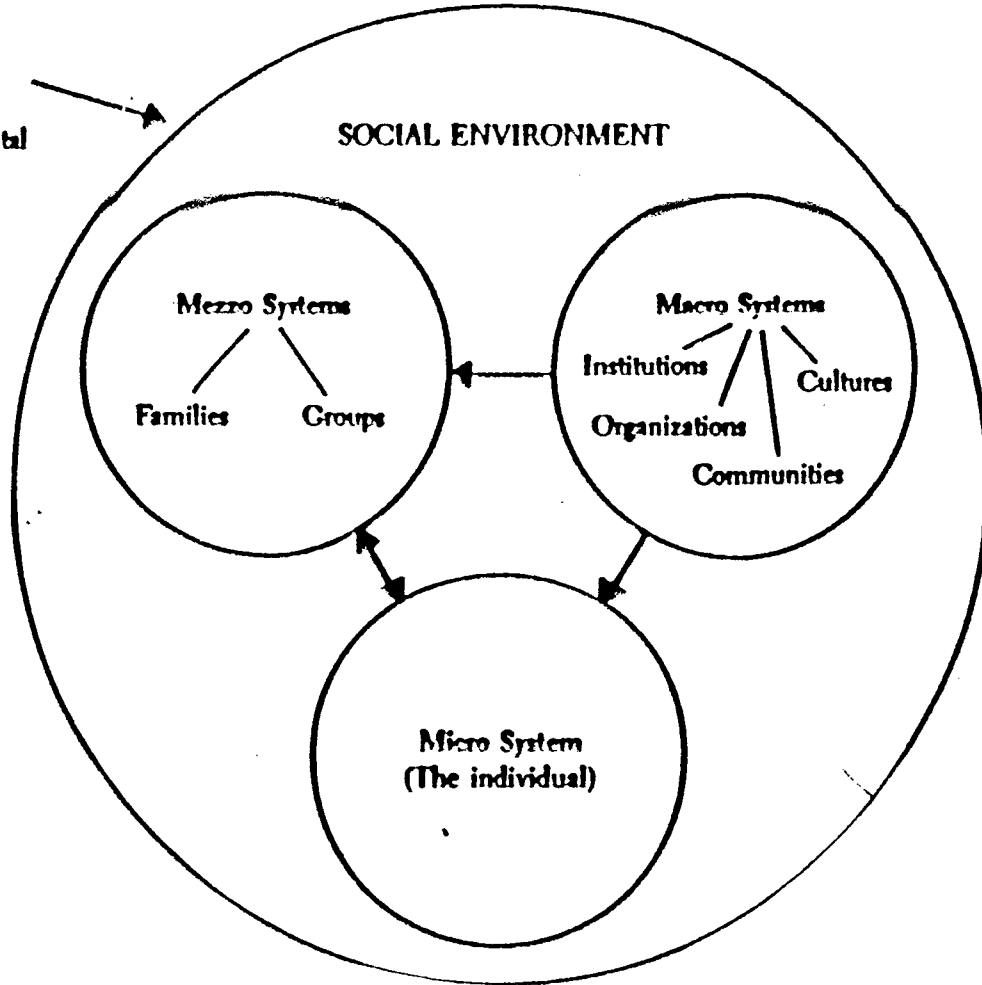5. I would use the HCBS Program again.

Please check yes or no.   Yes_____ No_____

THANK YOU FOR COMPLETING THIS SURVEY, THE INFORMATION YOU FILL OUT ASSISTS US IN UNDERSTANDING LONG-TERM EFFECTIVENESS OF THE PROGRAM.

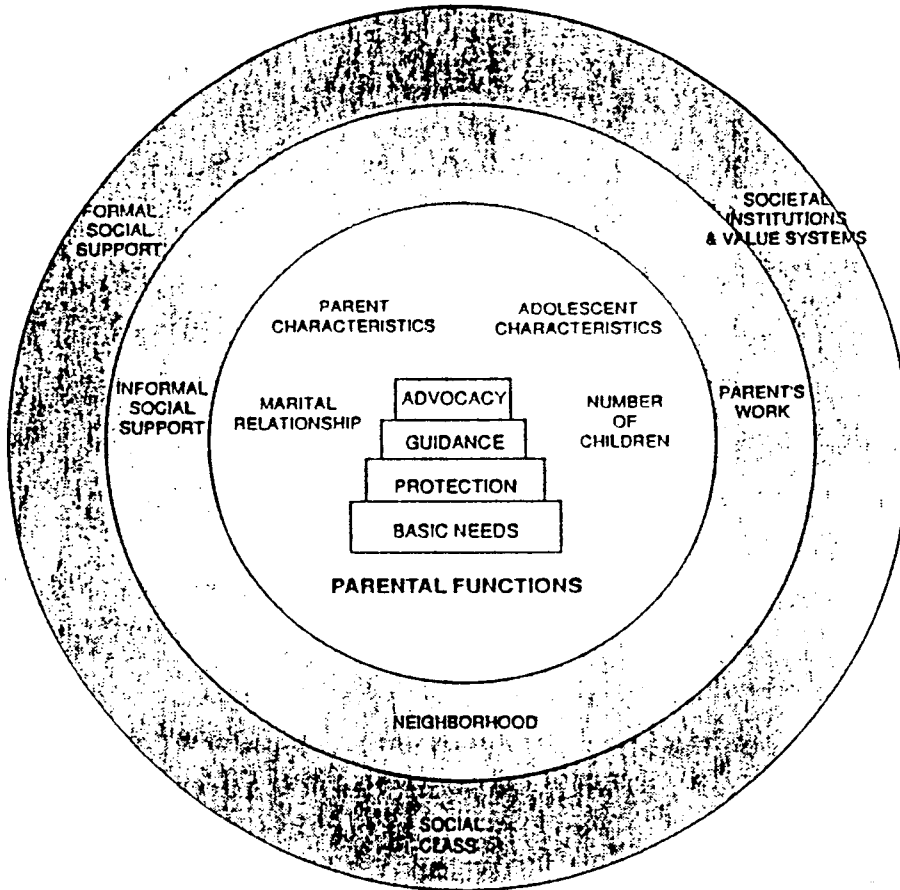### Multiple Interacting Systems in the Social Environment

Social Forces
- Political
- Economic
- Environmental
- Ideological

SOCIAL ENVIRONMENT

Mezzo Systems

Families   Groups

Macro Systems

Institutions   Cultures

Organizations

Communities

Micro System
(The individual)

Zastrow, C., & Kirst-Ashman, K. (1994). Multiple interacting systems in the social environment. Understanding human behavior and the social environment. (3rd. ed.). (pp. 16-36). Chicago: Nelson-Hall Inc. Publishing.

Parenting Adolescents Scheme

Inner pyramid (bottom to top): BASIC NEEDS, PROTECTION, GUIDANCE, ADVOCACY — labeled PARENTAL FUNCTIONS

Inner circle labels: PARENT CHARACTERISTICS, ADOLESCENT CHARACTERISTICS, MARITAL RELATIONSHIP, NUMBER OF CHILDREN

Middle ring: FORMAL SOCIAL SUPPORT, INFORMAL SOCIAL SUPPORT, SOCIETAL INSTITUTIONS & VALUE SYSTEMS, PARENT'S WORK

Outer ring: NEIGHBORHOOD, SOCIAL CLASS

Talway, R., Nitz, K., & Lerner, R., N. (1991). Relations among early adolescent temperament, parent and peer demands, and adjustments: A test of the goodness of fit model. Journal of Adolescence, 13, 279-298.