Program Evaluation Plan Part 2: The Research Design

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COUN6965 **Applied Research and Evaluation in Mental Health Counseling**

12/6/15

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SMART Recovery Program

Smart Recovery is a non-profit organization established and run by volunteers to help people recover from various addictions and to support and advocate for them in the process. While initially geared for adults, a program was established to focus on specific issues faced by teens and youth as the problem of addiction and substance abuse have tragically come to include this particular age group. According to SMART Recovery (2015), their teen and youth recovery program aims to help teens and youth to take control of their lives by learning new ways of coping and managing themselves so that they are better prepared to control their behavior. Smart Recovery (2015) explains, "SMART Recovery is a self-help program that offers a place where teens can get together to try to look into and change behaviors that hurts themselves and others like smoking, drinking, fighting and using drugs, to name a few." It is a four point program centered on group counseling to build and motivate youth, help them cope with urges, manage thoughts, feelings and behaviors and reach a point of sobriety to establish goals, find healthy interests and achieve a balanced life. As with all SMART programs, its aim is to help individuals suffering from some form of addiction and addictive behaviors. With SMART representing the following letters in an acronym (Self-Management And Recovery Training), it can be expected as a program that develops coping and self-management skills in individuals so that they are imbued with skills and facilities that will allow them to get over addiction and manage themselves so that they do not fall back into thinking and behavioral patterns that lead them to abuse substances, engage in problematic behavior and other addiction issues in a bid to combat recidivism. The current project focuses on the evaluation of the SMART Recovery Program particularly adapted for Teens and Youth.

**Evaluation of the SMART Program**

According to Wall (n.d.), An evaluation is a purposeful, systematic, and careful collection and analysis of information used for the purpose of documenting the effectiveness and impact of programs, establishing accountability, and identifying areas needing change and improvement. There are a variety of ways to do a systematic evaluation and the kind of evaluation used is influenced by the purpose, timing and procedures used in the program. These include summative evaluation (analysis of outcome) and formative evaluation (analysis of specific aspects of the program while it is being implemented to see about necessary improvements), among many others. There are specifically designed evaluations like the accountability-oriented program evaluation proposed by Chyung, Wisniewski, Inderbitzen, & Campbell (2013). This can be used together with various approaches (perspectives used by evaluators when they undertake an evaluation - think of it as a kind of 'lens') like the empowerment evaluation. For the purpose of this evaluation, Robert Stake's responsive evaluation is most appropriate since the program that this author has chosen to look at requires 'response' in terms of its program activities in relation to the program's impact in helping teens and the youth recover from addiction (Chyung, Wisniekwski, Inderbitzen, & Campbell, 2013).

Following the design outlined by Chyung et al. (2013), where evaluand is the object under evaluation, the program evaluation will be carried out following the guidelines:

* Evaluand - the SMART Recovery Teen & Youth Support Program
* Purpose - the evaluation is worth-focused following the responsive evaluation approach because of the extrinsic value of the program to society since it is volunteer-ran with the organization being non-profit. All involved take responsibility for specific roles not for monetary gain but to contribute to the betterment of others - in this case to help teens and the youth recover from addiction following a simple four-point program.
* Stakeholders - the teens/youth, their families and community (downstream) and the Smart Recovery NGO (upstream)
* Program logic model
* Dimensions - this is largely focused on particular processes and their importance
* Evaluation methodology - this is largely text-based from the text resources that can be derived from SMART Recovery's website.
* Validity & reliability of measure - being text-based, validity efforts will focus solely on finding descriptive or quantifying information on the processes used in the program, while reliability efforts will focus on finding similar information across similar cases and if they measure or present the same function (processes).
* Data Collection - data/information collected from the SMART Recovery website showed that processes of importance are simplified within the 4-point program aimed at behavior changes.
* Data Analysis rubrics - content alignment (processes aligned with the 4 point program for SMART Recovery for adults with a good grading), participation (teen and youth participants were enthusiastic and took part grading it good), retention (due to the problematic nature of adolescence, retention is a problem in some group counselling activities, rating it good in the beginning and barely adequate in the end) and leadership (program leaders provided good leadership while leadership qualities among teen participants are barely adequate even when some participants did show initiative).
* Synthesis - of the four-point system, although all areas or points of the program are essential, in terms of the fundamental counseling process, the first step in the four-point system, is of utmost importance, a that is the point in which those participating in the program attend group therapy, where they are able to engage in counseling, employing CBT via 'talk' in order to establish their reasons and motivations to get over their addictions. Without this process, the participants are not anchored to the program in terms of commitment to recover.

**Logic Model**

**Sampling, Recruitment and Data Collection**

For this research in the topic of addiction issues among adolescents, it is important to utilize strategies that are easy to deploy and gives participants the freedom to answer, but also provide insight to attitudes. To measure impact of a person-centered therapy program on a teen suffering from addiction issues, a specifically designed Likert-type scale will be used to measure participant attitudes and opinions in terms of their experience and impact. Because it is a specific population and due to the limitations associated with cooperation, a non-probabilistic form of sampling will be utilized, targeting specific individuals within a particular program who are currently participating or have participated, past and present (Royse, D., Thyer, B. A., & Padgett, D. K.,2016). The number of participants therefore, will depend on available individuals who can participate.

Recruitment will be one of the more challenging aspects to this program evaluation. First, there are ethical issues to consider; for example, the participants are teens whose welfare has to be put in context with their participation to assess risk. Secondly, there are gatekeepers to determine and obtain informed consent and approval for the minors to participate in the program. This would require contacting a variety of guardians and representatives, such as teachers, program managers, parents and legal guardians. For this purpose therefore, it would be best to get a 'blind' recruitment sample. This often protects participant identity and contributes to the randomness of the research. As such cooperation with a particular program provider will be sought that would agree to being responsible for the release of a set of survey questionnaires to their participants and have the program participants complete the survey questionnaires within a designated period of time.

If the above design is followed, data collection becomes easier, since the data can be collected from the participating program agency as they will be the single point of collection. As long as there is an arrangement for data, such organizations usually accept proposals of cooperative research since they also will benefit from the information gained through the research and resulting program insight. Lastly, this reduce the possible participant dropout rate as since most experimental tests experience a 30% dropout rate (Taylor, 2010). With data collected after one survey test containing 10 items, there is an element of accessibility to the participants aside from their freedom to choose items befitting their views. In terms of validity and reliability, Likert scales have been proven over time to be effective attitude measures.

**Data Analysis**

To best investigate the impact of the program the program will be assessed with the utilization of qualitative methods as well as unique scalar methods to measure impact via attitudes and opinions of participants. Qualitative measures will describe their experience, while scalar methods, like the Likert Scale, will measure opinion and attitudes. Data will be gathered via survey method and interviews where appropriate. Data analysis aims to yield program outcome evaluation to determine short-term, intermediate and long-term outcomes (i.e. the immediate impact of the program on new participants, the skills and self-management learned by participants in terms of their utilization to manage addictive behaviors and triggers long after the program has been completed). Data analysis consists of two distinct parts; part one is the qualitative analysis of interviews. The idea is to present patterns in the experience. Data will be subjected to categorization and pattern analysis so as to determine patterns and trends. Part two is the analysis of survey using the Likert scale design. Scores will be assigned to the various possible answers. The point is to determine the values assigned by participants to their experience and its impact in their lives. Using analysis from both, it will then be possible to give both descriptive and measuring information on the program, resembling a mixed-method approach to program evaluation. A similar approach was utilized by Dainty et al. (2014) which supported the use of this method of evaluation to assess the impact of CBT in treatment, leading to the discovery of short, intermediate and long-term effects.

**Sample Scalar Questions**

Based on the information provided, a working quantitative evaluative question would be most effective if it is able to measure opinions, experience or attitude. The attitude and motivation of the person in therapy is what will drive that person to commit to the program and to measure the program impact in this manner will allow for quantifying of program experience. Some examples of the scalar questions consist of the following:

1. To what extent has therapy helped you to reflect on the causes of your need to use illicit drugs?
Not at all 1 2 3 4 5 Very much
2. . To what extent to you think has therapy helped you to rethink your attitudes and behaviors in relation to your use of illicit drugs?
Not at all 1 2 3 4 5 Very much

For the research design a scalar method will be used to measure attitudes and opinions based on the popular Likert scale used in frequency studies. According to Royse, D., Thyer, B. A., & Padgett, D. K. (2016).Likert-type or frequency scales use fixed choice response formats and are designed to measure attitudes or opinions and these ordinal scales measure levels of agreement/disagreement. In order to measure the attitudes and opinions of the program, a 15-point evaluative questionnaire will be designed. The response will consist of seven questions that are similar to those provided in the example. The results of these will then be presented as a statistical study based on the answers of the respondents.

Based on the information provided, direct questioning through interviews with an open-ended design will be most appropriate following the qualitative method. Some examples of the direct evaluative questions include:

1. In your opinion, what elements of the program worked well for you? What didn’t work? What do you think would have improved the program for you?
2. What will you take away from the program? How will you practice it in your everyday life to help you stay clean and off the use of illicit drugs?

**Issues with Consent & Participation**

The American Counseling Association (ACA, 2014) requires client welfare o be of utmost importance. Additionally, the ACA (2014) requires that all participants give informed consent, and in the case of minors, their inclusion in decision making as appropriate as they are young and unable to give consent without the approval of their legal guardians. The fact that the minors are in control of their participation as well as the fact that it is recognized by legal and approved bodies helps to keep the program and the evaluation in line with the ethical and legal requirements of providing support work for this age group. Meanwhile the American Evaluation Association (AEA) advocates for respect of people under evaluation where the context of what is being evaluated is taken into account. AEA also requires the practice of honesty and integrity in the behavior of the individual conducting the evaluation. In reviewing this program, all potential threats for participant health and well-being have been identified and addressed accordingly, as well as ensuring respect towards participants who took part in the evaluation.

In terms of groups who may not be reached by the program as well as drop-outs, data has not been shared. This is because of the confidential nature of the program so that participants remain anonymous for their protection and to keep the program as accessible as possible, especially to those who value their privacy and keeping their issues private. In the SMART Recovery program for teens the dropout rate is similar to that of the adults with 60.54% of those who registered for the program remain in the program, and a 7.3% dropout rate. Culturally, teens in the West share the same views, issues and trends so that the program is easy to assimilate into making it adaptable across cultural contexts.

References

American Counseling Association. (2014). Code of ethics. Retrieved from https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Evaluation Association. (2015). Guiding principles for evaluators. Retrieved from http://www.eval.org/p/cm/ld/fid=51

Centers for Disease Control and Prevention. (2011). Developing an effective evaluation plan. Retrieved from http://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf

Chyung, S. Y., Wisniewski, A., Inderbitzen, B., & Cambell, D. (2013). An improvement- and accountability-oriented program evaluation: An evaluation of the adventure scouts program. Performance Improvement Quarterly, 26(3), 87-115. doi:10.1002/piq.21155

Dainty, A. D., Fox, M., Lewis, N., Hunt, M., Holtham, E., Timmons, S., … Callaghan, P. (2014). A mixed methods feasibility study to evaluate the use of a low-intensity, nurse-delivered cognitive behavioural therapy for the treatment of irritable bowel syndrome.BMJ Open, 4(6), e005262-e005262. doi:10.1136/bmjopen-2014-005262

National Institute on Drug Abuse. (2014). Drug facts: High school and youth trends. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends>

Royse, D., Thyer, B. A., & Padgett, D. K. (2016). *Program evaluation: An introduction to an evidence-based approach* (6th ed.). Boston, MA, USA: Cengage Learning.

SMART Recovery. (2014). SMART Recovery strategic questionnaire headlines and key findings. Retrieved from https://www.smartrecovery.org/resources/pdfs/SMARTsurveyoutcomes.pdf

Taylor, N. (2010). Top strategies for recruiting and retaining trial participants. Retrieved from http://www.outsourcing-pharma.com/Clinical-Development/Top-strategies-for-recruiting-and-retaining-trial-participants

Tellis, W. (1997). Introduction to case study. The Qualitative Report, 3(2), 1-14.

Wall, J. (n.d.). Program evaluation model: 9-step process. Retrieved from http://region11s4.lacoe.edu/attachments/article/34/(7)%209%20Step%20Evaluation%20Model%20