

FORMATIVE EVALUATION OF A SUMMER SOCIAL SKILLS PROGRAM

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS

THE STATE UNIVERSITY OF NEW JERSEY

BY

MELISSA M. ANDERSON

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY

MAY 2009

APPROVED: \_\_\_\_\_  
Charles Maher, Psy.D.

\_\_\_\_\_  
Lewis Gantwerk, Psy.D.

DEAN: \_\_\_\_\_  
Stanley Messer, Ph.D.

Copyright 2009 by Melissa M. Anderson

FORMATIVE EVALUATION OF A SUMMER SOCIAL SKILLS PROGRAM

AN ABSTRACT OF A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS

THE STATE UNIVERSITY OF NEW JERSEY

BY

MELISSA M. ANDERSON

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

COMMITTEE CHAIRSPERSON: CHARLES MAHER, Psy.D.

NEW BRUNSWICK, NEW JERSEY

MAY 2009

## ABSTRACT

This dissertation focuses on the process of planning and implementing an evaluation of HI-STEP<sup>TM</sup>, a private summer social skills program targeted to children ages six through seventeen who have demonstrated needs in social-emotional and problem-solving skills domains. The program evaluation was formative in nature and scope, and it utilized Maher's program planning and evaluation framework (2000). This dissertation was conducted for the purpose of providing the program executive directors with evaluation information that would be helpful in determining the strengths of the program and areas for program improvement. Furthermore, it can be considered as being worthwhile to evaluate social skills programs to determine what benefits such programs add to children with disabilities, particularly given the costs of program design and implementation as well as due to lack of documentation of non-school based programs addressing this population. For this evaluation, five questions were delineated through the evaluation plan. The implementation of the program evaluation plan was conducted by this investigator in the summer of 2008 with the intention of providing a useful evaluation plan that could be conducted in subsequent years by program personnel. Evaluation results indicated that evidence-based strategies were reported as being implemented by staff on a daily basis; parents, counselors, and children were satisfied with the HI-STEP<sup>TM</sup> program; staff increased knowledge and skills in relation to their participation in the two-day training program; and a sample of children demonstrated an increase in social skills in relation to the program. The findings of the dissertation suggest that the program evaluation plan was feasible, successful, and useful to the clients.

Recommendations were offered for the annual and ongoing evaluation of the HI- STEP™ program.

## ACKNOWLEDGEMENTS

I would like to thank a number of people who have supported and encouraged me throughout this dissertation process and during this chapter of my life. First and foremost, I would like to thank my dissertation committee. I am indebted to Dr. Charles Maher, my committee chair, for his direction in transforming this daunting task into a manageable and valuable process. I would also like to express great appreciation to Dr. Lewis Gantwerk, my committee member, for his unwavering support and comforting sense of humor. If there is one thing I have learned from these two gentlemen, it is to never take myself too seriously.

I would like to express my gratitude to Dr. Michael Selbst and Dr. Steven Gordon for their investment in this dissertation. Without their dedication to advancing the field of psychology, this dissertation would not have been possible.

In addition, I would like to thank Dr. Karen Haboush, Dr. Kenneth Schneider, Dr. Susan Forman, and Dr. Nancy Boyd-Franklin for providing me with invaluable words of wisdom and support and for being inspiring role models during these critical developmental years of my professional identity.

Of course, what would GSAPP be without Sylvia Krieger and Kathy McLean? To them, I would like to express my deepest gratitude for their dedication to students, for having the answers to countless questions, and for their encouragement and comfort along the way.

Further, I would like to thank Dr. Kim Buxenbaum, my internship supervisor, for giving me permission to make this dissertation a priority and for cheering me on as I rounded the final turn.

To my colleagues and friends at GSAPP, I would like to express my heartfelt thanks and respect for sharing this journey.

I also thank Graham, who has been a step ahead of me from the start and who has provided me with constant guidance, support, and encouragement.

Finally, I want to thank my parents and family for believing in me and for making me who I am. I would like to dedicate this dissertation to my beautiful nieces, Karly and Samantha, who inspire me each and every day, and to my grandfather, Fred W. Matney, the gentle spirit who embodied patience, faith, and love.

TABLE OF CONTENTS

	PAGE
ABSTRACT.....	iii
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES.....	xiii
LIST OF FIGURES.....	xvii
CHAPTER	
I. INTRODUCTION AND OVERVIEW.....	1
Dissertation Context.....	1
Rationale for Evaluating a Summer Social Skills Program.....	3
Contributions to the Psychological Social Skills Literature.....	3
Contributions to the Special Education Literature.....	4
Dissertation Task.....	5
II. REVIEW OF RELEVANT LITERATURE.....	8
Overview.....	8
Social Skills and Social Competence.....	10
Assessment of Social Skills.....	13
Social Skills Interventions.....	15
Social Skills Training.....	15
Social Emotional Learning.....	17
Evaluating Social Skills Interventions.....	20
Extended School Year.....	22



Therapeutic Camps .....	25
Summary .....	28
<b>III. APPROACH TO PROGRAM EVALUATION .....</b>	<b>31</b>
Overview .....	31
The Program Evaluation Framework.....	31
Clarification Phase .....	32
Program Design Phase .....	32
Implementation Phase .....	33
Program Evaluation Phase .....	33
Description of Program Design .....	47
Target Population.....	47
Statement of Purpose .....	47
Program Goals .....	48
Eligibility Standards.....	48
Components .....	49
Staff Training.....	49
Social Skills Training.....	50
Relevant Organizational Context.....	52
Abilities.....	54
Values .....	55
Ideas .....	55
Circumstances .....	55

Timing.....	56
Obligation .....	56
Resistance .....	56
Yield.....	56
IV. PROGRAM EVALUATION PLAN .....	57
Overview .....	57
Program Evaluation Plan .....	57
Overview of the Program Evaluation Plan .....	57
Client Needs.....	57
Time Frame .....	58
Description of Program.....	58
List of Program Evaluation Questions.....	58
Program Evaluation Protocols .....	58
Protocol 1 .....	58
Protocol 2.....	60
Protocol 3.....	61
Protocol 4.....	63
Protocol 5.....	64
Guidelines for Communication and Use of Program	
Evaluation Information .....	66
Evaluation of the Program Evaluation.....	66

V.	RESULTS OF THE PROGRAM EVALUATION.....	68
	Overview.....	68
	Results of Program Evaluation Question 1.....	68
	Program Evaluation Question 1.....	68
	Child Participants.....	69
	Staff Participants.....	75
	Results of Program Evaluation Question 2.....	78
	Program Evaluation Question 2.....	78
	Results of Program Evaluation Question 3.....	93
	Program Evaluation Question 3.....	93
	Parent Reactions.....	94
	Staff Reactions.....	104
	Child Reactions.....	111
	Results of Program Evaluation Question 4.....	117
	Program Evaluation Question 4.....	117
	Results of Program Evaluation Question 5.....	127
	Program Evaluation Question 5.....	127
	Summary.....	131
	Communication of Program Evaluation Information.....	133
VI.	EVALUATION OF THE PROGRAM EVALUATION PLAN .....	134
	Overview.....	134
	Practicality.....	135

Utility .....	136
Propriety.....	137
Technical Defensibility .....	137
Summary .....	138
VII. CONCLUSIONS AND RECOMMENDATIONS .....	140
Overview .....	140
Conclusions.....	140
Findings of the Evaluation.....	140
Findings of the Dissertation.....	142
Constraints of the Dissertation.....	143
Recommendations.....	144
Summary and Final Words .....	146
REFERENCES .....	148
APPENDICES .....	151
A. Program Instrumentation .....	151
Instrument 1.1 Child Participant Statistics .....	152
Instrument 1.2 Staff Statistics .....	153
Instrument 2.1 Evidence Based Strategies Checklist.....	154
Instrument 3.1 Parent Reaction Inventory .....	156
Instrument 3.2 Counselor Reaction Inventory .....	157

	Instrument 3.3 Child Reaction Inventory.....	158
	Instrument 3.4 Parent Follow Up Survey .....	159
	Instrument 4.1 Staff Training Survey .....	160
B.	Sample Schedule.....	161
C.	Additional Tables.....	162

LIST OF TABLES

Table 1. Demographic Data on Children .....70

Table 2. Children’s Diagnoses .....72

Table 3. Program Characteristics of Children.....74

Table 4. Demographic Data on Staff .....76

Table 5. Program Characteristics of Staff.....77

Table 6. Results of Evidence Based Strategies Checklist: Item 12 .....90

Table 7. Results of Evidence Based Strategies Checklist: Item 13 .....91

Table 8. Results of Evidence Based Strategies Checklist: Item 14 .....92

Table 9. Results of Parent Reaction Inventory: Item 1 .....95

Table 10. Results of Parent Reaction Inventory: Item 2 .....96

Table 11. Results of Parent Reaction Inventory: Item 3 .....96

Table 12. Results of Parent Reaction Inventory: Item 4 .....97

Table 13. Results of Parent Reaction Inventory: Item 5 .....97

Table 14. Results of Parent Reaction Inventory: Item 6 .....98

Table 15. Results of Parent Reaction Inventory: Item 7 .....98

Table 16. Results of Parent Reaction Inventory: Item 8 .....99

Table 17. Results of Parent Reaction Inventory: Item 9 .....99

Table 18. Results of Parent Reaction Inventory: Item 10 .....100

Table 19. Results of Parent Reaction Inventory: Item 11 .....100

Table 20. Results of Parent Reaction Inventory: Item 12 .....101

Table 21. Results of Parent Reaction Inventory: Item 13 .....101

Table 22. Results of Parent Reaction Inventory: Item 14 .....102

Table 23. Results of Parent Reaction Inventory: Item 15 .....	102
Table 24. Results of Parent Reaction Inventory: Item 16 .....	103
Table 25. Results of Parent Reaction Inventory: Item 17 .....	103
Table 26. Results of Counselor Reaction Inventory: Item 1 .....	104
Table 27. Results of Counselor Reaction Inventory: Item 2 .....	105
Table 28. Results of Counselor Reaction Inventory: Item 3 .....	105
Table 29. Results of Counselor Reaction Inventory: Item 4 .....	106
Table 30. Results of Counselor Reaction Inventory: Item 5 .....	106
Table 31. Results of Counselor Reaction Inventory: Item 6 .....	107
Table 32. Results of Counselor Reaction Inventory: Item 7 .....	107
Table 33. Results of Counselor Reaction Inventory: Item 8 .....	108
Table 34. Results of Counselor Reaction Inventory: Item 9 .....	108
Table 35. Results of Counselor Reaction Inventory: Item 10 .....	109
Table 36. Results of Counselor Reaction Inventory: Item 11 .....	109
Table 37. Results of Counselor Reaction Inventory: Item 12 .....	110
Table 38. Results of Counselor Reaction Inventory: Item 13 .....	110
Table 39. Results of Counselor Reaction Inventory: Item 14 .....	111
Table 40. Results of Child Reaction Inventory: Item 1 .....	112
Table 41. Results of Child Reaction Inventory: Item 2 .....	112
Table 42. Results of Child Reaction Inventory: Item 3 .....	113
Table 43. Results of Child Reaction Inventory: Item 4 .....	113
Table 44. Results of Child Reaction Inventory: Item 5 .....	114
Table 45. Results of Child Reaction Inventory: Item 6 .....	114

Table 46. Results of Child Reaction Inventory: Item 7 .....	115
Table 47. Results of Child Reaction Inventory: Item 8 .....	115
Table 48. Results of Child Reaction Inventory: Item 9 .....	116
Table 49. Results of Child Reaction Inventory: Item 10 .....	116
Table 50. Results of Pre- and Post- Training Measures: Item 1 .....	118
Table 51. Results of Pre- and Post- Training Measures: Item 2 .....	119
Table 52. Results of Pre- and Post- Training Measures: Item 3 .....	120
Table 53. Results of Pre- and Post- Training Measures: Item 4 .....	121
Table 54. Results of Pre- and Post- Training Measures: Item 5 .....	121
Table 55. Results of Pre- and Post- Training Measures: Item 6 .....	122
Table 56. Results of Pre- and Post- Training Measures: Item 7 .....	123
Table 57. Results of Pre- and Post- Training Measures: Item 8 .....	124
Table 58. Results of Pre- and Post- Training Measures: Item 9 .....	124
Table 59. Results of Pre- and Post- Training Measures: Item 10 .....	125
Table 60. Paired Samples t-Test for Pre- and Post- Training Measures .....	126
Table 61. Demographic Data on N=13 Children .....	128
Table 62. Program Characteristics of N=13 Children .....	129
Table 63. Results of Evidence Based Strategies Checklist: Item 1 .....	162
Table 64. Results of Evidence Based Strategies Checklist: Item 2 .....	163
Table 65. Results of Evidence Based Strategies Checklist: Item 3 .....	164
Table 66. Results of Evidence Based Strategies Checklist: Item 4 .....	165
Table 67. Results of Evidence Based Strategies Checklist: Item 5 .....	166
Table 68. Results of Evidence Based Strategies Checklist: Item 6 .....	167



Table 69. Results of Evidence Based Strategies Checklist: Item 7 .....	168
Table 70. Results of Evidence Based Strategies Checklist: Item 8 .....	169
Table 71. Results of Evidence Based Strategies Checklist: Item 9 .....	170
Table 72. Results of Evidence Based Strategies Checklist: Item 10 .....	171
Table 73. Results of Evidence Based Strategies Checklist: Item 11 .....	172

## LIST OF FIGURES

Figure 1. Results of Evidence Based Strategies Checklist: Item 1 .....	79
Figure 2. Results of Evidence Based Strategies Checklist: Item 2 .....	80
Figure 3. Results of Evidence Based Strategies Checklist: Item 3 .....	81
Figure 4. Results of Evidence Based Strategies Checklist: Item 4 .....	82
Figure 5. Results of Evidence Based Strategies Checklist: Item 5 .....	83
Figure 6. Results of Evidence Based Strategies Checklist: Item 6 .....	84
Figure 7. Results of Evidence Based Strategies Checklist: Item 7 .....	85
Figure 8. Results of Evidence Based Strategies Checklist: Item 8 .....	86
Figure 9. Results of Evidence Based Strategies Checklist: Item 9 .....	87
Figure 10. Results of Evidence Based Strategies Checklist: Item 10 .....	88
Figure 11. Results of Evidence Based Strategies Checklist: Item 11 .....	89

## CHAPTER I

### INTRODUCTION AND OVERVIEW

#### Dissertation Context

This dissertation concerns the evaluation of HI-STEP™, a private summer social skills program targeted to children ages six through seventeen who have demonstrated needs for social-emotional and problem-solving skills training, during the summer 2008 session. HI-STEP™ (formerly known as Stepping Stone Summer Program) was founded and developed by Michael C. Selbst, Ph.D. and Steven B. Gordon, Ph.D., ABPP, co-owners of Behavior Therapy Associates, P.A. (BTA). BTA is a private group psychology practice located in Somerset, New Jersey. HI-STEP™ stands for Helping Improve Social-skills Through Evidence-based Practices. The program has been in operation since 2000 and runs for six-weeks during the summer months of June, July, and August.

The HI-STEP™ program focuses on developing children's social-emotional and problem-solving skills through group social skills training, individualized attention, sports and recreational activities, arts and crafts activities, and academic-related activities. The original implementation site is at Stony Brook Elementary School in Pennington, NJ. The program was replicated to a second site during the summer of 2008 at Westmoreland School in Fair Lawn, NJ. For purposes of this dissertation, data was only obtained from the first site in Pennington, NJ during the summer of 2008.

Since HI-STEP™ is a private program, tuition is paid for either directly by parents or by school districts who utilize this program as an extended school year (ESY) service for children classified in special education. ESY services are special education and related services that are provided to a student with a disability beyond the normal 180-day school year. ESY services must be in accordance with the student's individualized education program (IEP), be of no cost to the parent, and meet the standards of the state education agency (Copenhaver, 2004). A more detailed description of ESY services is provided in the following chapter.

In the eight years that the HI-STEP™ program has been in existence data has been collected regarding the social functioning of the children as well as satisfaction surveys of parents, children, and staff. However, most of this data has not been systematically analyzed nor reported. Additionally, quantitative data reflecting whether or not the program has been implemented as designed was lacking. Consequently, the executive directors of the HI-STEP™ program wanted to collect and analyze more concrete data to systematically assess whether the program was being implemented as designed and if it was adding value to the target population. For these reasons the executive directors sought a carefully planned program evaluation that would provide them with information which would be helpful in determining the strengths of the program and areas for program improvement.

## Rationale for Evaluating a Summer Social Skills Program

### *Contributions to the Psychological Social Skills Literature*

An evaluation of a summer social skills program has relevance for psychological social skills research and applications, as well as special education research and applications. With regard to psychological social skills literature, there is a need to evaluate social skills programs to determine what benefits such programs add to children with disabilities, particularly given the costs of program design and implementation as well as due to lack of documentation of non-school based programs addressing this population.

Costs of social skills programs, including time, money, and resources can be high and are typically the responsibility of parents and/or school districts. The need and cost for implementing social skills programs is often justified by the risks associated with children having poor social skills. These risks, documented in the professional literature, include: poor academic achievement; difficulties in interpersonal relationships with parents, teachers, and peers; peer rejection; anxiety; depression; substance abuse; aggression; and involvement in the criminal justice system (NASP, 2002; Bellini, Peters, Benner, & Hopf, 2007). While there is evidence that rigorously designed, implemented, and evaluated programs have been related to positive social skills outcomes, the professional literature also suggests that social skills programs conducted outside the microscope of research studies are often not implemented as intended and may be minimally effective due to low dosage, providing instruction outside the natural setting, and lack of intervention fidelity (Bellini, Peters, Benner, & Hopf, 2007; CASEL, 2003). Thus, it is essential to evaluate the effectiveness of these programs to ensure that all of

the resources invested in them are worthwhile, justifiable, and beneficial to the target population.

Research has demonstrated that social skills programs such as Social Emotional Learning may contribute to enhancing children's health, safety, citizenship, school attitudes, school behavior, and academic performance (Zins, Weissberg, Wang, & Walberg, 2004). It is important to note, though, that the many social skills programs evaluated were implemented in school settings, during the school year, and included all students, not just students with disabilities. In contrast, there is very limited systematic research on social skills programs occurring outside of the school setting, not during the school year, and primarily with students who have disabilities. This is an area needing investigation as many children with disabilities attend out-of-school social skills programs such as HI-STEP™.

#### *Contributions to the Special Education Literature*

Conducting a program evaluation of the HI-STEP™ program has relevance to special education since many of the children who are enrolled in the program are classified for special education services and attend the program to satisfy their special education extended school year program requirements. Extended school year programs exist to help students maintain gains they have made during the year including gains made in social skills. In addition, therapeutic camps and programs, such as HI-STEP™, have been created to enhance the development of children's social skills and prosocial behaviors during the summer months when they are out of school. Thus, these programs are ideally set up to meet the ESY requirements of special needs children. While, these

types of summer social skills programs may be beneficial in helping students with disabilities to function and succeed in their school classrooms, there is little research available on the stability of gains made by this population in the areas of social skills and prosocial behaviors through extended school year programs or through therapeutic camping programs.

### Dissertation Task

The primary focus for this dissertation was the involvement of the executive directors of HI-STEP<sup>TM</sup> with this investigator in the process of forming a program evaluation plan and implementing part of that plan. The program evaluation is an evaluation of the services provided and not a performance evaluation of the program personnel. This investigator used Maher's (2000) framework for systematic program planning and evaluation. Program evaluation is just one phase of this framework and is preceded by three other phases: clarification, design, and implementation. More information about the four phases is included in chapter 3.

The purpose of program evaluation is to make sound judgments about the worth or value of the program, consequently contributing to continuous program development and improvement. Maher (2000) recommends program evaluation to be included as an element in the design of the program; however, because this evaluation was designed while the program was already being implemented, the program had to be placed into evaluable form. This investigator participated in the program previously as a counselor, assuming a participant-observer role, which provided first hand knowledge of the daily operations of the program. Additionally, this investigator interviewed the executive

directors of the program and reviewed their marketing materials. Information from these sources facilitated the task of articulating the program's design.

Once the program was placed into evaluable form, this investigator collaborated with the executive directors of the program in designing a program evaluation plan. The pilot implementation of this plan was conducted by this investigator in the summer of 2008 with the intention of providing a useful evaluation plan that could be conducted in subsequent years by program personnel. In order to create such a plan, a list of five program evaluation questions was developed. The following five questions were addressed in this dissertation:

1. Who participated in the HI-STEP™ program?
2. To what extent was the program implemented as designed?
3. What have been reactions of children, parents, and staff to the program?
4. What were trainees' perceptions of how they gained knowledge and improved skills on which they were trained?
5. To what extent have social skills of the target population developed and improved in relation to the program?

In order to answer these questions, protocols were developed for each question, which included: the program evaluation question; data collection variables; data collection methods, instruments, and procedures; methods and procedures for data analysis; and program evaluation personnel and responsibilities. Evaluation data were collected through a number of means including permanent product review, survey instruments, and standardized measures. Instruments such as surveys were created



through collaboration between the investigator and the executive directors. A standardized measure, the Social Skills Rating Scale (SSRS) (Gresham & Elliott, 1990) was currently being used in the program and was included as part of the program evaluation. The protocols and program evaluation questions are addressed in chapter 4. The implementation of the evaluation and results of the evaluation are described in chapter 5. Chapter 6 discusses the evaluation of the program evaluation and the process of communicating with the client. Finally, conclusions and recommendations are discussed in chapter 7.

## CHAPTER II

### REVIEW OF LITERATURE

#### Overview

The HI-STEP™ (Helping Improve Social-skills Through Evidence-based Practices) summer program is a social-emotional and problem-solving skills training program for children with social skills deficits that occurs over the course of six weeks during the summer months. For many children, this program is included in their individualized education programs as part of their extended school year services. The task of this dissertation was to evaluate this program in order to make judgments about the value of the program. The purpose of this chapter is to review literature relevant to this dissertation. Sections in this chapter include Social Skills and Social Competence, Assessment of Social Skills, Social Skills Interventions, Evaluating Social Skills Interventions, Extended School Year, and Therapeutic Camps.

The first section, Social Skills and Social Competence provides a description of social skills and what it means to be socially competent. This section also describes the types of social skills deficits and the factors that contribute to these deficits. Moreover, disorders associated with social skills deficits are discussed. This section is relevant to the dissertation because it is important for the reader to have a general understanding of the kinds of skills being targeted in the HI-STEP™ program and the potential disorders of the population participating in the program.

The second section, Assessment of Social Skills, provides a rationale for the importance of assessment and a brief description of the methods used for assessing children's social functioning. This is relevant to the dissertation task because it provides the basis for choosing methods to evaluate the social functioning of the participants of the program.

The section on Social Skills Interventions summarizes two well-known interventions: social skills training and social-emotional learning. The development of these interventions is briefly described as well as their objectives and approaches to intervention. In addition, this section discusses the research on the benefits and outcomes of social skills interventions. This section is important to include because it provides the basis for the interventions used in the HI-STEP<sup>TM</sup> program and the potential benefits of such a program.

Evaluating Social Skills Interventions describes the purpose and process of evaluating social skills interventions. A sample framework outlining the process is provided. This section is relevant because it provides a structure for evaluating a social skills program, which is the task of this dissertation.

The fifth section, Extended School Year, provides the history and regulations regarding extended school year services in special education. It also discusses the research regarding the value of an extended school year. This is relevant to the dissertation because the HI-STEP<sup>TM</sup> program qualifies as extended school year services for many students.

The final section, Therapeutic Camps summarizes the history of therapeutic camping in the United States. The section also describes camps specifically for children

with emotional and behavioral needs and reviews the research regarding the value of these camps. This section is relevant because the HI-STEP™ program includes many components that may be common among therapeutic summer day camps. It is important to note, however, that HI-STEP™ is not referred to as a “camp.” In fact, the word “camp” and “campers” are terms that are not included in any aspect of the program.

### Social Skills and Social Competence

La Greca defines social skills as the “positive social behaviors that contribute to the initiation and maintenance of positive social interactions” (1993, p. 288). Examples of these positive social behaviors include maintaining eye contact during conversations, respecting others’ personal space, responding appropriately to questions or comments from others, cooperating with others, exhibiting self-control, and many more. Typically these positive social interactions occur with peers, and the behaviors are identified as socially acceptable and appropriate. The identification or judgment of behaviors as socially acceptable and appropriate may be labeled as *social competence*. Judgments regarding social competence can be made based on the opinions of teachers, parents, and peers; comparisons with specific criteria; or comparisons with an appropriate normative sample (Gresham, 1995). Gresham’s social validity definition states that social skills are “socially significant behaviors, exhibited in specific situations, that predict important social outcomes for children and youth” (1995, p. 1022). These socially significant behaviors, such as those listed above, are considered desirable and predict an individual’s standing on socially important outcomes. *Socially important outcomes* include peer

acceptance, friendships, positive feelings of self-worth, academic achievement, and school adaptation, to name a few (Gresham, 1995).

There are two deficit models describing the difficulties individuals have in developing social skills: the acquisition deficit model and the performance deficit model (Gresham, 1995; Gresham, 1998). The *acquisition deficit model* suggests that individuals do not possess certain skills needed for social interaction. This person is missing either all of a skill or steps of a particular skill and in turn need to be taught the skills. The *performance deficit model*, on the other hand, suggests that children possess the skills, but they fail to perform these skills at acceptable levels in real situations; consequently, they need assistance in determining when to use the skills and be reinforced for using them appropriately. These models have a significant impact on the development and use of social skills interventions. Interventions need to be matched to the deficits in the target population receiving the intervention. For example, it would not benefit a child who has a performance deficit to repeatedly teach a particular skill since the child already has the skill. This child would need assistance in increasing the frequency which the skill is exhibited. Likewise, if the child does not have the skill in his or her repertoire, then the skill needs to be taught.

Elliott and Gresham suggest that there are five factors that influence these social skills deficits (Gresham, 1995). These factors include:

lack of cues or opportunities to learn or perform prosocial behaviors; presence of interfering problem behaviors that block acquisition or impede performance of prosocial behaviors; lack of knowledge; lack of sufficient practice or feedback for prosocial behavioral performances; and lack of reinforcement for performance of prosocial behaviors. (Gresham, 1995, pp. 1022-1023)

Each of these factors influence social skills deficits in distinct ways and can be used in developing and/or selecting interventions to remediate social skills deficits. Individuals with social skills deficits may need more opportunities to learn appropriate skills, opportunities to practice skills and receive feedback, and/or reinforcement for performance of appropriate behaviors. These individuals may also need assistance with eliminating other problem behaviors before addressing social skills such as those behaviors associated with particular disorders.

Childhood disorders associated with social problems include Asperger's Disorder, Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit/Hyperactivity Disorder (AD/HD), learning disabilities, and numerous others (Evans, Axelrod, & Sapia, 2000; Gresham, 1998). For some disorders, social impairments are part of the diagnostic criteria. For instance, an essential feature of Asperger's Disorder is severe and sustained impairment in social interaction (Gresham, 1998). Oppositional Defiant Disorder involves disobedience and unwillingness to compromise or negotiate disagreements in social interactions, and children with Conduct Disorder display a pattern of aggressive conduct toward others (Gresham, 1998). While social impairments are included in diagnostic criteria for some disorders, other disorders have been associated with such impairments. For example, children with AD/HD and learning disabilities have been shown to experience substantial difficulties in interpersonal relationships (Gresham, 1998). Moreover, children with depression and anxiety may also exhibit some impairment in social functioning. In sum, disorders that require social impairments as part of their diagnostic criteria are not the only disorders associated with social difficulties. Children with other disorders such as AD/HD, learning disabilities,

depression, and anxiety may also have difficulties that interfere with the development and performance of social skills.

### Assessment of Social Skills

Because social impairments are part of and/or related to many childhood disorders, careful assessment needs to be conducted in order to differentiate social skill acquisition and performance deficits and to identify competing problem behaviors that interfere with the development of these skills. There are a variety of methods for assessing children's social skills which can be broadly classified as indirect or direct.

*Indirect* assessment involves methods that are removed in time and place from the actual occurrence of the behaviors. These methods include functional assessment interviews and behavior ratings by others (Gresham, 1998). *Functional assessment interviews (FAI)* are done with teachers, parents, peers, and the child. The goals of the FAI are to identify and define social skills difficulties, to differentiate social skill acquisition and performance deficits, to identify competing problem behaviors that interfere with the skills, and to obtain preliminary information regarding functional analysis of behavior (Gresham, 1998). *Behavior ratings* can also be obtained by teachers, parents, and the child. They provide useful information in identifying potential target behaviors (Gresham, 1998). Common rating scales include the Social Skills Rating Scale developed by Gresham and Elliott, the Walker-McConnell Scale of Social Competence and School Adjustment, the Social Skills Questionnaire developed by Spence, the School Social Behavior Scales developed by Merrell, and the Social Behavior Assessment Inventory developed by Stephens and Arnold (Gresham, 1998; Mesmer & Mattingly,

2005). In addition to these, the Systematic Screening for Behavior Disorders includes the Peer Social Behavior Code, which is used to assess the quality and nature of a child's peer interactions (Mesmer & Mattingly, 2005). These indirect methods rely on the judgments and observations made by others, including the child, and can be beneficial in identifying social skills deficits and targeting problem behaviors; however, these methods do have limitations because they are only as reliable as the informants.

*Direct* measures assess the behavior in the time and place of its actual occurrence and involve naturalistic observation (Gresham, 1998). When conducting *naturalistic observations*, four factors should be considered: operational definitions of behavior, dimension of behavior being measured, number of behaviors assessed, and number of observation sessions (Gresham, 1998). Systematic behavioral observation techniques are typically used and include frequency counts, time sampling, interval recording, and recording of antecedents and consequences (Mesmer & Mattingly, 2005). Naturalistic observations provide more direct information; however, they can be very time consuming.

A combination of methods may be the best option as it provides a more comprehensive assessment of one's social skills; moreover, when using indirect methods, multiple informants will provide a clearer and more adequate picture of the child's functioning. Careful and comprehensive assessment of children's social skills functioning is not only helpful but necessary in developing and selecting appropriate interventions.



## Social Skills Interventions

Social skills interventions can be either informal or formal and use either universal, selective, or indicated procedures (Dalton, Elias, & Wandersman, 2001; Gresham, 1998). *Informal* social skills interventions are based on incidental learning, which involves using naturally occurring behavioral incidents to teach appropriate behavior. In other words, social skills are taught “in the moment” and maximize on situations that occur in the child’s natural setting. *Formal* social skills interventions, on the other hand, involve instruction based on a structured social skills curriculum. Both informal and formal interventions may be universal, selective, or indicated in nature. *Universal* procedures are those that focus on affecting all children, including those without known social impairments, in the same setting. *Selective* procedures are designed for a single individual or small group of children who are at-risk for developing social skills difficulties. Finally, *indicated* procedures are applied to those children who already exhibit impaired social functioning.

There are two well-known and commonly used social skills interventions. These are social skills training and social-emotional learning. Both of these interventions are discussed below.

### *Social Skills Training*

Social skills training (SST) began in the 1970s in response to the treatment needs of deinstitutionalized chronic psychiatric patients (Sprafkin, Gershaw, & Goldstein, 1993) and assumed that individuals were deficient or weak in the necessary skills for effective daily living (McGinnis & Goldstein, 1997). The techniques for social skills

training were then applied to a broad range of individuals in a variety of settings (Sprafkin et al., 1993). This movement led to the development of two approaches to SST: the molecular approach and the molar or competence-correlates approach (La Greca, 1993). The *molecular approach* emphasizes teaching specific behaviors thought to be important in social interactions such as maintaining good eye contact and smiling. The *competence-correlates approach* emphasizes more global areas of social skills such as sharing and cooperation. Both models were based on Albert Bandura's social learning theory, which used modeling, behavioral rehearsal or role-plays, and social reinforcement to change behavior (McGinnis & Goldstein, 1997).

Today, SST has four primary objectives: promoting skills acquisition, enhancing skills performance, removing interfering problem behaviors, and facilitating generalization of prosocial behavior (Gresham, 1995; Gresham, 1998). Four fundamental techniques can be used in order to address the objectives of SST. These techniques are: instruction, rehearsal, feedback and reinforcement, and reductive procedures (Gresham, 1995). Social skills instruction involves both verbal instruction and modeled instruction. *Verbal instruction* uses spoken language to explain or prompt social behavior while *modeled instruction* uses live or filmed performance in order to illustrate skills. *Rehearsal* promotes the retention of the skill through repeated practice. *Feedback* involves providing the learner with specific information regarding effective or ineffective performance of a given skill, and *reinforcement* involves the presentation or removal of events or stimuli that increase the frequency of the behavior. *Reductive processes* involve the presentation or removal of events or stimuli in order to decrease problem behaviors that interfere with the acquisition and performance of social skills.

The National Association of School Psychologists (NASP) lists six characteristics of effective social skills interventions (2002). First, focus should be on both facilitating the desirable behavior and eliminating the undesirable behavior. Second, modeling, coaching, role-playing, and immediate performance feedback should be used to promote learning, performance, and generalization of skills. Third, positive strategies should be used primarily, and punitive strategies should only be used if the positive strategies are unsuccessful, and the behavior is serious or dangerous. Fourth, training and practice should occur in a wide range of settings with different groups and individuals in order to promote generalization of skills. Fifth, functional assessments of behavior should be conducted to target skills for instruction and to identify children in need of more intensive interventions. Finally, one should enhance social skills by increasing the frequency of appropriate behaviors in particular situations in real-world settings.

Overall, social skills training is based on evidence based theories of social learning and behaviorism and involves the teaching, modeling, practicing, and reinforcing of desired and appropriate social behaviors. This type of training is conducive across settings such as in schools, in clinical settings, in camps, and at home.

### *Social-Emotional Learning*

Social skills are included as a component in the broader model of social-emotional learning (SEL). SEL is based on Daniel Goleman's (1995) concept of social and emotional competence and includes skills such as: controlling emotions and behaviors; coping with frustration and stress; social problem solving and decision making; controlling impulses and delaying gratification; working cooperatively with

others; and initiating and maintaining relationships. As such, SEL is the “process of acquiring and effectively applying the knowledge, attitudes, and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably” (Zins & Elias, 2006, p. 1). SEL does not only focus on the behaviors, or social skills, but also on cognitions and emotions as well as creating a safe and caring school environment. Moreover, while social skills training tends to focus on individuals who already demonstrate deficits in social interaction skills, SEL applies to all children including those who are at risk or who are already displaying significant problems (Zins & Elias, 2006). Thus SEL can be seen as universal or primary prevention.

In 1994 the Collaborative for Academic, Social, and Emotional Learning (CASEL) was founded to establish SEL as a necessary part of educating young people (Payton et al., 2000; Zins & Elias, 2006). CASEL has identified key SEL competencies in the areas of awareness of self and others, social awareness, positive attitudes and values, responsible decision-making, self-management, and social interaction skills (Payton et al., 2000; Zins & Elias, 2006). They suggest that children learn SEL skills the same way they learn academic skills- through learning skills, practicing skills, applying skills to real situations, and reinforcement of applied skills (Zins & Elias, 2006).

SEL programs typically involve school-wide practices. A number of instructional approaches exist to promote social-emotional learning along with academic achievement (Zins et al., 2004). First, there are specific SEL curricula that address specific content areas such as substance abuse or violence prevention. Second, SEL skills can be infused into the regular education curriculum. Third, a supportive learning environment is

developed where students learn in a safe atmosphere. A fourth approach involves altering the instructional process to promote SEL skills and learning. Informal curriculum is another approach and is the learning that takes places during morning meetings, at lunch, on the playground, or in extracurricular activities. A sixth approach involves partnerships between parents and teachers in order to provide additional support and encouragement. A final approach involves engaging students actively and experientially in the learning process through application of SEL competencies to real life situations and combining SEL with service learning opportunities.

Research has shown that youth who have deficiencies in a number of critical skill areas experience a variety of academic, social, and health-related problems (Elias & Tobias, 1996). These skills include: noticing and understanding feelings, determining and selecting goals, generating alternative solutions, selecting appropriate solutions, reflecting on the process, and coping effectively with stress (Elias & Tobias, 1996; Ross, Powell, & Elias, 2002). By intervening before the problem occurs and teaching more effective skills, SEL has been shown to be a contributor to enhancing children's health, safety, citizenship, and academic performance; moreover, prosocial behavior has been linked to positive intellectual outcomes while antisocial conduct is correlated with poor academic performance (Zins, Weissberg, Wang, & Walberg, 2004). SEL interventions impact school success in areas such as school attitudes, school behavior, and school performance. Outcomes related to *school attitudes* include stronger sense of community, better understanding of consequences of behavior, higher academic motivation, and more positive attitudes toward school and learning (Zins & Elias, 2006; Zins et al., 2004). *School behavior* outcomes include more prosocial behavior, fewer absences, more

classroom participation, fewer suspensions, lower rate of conduct problems, and higher engagement (Zins & Elias, 2006; Zins et al., 2004). Finally, *school performance* outcomes related to SEL include higher achievement test scores and/or grades, better problem solving and planning, use of higher level reasoning strategies, and better learning to learn skills (Zins & Elias, 2006; Zins et al., 2004).

Social emotional learning, therefore, has consistent evidence of improving the social development of children and is related to several positive outcomes such as enhancing children's health, safety, citizenship, and academic performance. Furthermore, SEL skills are developed through learning skills, practicing skills, applying skills to real situations, and reinforcement of applied skills, which are the same evidence based methods used in social skills training.

### Evaluating Social Skills Interventions

Elias and Tobias (1996) outline a process for evaluating their social problem solving program, a SEL intervention. This framework is a multifaceted approach giving insight into the benefits and problems that have occurred during the implementation of the program. Such an evaluation can provide information that will help in making decisions about how to modify the program to better meet the needs of the participants and decisions about whether to continue or discontinue the program. Elias and Tobias suggest that an evaluation is most successful when it is planned prior to implementing the program, and it should be included as part of the program.

Elias and Tobias (1996, p. 145) provide a "Contracted Evaluation Plan (CEP) Worksheet." This worksheet aids in the process of developing a program evaluation plan.

This worksheet involves describing the program to be evaluated and determining how the program will be evaluated. In determining how the program will be evaluated, the worksheet provides a framework to determine what questions you want answered, the methods and procedures for data collection and analysis, and information regarding the final report of the findings.

In order to monitor the process of implementation, Elias and Tobias (1996) suggest using an observation checklist to determine if key elements are in place. In addition to this, they suggest using an Activity/Curriculum Feedback Sheet to be completed by implementers and observers after every activity or instruction unit. The feedback sheet serves as a written record of what was implemented and how the activity can be improved.

Elias and Tobias (1996) also stress the importance of consumer satisfaction. They suggest using student satisfaction surveys and teacher/implementer surveys to determine the receptivity and responsiveness of the primary consumers of the program. Finally, they suggest obtaining information regarding the extent to which program participants improve their skills in relation to the program. This data can be obtained through the satisfaction surveys, through functional assessment (e.g.: performance on thought essays or in small groups), and through formal assessment tools (e.g.: skills checklists and rating scales).

The Elias and Tobias framework offers a structured methodology for planning and implementing the evaluation of a social skills program and utilizes similar procedures as that of Maher (2000), which is explained in further detail in chapter 3.

## Extended School Year

The traditional school year in the United States is 180 days long. Historically this is based on an agrarian economy where schools needed to be closed during the summer months so that children could help their families with harvesting crops (Kabler, Stephens, & Rinaldi, 1983). This necessity no longer exists for the majority of American students, and there has been some advocacy for year-long schooling for all children; moreover, there has long been a backing by special educators for extended school year programs for children with disabilities (Kabler et al., 1983).

The regulations for extended school year (ESY) services were first included in the Individuals with Disabilities Education Act of 1997 (IDEA '97) (Copenhaver, 2004). ESY services are currently defined as special education and related services that are provided to a student with a disability beyond the normal school year, in accordance with the student's IEP, at no cost to the parent, and meet the standards of the state education agency (Copenhaver, 2004). ESY services are those that extend beyond the traditional 180 day school year (typically during the summer months) and are not limited to particular disability categories, so any child with a disability who has a current IEP must be considered. ESY services can be provided in various settings such as: a traditional classroom setting, a cooperative program, community-based programs, home-based services, a summer camp, recreational programs, or a school's optional summer school program (Copenhaver, 2004). As previously mentioned, parents do not incur the costs of such a program; the student's home school district covers the cost of the program, and this typically includes transportation to and from the site.



The IEP team is responsible for determining ESY needs of individual students. An ESY program is provided “when an interruption in educational programming causes the student’s performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time” (NJ 6A:14-4.3c). The ESY provision is based on the evidence that some students may suffer severe losses of social, behavioral, communication, academic, or self-sufficiency skills during interruptions in instruction such as summer vacations (Copenhaver, 2004). In a meta-analytic review of literature, the typical student was found to have lost about one month of instruction in math and reading during the summer months (Cooper, Nye, Charlton, Lindsay, & Greathouse, 1996). The losses of students with disabilities may be so extensive that when school resumes, unreasonable amounts of time are needed to recover the skills.

Research is lacking in the area of ESY program outcomes for students with disabilities; however, there is substantial research regarding the outcomes of summer school programs. As of 2002, approximately ten percent of all students enrolled in summer school (Boss & Railsback, 2002). Summer school programs vary and include academic programs, enrichment programs, and programs to serve special populations. Summer academic programs exist to help students meet minimum competency requirements for grade-level promotion or graduation, to allow students who have failed a course a chance to retake the course, to ensure that students with disabilities receive ongoing learning opportunities, and to offer educational programs to disadvantaged youth (Boss & Railsback, 2002). Enrichment programs are designed to offer opportunities for students to pursue specialized interests at a deeper level than is possible during the regular school year (Boss & Railsback, 2002). Finally, summer programs for special

populations are designed to meet the needs of specific student populations such as English Language Learners (Boss & Railsback, 2002).

The research shows that summer losses may be mediated by continued schooling over the summer months and can boost student learning in specific areas (Cooper et al., 1996; Boss & Railsback, 2002). Effective summer programs share common features such as: parent and community involvement; careful attention to program fidelity; substantial academic components aimed at teaching reading and math; coordination with learning goals and activities of the regular school year; cultural sensitivity; staff development; and evaluation of program success (Boss & Railsback, 2002). Effective programs also create positive summer experiences by encouraging positive behavior, teaching problem-solving strategies, encouraging children to be self-directed learners, providing small-group instruction, setting high expectations, providing necessary support so children can meet expectations, and providing opportunities for physical activity (Boss & Railsback, 2002). Additionally, effective summer programs offer a safe environment where students can develop relationships with caring adults (Boss & Railsback, 2002). It is suggested that summer programs begin in the early grades, be offered over multiple summers, focus on prevention and development, clearly communicate goals, and provide ongoing home communication regarding student behavior and progress (Boss & Railsback, 2002).

Overall, research is lacking in the area of ESY services for students with disabilities; however, the research does show that summer losses may be mediated by continued schooling over the summer months, and guidelines for effective summer programs have been presented.

## Therapeutic Camps

Therapeutic camping has its roots in American organized camping from the late 1800s. At that time, children were sent to camp in order to keep them from getting into trouble during idle times (McNeil, 1957). The first school camp was founded in 1861, and the first private camp dedicated to educational needs of wealthy boys was founded in 1890 (McNeil, 1957). Camps initially focused on character building activities, and ideal behavior was modeled by adult leaders. During the 1930s, the growth of the fields of psychology, social work, and education altered the philosophy of camping and created a social, mental hygiene objective (McNeil, 1957). This objective involved guiding the camper in a process of expanding insight into himself so that he might be self-reliant and solve his own problems in order to function better in group living. It was believed that camps provided settings that supported therapeutic work. For instance, camps provided a real living situation for therapy and the opportunity to observe the child in actual relationships with peers and adults (McNeil, 1957). Eventually therapeutic camps incorporated an emphasis on building ego-skills in children to enhance their social and emotional growth (McNeil, 1957).

There has been much growth in the number of camp programs for children and adolescents, and as recently as 2005, there were an estimated 10,000 camps in existence (Brown, 2005). While camps are thought to provide increased supervision and social opportunities, *therapeutic camps* provide therapeutic services in a non-clinical environment for children and adolescents who have special medical, physical, or psychosocial needs (Brown, 2005; Michalski, Mishna, Worthington, & Cummings, 2003). Therapeutic camps vary along many different dimensions and can include

wilderness camps, camps for children with emotional and behavioral needs, camps for children with chronic illness, and camps for children who are bereaved (Brown, 2005). This review will focus primarily on camps for children with emotional and behavioral needs.

Camps for children with emotional and behavioral needs provide campers with opportunities to practice appropriate behaviors with like-peers in a controlled setting (Brown, 2005). These camps provide specialized treatment for children and adolescents with a variety of disorders including Attention-Deficit/Hyperactivity Disorder, anxiety, depression, learning disabilities, and behavioral disorders, and they typically occur in outdoor settings; although, they can take place in community recreation centers, schools, or other community spaces (Brown, 2005). The camps typically occur over a week or more as either day or overnight camps, and services are provided by licensed social workers or psychologists, while volunteers provide additional supervision and support (Brown, 2005). There is evidence that low staff-to-camper ratios contribute to greater success for these camps (Wetzel, McNaboe, & McNaboe, 1995).

Currently, professional research literature suggests that camps, in general, benefit children in the areas of positive identity, social skills, physical and thinking skills, and positive values and spirituality (American Camp Association, 2005); however, research is lacking in the area of outcomes of therapeutic camp programs for children with emotional and behavioral needs. While some studies have shown improvement in self-esteem and social skills, little is known about the stability of those changes over time. For instance Michalski and colleagues (2003) studied outcomes of a three week summer camp program for children and adolescents with learning disabilities as well as social,

emotional, and behavioral problems. Using a pretest, posttest, follow-up design, they measured changes in self esteem, loneliness or social isolation, and social skills. The researchers used standardized instruments such as the Self-Esteem Index, the Children's Loneliness Questionnaire, and the Social Skills Rating System. The results of this study revealed that self-esteem ratings for children improved significantly between pretest and posttest, but the effects were not sustained at the 6-8 month follow-up. However, the children showed improved self-esteem ratings in the area of personal security during the follow-up period, and adolescents showed improved self-esteem in the area of academic competence at the time of follow-up. Both children and adolescents showed lower levels of loneliness and social inadequacy upon completion of the program and during the follow-up period. Finally, children improved in self report ratings of the social skills domains of cooperation and self-control during the 6-8 month follow-up, and adolescents' self report social skills ratings improved in general; however, only improvement in the domain of empathy was sustained at the follow-up period. Parents also completed social skills ratings and rated their children and adolescents higher at the end of camp than at the beginning, and those effects were sustained during the follow up period. While these results show some promising effects of therapeutic camps, it is difficult to generalize these findings because of the small sample size of 57-65. Consequently, more research needs to be done in the area of therapeutic camp outcomes for children with emotional and behavioral needs.

## Summary

This chapter reviewed the literature relevant to the dissertation task. Social skills are those behaviors that contribute to positive social interactions, and social competence is the judgment as to whether these behaviors are socially appropriate. There are several disorders associated with social skill deficits including Asperger's Disorder, Autistic Disorder, Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit / Hyperactivity Disorder (AD/HD), learning disabilities, and numerous others. Deficits in social skills can either involve the lack of a skill or the failure to perform the skill in real situations. The type of deficit determines the type of intervention needed to correct the deficit. In order to determine the type of deficit, a comprehensive assessment should be conducted. Multiple methods should be used in the assessment and may include a functional assessment interview, social-behavior rating scales and questionnaires, cognitive and academic achievement evaluations, and naturalistic observation.

Based on the results of the assessment, more appropriate interventions can be developed and selected. Two common interventions are social skills training (SST) and social-emotional learning (SEL). The objectives of SST include: promoting skills acquisition, enhancing skills performance, removing interfering problem behaviors, and facilitating generalization of prosocial behavior. SST interventions involve techniques based on social learning theory and behaviorism. SST is included in the broader model of SEL. While SST focuses on the training of individuals or groups of individuals who already demonstrate social skills deficits, SEL tends to be a more universal intervention applied to all children and involves school-wide practices. Social skills interventions have

been shown to provide positive benefits for those involved including overall health, safety, and improved school attitudes, school behavior, and academic performance.

Evaluation is an essential component in the provision of social skills programs. There are various approaches to program evaluation, and a sample outline from Elias and Tobias (1996) for the process of evaluating social skills interventions was discussed. Such an evaluation provides insight into the benefits and problems that have occurred during the program and essential information that will help in making decisions about how to modify the program to better meet the needs of the population. For purposes of this dissertation, the program planning and evaluation framework articulated by Maher (2000) was used by this evaluator and will be described in the next chapter.

In addition to social skills and related interventions, research related to extended school year services and therapeutic camps was discussed. The Individuals with Disabilities Education Act includes regulations for extended school year (ESY) services. The ESY provision is based on the evidence that some students may suffer severe losses of social, behavioral, communication, academic, or self-sufficiency skills during interruptions in instruction such as summer vacations, and when school resumes, unreasonable amounts of time are needed to recover the skills. As a result, ESY services are provided to prevent the loss of skills during these interruptions in education. Research is lacking in the area of ESY services for students with disabilities; however, the research does show that summer losses may be mediated by continued schooling over the summer months.

Therapeutic camps provide therapeutic services in a non-clinical environment for children and adolescents who have special medical, physical, or psychosocial needs and

include wilderness camps, camps for children with emotional and behavioral needs, camps for children with chronic illness, and camps for children who are bereaved. Camps for children with emotional and behavioral needs provide campers with opportunities to practice appropriate behaviors with like-peers in a controlled setting. Some studies have shown improvement in self-esteem and social skills of children who attend these camps, but little is known about the stability of those changes over time. More research needs to be conducted in the area of therapeutic camp outcomes for children with emotional and behavioral needs.



## CHAPTER III

### APPROACH TO PROGRAM EVALUATION

#### Overview

The first section of this chapter describes the approach used in designing and implementing a program evaluation plan, which was based on Maher's (2000) program planning and evaluation framework. The second section provides a description of the HI-STEP<sup>TM</sup> program, including important elements of the program's design. Finally, because target populations and their needs do not exist in a vacuum, the third section of this chapter is devoted to describing the organizational context in which the evaluation plan was implemented.

#### The Program Evaluation Framework

Program evaluation is one phase of Maher's (2000) larger program planning and evaluation framework. In fact, program evaluation is the final phase, preceded by three others: clarification, design, and implementation. This chapter will briefly cover the four phases, with greater focus on the evaluation phase. Additional information on this framework can be found in the *Resource Guide for Planning and Evaluating Human Service Programs* (Maher, 2000).

### *Clarification Phase*

The first phase of Maher's (2000) framework is the clarification phase. The purpose of the clarification phase is to clarify the current situation that is of concern to the client. This phase involves gathering information specifying the target population to be served, determining the needs of the target population, and delineating the relevant context in which those needs are embedded. These three activities are sequential and interrelated in that information from one activity will guide how to proceed in subsequent activities. According to Maher (2000), a well clarified situation helps to foster focused perspectives on how to add value and contributes to process control.

### *Program Design Phase*

The second phase is the design phase. The purpose of this phase is to document the program in terms of essential program design elements based on information gathered during the clarification phase. This phase allows for sound judgments to later be made about how the program has been implemented and the extent to which the program was worthwhile. A well designed program is likely to be implemented and to be valuable in terms of target population outcomes. The elements of a program design include: purpose, goals, and goal indicators; program components, phases, and activities; personnel; development and implementation schedule; budget; program evaluation plan; and other relevant program design elements. Information gathered in this phase is placed into a program design document that serves as the basis for the implementation and evaluation phases.

### *Implementation Phase*

The implementation phase is the third phase of the program planning and evaluation framework. The purpose of the implementation phase is to assure that the program that has been designed operates as expected. This phase is important as it provides essential information as to whether or not the program was implemented as designed which will lead to later decisions of whether or not changes need to be made to the program and whether or not the program contributed to outcomes for the participants. The activities involved in the implementation phase are: reviewing the program design; facilitating program implementation; and monitoring program process.

### *Program Evaluation Phase*

The final phase of Maher's (2000) program planning and evaluation framework, and focus of this dissertation, is the evaluation phase. The purpose of this phase is to make sound judgments about the worth or value of the program consequently contributing to continuous program development and improvement. The evaluation phase actually begins in the design phase when a program evaluation plan is formulated and is included as one of the design elements. The evaluation phase is important for several reasons. First, human services programs are an investment of resources, and a sound program evaluation assures that the program adds value to the target population. Program evaluation also facilitates continuous program development and improvement based on the value the program has for the target population. In addition, decisions about whether or not to expand to additional sites and/or target groups can be made based on the evaluation of the value to the target population. Moreover, a sound program evaluation

can help assure continuation of funds from external entities such as boards of education, state departments, federal agencies, or private foundations who may need to review the program. Finally, including program evaluation as an element of the program design provides a means for involving program implementers and stakeholders in the continuous development and improvement of the program.

According to Maher (2000), a sound program evaluation possesses four qualities: practical, useful, proper, and technically defensible. First, the program evaluation is *practical* if it can be implemented by people in the organization in a way that is not disruptive to organizational routines. Second, the program evaluation should be *useful* in that the information obtained from the evaluation will allow the client and stakeholders to make more effective decisions about the program. Third, a *proper* program evaluation is one that adheres to all relevant ethical standards and legal requirements. Finally, the program evaluation should be *technically defensible* and include methods, procedures, and instruments that can be justified as to their reliability, validity, and accurateness. A sound program evaluation possesses each of these four qualities.

There are twelve major activities in the evaluation phase (Maher, 2000). These activities are sequential, interrelated, and reflexive. The remainder of this section will describe each of these activities along with the consultation approach for implementing these activities with the client.

### *1. Identify the Client*

The first activity is to identify the client that has expressed interest in developing and improving a human services program. Identification of the client is guided by

answering several questions (Maher, 2000): Who is the individual or group within the organization who is directly responsible for assuring that the program is implemented as designed? Who is the individual or group within the organization that is responsible for overseeing the program, while functioning in a larger managerial or administrative capacity? Who is the individual, group, or agency that is external to the organization that is interested in the design, implementation, and outcomes of the program? These questions help to determine if there are multiple clients and to identify primary clients.

The clients for this program evaluation were identified as the two executive directors of the summer program. One of the directors presented the idea of using their HI-STEP<sup>TM</sup> program as a topic for dissertation. After reflecting on this, this investigator proposed the idea of evaluating their program using Maher's (2000) framework to that same director. At this point all parties agreed that this investigator would serve as a consultant to them as clients in order to develop and implement a program evaluation plan for their HI-STEP<sup>TM</sup> program.

## *2. Determine the Client's Needs for Program Evaluation*

The second activity is to determine the client's needs for program evaluation and whether those needs can be addressed by means of program evaluation. This step is important for several reasons. First, it increases the likelihood that the client will be involved in assuring that the program evaluation is planned appropriately and implemented as planned. Second, clear understanding of the client's needs allows for decisions as to whether and to what extent those needs can be addressed by means of program evaluation. Finally, this process allows for the assessment of the client's current

understanding and expectations for the program planning and evaluation process. In order to determine the client's needs for program evaluation, three tasks must be accomplished: specify what the client wants to know or learn about the program; pinpoint why the client wants this knowledge; and assess how the client expects this knowledge to be acquired.

Upon agreement of this investigator's role as a consultant, a discussion took place as to what the clients had done in the past in terms of evaluation and the data that had been collected. Originally, the discussion focused on conducting an evaluation that would focus on analyzing the data that had been collected over the past eight years. Upon consultation with this investigator's dissertation chair, it was decided that this would not be an appropriate evaluation, so a meeting with the director took place to discuss developing a new evaluation plan that would be implemented during the summer of 2008. During this meeting and additional meetings with both executive directors, their needs for program evaluation were discussed. This consultant was interested in learning about their needs and what they were interested in learning about the program. Based upon this information determinations were made as to what would be feasible to conduct in terms of a dissertation. The directors were willing to work within the confines of the dissertation requirements and timelines.

### *3. Place the Program to be Evaluated into "Evaluable" Form*

Through Maher's (2000) program planning and evaluation framework, a human services program is placed into a form where sound evaluation can occur. However, it is possible that a consultant working with an organization will encounter a program that has not been placed into evaluable program design form. It is the responsibility of the

consultant to involve the client toward that end by using the activities of the design phase (Maher, 2000). According to Maher, an evaluable program is one that meets three criteria: clarity, compatibility, and development status. *Clarity* is the extent to which written information describing each program design element exists and is understood by the consultant, client, and other relevant stakeholders. *Compatibility* is the degree to which each program design element appears to be compatible or consistent with all other elements. *Development status* is the extent to which each program design element appears sufficiently developed and ready for successful implementation.

Placing a program into evaluable form is important for several reasons (Maher, 2000). First, in order for continuous development and improvement of a program to take place, the program must be clearly understood by all concerned as to its essential design elements. Second, to make judgments about the outcomes of the program, the program must be in evaluable form because the outcomes are related to the actual program that was implemented and intended to be implemented. Without clear understanding of the program, it is difficult to make such judgments. Third, in order for the program to be replicated in other settings, it is essential to have a clear understanding of the elements of the program. Finally, because designing and implementing a program involves a range of resources, knowing just what program is expected to add value to people or “bring in the return” is sound professional practice.

This program was not in evaluable program design form, but the executive directors had been engaging in a process of expanding and refining their program manual. In order to place this program into evaluable form for this dissertation, this consultant met again with the client to discuss the purpose, goals, and components of the program as

well as the criteria for the target population eligible to participate in the program.

Through interviewing the client and reviewing the program marketing materials, a draft of the purpose, goals, and components of the program was created and reviewed with the directors. A description of the program in evaluable form is provided in the second section of this chapter.

#### *4. Delineate Program Evaluation Questions*

Once a program is in evaluable form, program evaluation questions on which an evaluation will focus are delineated. A program evaluation question can be considered a question about some element of the program's design, implementation, or results that allow program planning and evaluation actions to be taken (Maher, 2000). These actions include judgments about the worth of the program in serving the needs of the target population or in adding value to people; judgments about the capability of the program to be implemented as designed; judgments about the program's contribution to the organization; decisions about how to use the evaluation information in making revisions to the program's design; decisions about whether and to what extent the program can be implemented in other settings; and decisions about whether elements of the program, or the program itself, should be terminated (Maher, 2000). In order to delineate program evaluation questions, several tasks can be accomplished: specify what needs to be known about the program; generate an initial list of program evaluation questions; and select the most important questions to be answered and place them into SMART program evaluation form (Maher, 2000). The SMART acronym refers to specific, measurable, answerable, relevant, and timeframed.



The program evaluation questions for the HI-STEP™ program evaluation plan were delineated by reviewing the needs of the client for program evaluation. These questions were then discussed with both executive directors of the program. Initially, four evaluation questions were decided upon. After further discussion, it was made apparent that the clients were also interested in learning about whether the training program added to the knowledge and skills of the trainees. As a result, an additional evaluation question and subsequent protocol was developed in order to meet this need of the client.

#### *5. For Each Program Evaluation Question, Specify the Data Collection Variables*

Through this activity, the variables on which data need to be collected are specified. A data collection variable is some item on which data is collected in order to answer the program evaluation question. For each question, the consultant, along with the client and others, lists the variables on which data can be collected and then operationalizes those variables in order to become clear about what kind of data need to be collected (Maher, 2000).

In order to specify the variables on which data were to be collected, this consultant reviewed the list of evaluation questions as well as the organization's instruments they had been using to collect data in the past and clarified the variables through discussions with the directors.

#### *6. Describe the Data Collection Methods, Instruments, and Procedures*

Once the data collection variables have been specified, how data is to be collected on each variable is established. This activity involves four tasks for each program

evaluation question (Maher, 2000). First, the data collection variables are reviewed to determine which variables are the most important on which to collect data. Next, for each variable, decisions about the methods and sources for data collection are made. The method refers to the particular way data will be collected. *Methods* for data collection include questionnaires, tests, permanent product review, rating scales or checklists, interviews, and naturalistic observations. *Data sources*, on the other hand, refer to the individual, group, or other entity on which data will be generated. Data sources can include: the target population; program personnel; files, records, and databases; and other people. The third task for this activity involves deciding about procedures for data collection. *Procedures* reflect when data are to be collected and whether the program will serve as its own control or whether another control will be used. The final task involves developing and/or selecting data collection instruments. Chosen instruments should be practical, useful, proper, and technically defensible.

In determining the data collection methods, instruments, and procedures, this consultant reviewed the previous methods and procedures the organization had already been using. Based on this, modifications were made to some procedures as well as to some instruments to make them more practical, useful, proper, and technically defensible. New instruments were also created. Modifications and revisions to the methods, instruments, and procedures continued through several meetings and discussions with the clients throughout implementation of the program evaluation. Discussions took place regarding the practicality and utility of the methods and instruments. The clients were interested in obtaining as much information as possible and found most items on the instruments to be useful in the further development of the program. The clients were

encouraged to make the instruments more practical in terms of length and ease of use.

These discussions mainly ended with instruments that would provide much useful information; however, some modifications were made to ensure practicality. Finally for this dissertation, it was decided that the program would serve as its own control.

### *7. Describe the Methods and Procedures for Data Analysis*

The seventh activity involves determining how the data will be analyzed in order to answer each program evaluation question. If data are collected and analyzed in a systematic way and interpreted with respect to an appropriate frame of reference, then a program evaluation question is likely to be answered in a way that informs the consultant, client, and other stakeholders. As a result, these individuals will be informed about how to take program planning actions (Maher, 2000).

Decisions about how the data would be analyzed were based on the instruments used and the client's needs. Primarily descriptive statistics such as frequency counts, percentages, and means were used to analyze the data. While the program served as its own control, comparisons could be made between data that was obtained before and after the program.

### *8. Specify Program Evaluation Personnel and Responsibilities*

Through this activity, the people who will be involved in the program evaluation are identified, and their roles and responsibilities are clarified. If personnel are clear about their roles and responsibilities, the likelihood is increased that the program evaluation protocol will be carried out as expected (Maher, 2000). The tasks involved in

this activity are: identifying the evaluation responsibilities that need to be fulfilled and when; determining the people who will be responsible; and discussing the timelines and responsibilities with the people.

Decisions about program evaluation personnel and responsibilities were based on their existing roles and responsibilities. Several discussions took place with one of the clients in order to determine the existing roles and responsibilities of personnel and what responsibilities and timelines would be feasible for personnel in conducting this program evaluation. Two days of training were provided to the staff, and this consultant attended the second day of training to explain the purpose of this dissertation, to reassure the staff that their information would be kept confidential and that this was not an evaluation of their performance as staff members but rather an evaluation of the program as a whole, to explain their responsibilities as program personnel, and to discuss one of the instruments they would be using on a weekly basis. Toward the end of the program, this consultant attended one daily staff meeting to explain additional instruments that would be used during the last few days of the program and their responsibilities in administering those instruments.

#### *9. Delineate Guidelines for Communication and Use of Program Evaluation Information*

This activity involves providing guidelines for the client and other stakeholders in how to communicate the evaluation information and how to use the information for program planning. Communication of program evaluation information means conveying the results to targeted audiences through written and oral methods. Use of program evaluation information refers to the involvement of people in reviewing the information,

considering its meaning, and deciding what program planning actions are to be taken in order to develop and improve the program. Successful completion of this activity increases the likelihood that program planning actions will be monitored and implemented (Maher, 2000).

Guidelines for communication and use of program evaluation information were based on the client's needs. A written report containing the results and recommendations of the program evaluation was provided to the executive directors of HI-STEP™ upon completion of data analysis by this consultant. Discussions also occurred regarding future use of program evaluation information in workshops or published materials.

#### *10. Construct Program Evaluation Protocols*

This activity involves constructing and placing program evaluation protocols into written form as a program evaluation plan document. This activity is readily accomplished through successful completion of the first nine activities and through completion of a program evaluation protocol worksheet for each question. The headings of the program evaluation protocol worksheet are:

- The program evaluation question
- Data collection variables
- Data collection methods, instruments, procedures
- Methods and procedures for data analysis
- Program evaluation personnel and responsibilities
- Guidelines for communication and use of evaluation information.

The program evaluation plan document is a useful reference when there are questions or concerns about the program evaluation. Maher (2000) provides the following program evaluation plan format:

- I. Overview of the Program Evaluation
  - A. Client and Client Information Needs
  - B. Timeframe of the Evaluation
- II. Description of the Program that was Evaluated
- III. List of Program Evaluation Questions
- IV. Program Evaluation Protocols

Appendix A – Copies of Instruments

Appendix B – Professional Biographical Sketch of Consultant/Program Planning  
and Evaluation Team (optional)

The program evaluation plan for this dissertation is included in the following chapter.

### *11. Implement the Program Evaluation*

Through this activity, the program evaluation is implemented. The concern at this point is to make sure that the program evaluation process is controlled in a way that is expected based on the program evaluation plan. It may be necessary to adjust the process and to revise protocols.

Implementation of the program evaluation took place May through September of 2008 and was monitored by the executive director and myself, the evaluation consultant. Revisions to protocols continued throughout implementation.

### *12. Evaluate the Program Evaluation*

This final program planning and evaluation activity involves the evaluation of the program evaluation itself. Evaluating the program evaluation provides insight into how future program evaluations can be improved to better serve program planning actions as well as the entire program planning and evaluation process. Evaluating the program evaluation can be facilitated by using the four qualities of a sound human services program evaluation: practicality, utility, propriety, and technical defensibility. Maher (2000) has delineated four questions to coincide with these qualities. Answers to these questions can be obtained from people who have been involved in the evaluation and be obtained through individual interviews, group discussions, and/or survey instrumentation. These four questions are:

#### Practicality

1. To what extent was the program evaluation conducted in a way that allowed for its successful accomplishment?

#### Utility

2. In what ways was the resulting program evaluation information helpful to people? Which people?

Propriety

3. Did the program evaluation occur in a way that adhered to legal strictures and ethical standards?

Technical Defensibility

4. To what degree can the evaluation be justified with respect to matters of reliability and validity?

Answers to these questions were based on discussions with the executive directors of HI-STEP™ and the program director, through observations of the program, and through analyses of data obtained throughout implementation of the program evaluation plan.



### Description of Program Design

The HI-STEP™ program was already being implemented when it was decided that program evaluation would be undertaken. Consequently, it was important to ensure that the program was in evaluable form. The executive directors of HI-STEP™ had recently developed a HI-STEP™ manual, which included important program design elements, in order to replicate the program at the second site. In addition, this investigator helped the client to further develop and define the program purpose and goals.

### *Target Population*

The target population was sixty-four children ages six to seventeen who demonstrated the need for social-emotional and problem-solving skills training.

### *Statement of Purpose*

Children between the ages of six to seventeen who demonstrate the need for social-emotional and problem-solving skills training, and who are registered for HI-STEP™ will participate in the program. For six weeks, the children will attend the day program and participate in group social-emotional and problem-solving skills training, sports and recreational activities, arts and crafts, and academic-related activities. On a daily basis during the program, the children will receive structured feedback from their individual counselor regarding their progress in social-emotional skills, pro-social behavior, and problem-solving skills. Through this program, the participants will improve their social-emotional and problem-solving skills.

### *Program Goals*

1. Children develop social-emotional skills.
2. Children develop problem-solving skills.
3. Children are satisfied with their experiences at HI-STEP™.
4. Parents are satisfied with the services their children receive through HI-STEP™.
5. Staff is satisfied with their work experiences at HI-STEP™.

### *Eligibility Standards*

A child is eligible to participate in HI-STEP™ if he/she meets the following standards and criteria. The reader should note that the executive directors consider every application on an individual basis. Thus, these are not stringent criteria:

- Is between the ages of six and seventeen,
- Presents with a need for social skills training,
- Has an IQ above 70, with age-appropriate or nearly age-appropriate receptive and expressive language skills,
- Possesses age-appropriate or nearly age-appropriate daily living skills,
- Has a low likelihood of aggression,
- Does not have severe emotional or behavioral issues,
- Has not recently been hospitalized.

## *Components*

### *I. Staff Training*

*A. Activities.* Training in principles of applied behavior analysis, social-emotional and problem-solving skills training, and childhood disorders were provided for all staff prior to the program.

*B. Method.* Two full days of didactic trainings were conducted prior to the program. Each training included lectures, videos, demonstrations, and activities.

*C. Materials.* Training materials included the HI-STEP™ Program's Social Skills Curriculum, videotapes, handouts, and materials for hands-on activities.

*D. Forms.* An inventory was provided to the staff at the beginning of the first training day to determine content areas in which staff needed information and training. The same inventory was given at the end of the second day to determine areas in which staff increased knowledge.

*E. Equipment.* Audio-visual equipment including television, VCR, and overhead projectors were used in the trainings.

*F. Facilities.* Trainings were provided primarily in the media center of the elementary school in which the program took place.

*G. Roles, Responsibilities, Relationships.* All staff was required to attend both days of training. The program executive director, program director, and assistant directors provided the trainings.

## *II. Social Skills Training*

*A. Activities.* Each day, children participated in a social-problem solving group, arts and crafts activities, supervised recreational activities, academic activities with emphasis on social skills, sports training activities, friendship building activities, behavior specific feedback activities, and reward store activities. For a sample schedule of a typical day, see Appendix B.

*B. Method.* The program occurred over 29 full days. The 64 children were separated into four classrooms based on age, so there were 16 children in each classroom. The activities listed above were implemented in a different order for each classroom and specific activities were designed for the developmental level of the children in the classroom.

*C. Materials.* Materials needed for the implementation of this program included the HI-STEP<sup>TM</sup> Social Skills Curriculum, a behavior modification program, arts and crafts materials, recreational materials, videotapes, handouts, snacks for children, and prizes for the reward store.

*D. Forms.* Each child had a Daily Behavior Score Card for each day of the program in order to provide the child with feedback on his/her behavior and to keep track of points earned for positive behavior.

*E. Equipment.* A variety of equipment was needed for this program including recreation and sports equipment, televisions, VCRs, DVD players, computers, and projectors.

*F. Facilities.* The facility for this site was an elementary school. Within this school, the program used seven classrooms, the gymnasium, the cafeteria, the playground, and the media center.

*G. Roles, Responsibilities, Relationships.* The two executive directors oversaw the HI-STEP<sup>TM</sup> program in two different sites. At the initial site, the program director was responsible for overseeing the program at that site. There were two assistant directors who were responsible for overseeing two classrooms each. In each classroom, there was one lead counselor who led most activities and assisted individual counselors in managing class-wide behaviors, and there were four groups of four children, with an individual counselor working with each group. The individual counselor was responsible for providing performance feedback to the children, assisting the children in activities, supervision of the children, behavior management, and leading some activities. In one classroom, there was an additional counselor who provided personal assistance for one child. There was an additional floating counselor in each room to assist with activities and to take over for individual counselors when they took breaks. Two additional floating counselors moved from classroom to classroom to provide extra support. The sports and recreation specialist led the sports training activities. The arts and crafts specialist led the arts and crafts activities. Finally, a nurse provided assistance with health needs and administered medication per each child's individual needs.

## Relevant Organizational Context

An important part of Maher's (2000) program planning and evaluation framework is the assessment and understanding of the organizational context. The target population and their needs are embedded in a social, cultural, community, and organizational context. This context has implications for the readiness of the target population, the client, relevant stakeholders, and the organization for the design, implementation, and evaluation of a human services program that can address the needs of the target population (Maher, 2000). Before designing and implementing a program evaluation plan, it is imperative to understand the context of the organization. Maher (2000) cites several reasons why understanding the organizational context is important. First, factors that may facilitate design and implementation of a program can be identified. Second, factors that may inhibit design and implementation of a program can be specified and subsequently considered in terms of how to surmount them. Third, the organizational context can give insight into the readiness of the organization for a human services program and the extent to which a program may be designed and implemented. Finally, understanding the organizational context allows for precise evaluative judgments about the worth or value of the program following its implementation and allows for more effective decisions to be made about implementation of the program in other settings.

There are several steps a consultant may take with a client in assessing the context of an organization. Maher (2000) has delineated the A VICTORY framework outlining these steps. A VICTORY is an acronym for the first letter of a set of factors about which relevant contextual information can be obtained. These eight A VICTORY factors occur

in a progressive step by step manner in conjunction with the client and other relevant stakeholders. Each of these factors is listed below:

- *Ability* of the organization to commit resources to design, implementation, and evaluation of a human services program for the target population
- *Values* that people within the organization ascribe to the target population, their needs, and evaluation of the program
- *Ideas* that people have about the current situation with respect to the target population, their needs, and evaluation of the program
- *Circumstances* within the organization that relate to its structure and direction
- *Timing* of the human services program design, implementation, and evaluation
- *Obligation* of organizational members to addressing the needs of the target population programmatically
- *Resistance* that might be encountered with respect to designing, implementing, and evaluating the human services program
- *Yield* or benefit that may result for the target population as a result of the program and its evaluation as perceived by organizational members

There are several context assessment methods that can be used to obtain information in reference to the eight A VICTORY factors. For instance, interviewing key individuals and groups within the organization will provide information as to factors that may facilitate or inhibit the design, implementation, and evaluation of a human services program. Questionnaires may also be designed and used to obtain written responses to questions regarding the A VICTORY factors. Additionally, a permanent product review

may be conducted in which written materials are used in order to make judgments and inferences about the context. Finally, participant observation is based on the consultant's involvement and participation with the client and others in the organization. In conducting this context assessment, the investigator interviewed one of the executive directors of HI-STEP™. The organizational context for HI-STEP™ is described below.

### *Abilities*

Human resources for the HI-STEP™ corporation include two executive directors, who oversee the entire operations of the HI-STEP™ program, including both locations. Regarding the first site, there is one program director, two assistant directors, four lead counselors, seventeen individual counselors, six floating counselors, a sports and recreation specialist, an arts and crafts specialist, and a nurse.

Informational and technological resources included a social skills curriculum and a behavior management program. In 2007, the executive directors developed and implemented their own HI-STEP™ social-emotional and problem-solving skills curriculum. The behavior management program involved daily behavior score cards and a token economy system.

Physical resources for the first site included use of an elementary school. Within this school, the organization had access to seven classrooms, the gymnasium, the cafeteria, the playground, and the media center. Financial resources were adequate as funding for the program was obtained through tuition paid either by parents of the participants or by their home school districts.



Temporal resources required and available for the program included twenty-nine days of implementation, three full days of set-up and break down, two staff training days, two evening parent workshops, and more than five full time weeks of administrative work throughout the calendar year.

### *Values*

Traditionally, the values that have really mattered to the individuals within the organization included treatment integrity, providing a program of high satisfaction for all involved, and children reaping social benefits. Individuals within the organization were highly committed to the process of expanding the program to additional sites.

### *Ideas*

The individuals within the organization were very clear that the program was to be replicated at a second site and that program evaluation activities were to take place. In addition, most people felt that more services were needed to meet the needs of the target population.

### *Circumstances*

The executive directors of the program were highly likely to remain in their current positions. The organization was very stable in terms of administration. In regards to HI-STEP<sup>TM</sup> counselors specifically, there are new staff members each year, which is why two days of training were committed to the program staff each year.

*Timing*

The funding sources allocated for the program were secure, and current events suggested that this was the appropriate time to proceed with program evaluation as the organization was in the process of replicating the program to an additional site.

*Obligation*

Active supporters of the program were considered to be school district personnel, parents, and colleagues in the field of psychology.

*Resistance*

No resistance to program implementation or evaluation was expected.

*Yield*

Individuals within the organization believed this program would provide the target population with a better quality of life and improved social relationships. It was also believed that there would be less stress on families and school districts as a result of the target population's participation in the program.

## CHAPTER IV

### PROGRAM EVALUATION PLAN

#### Overview

This chapter will describe the program evaluation plan. This will include an overview of the evaluation plan, evaluation questions and methods and procedures for answering each question, guidelines for communication and use of program evaluation information, and a plan for evaluating the program evaluation plan.

#### Program Evaluation Plan

##### *Overview of the Program Evaluation Plan*

##### *Client Needs*

The executive directors of HI-STEP™ were interested in obtaining information in several areas. They wanted to know the demographic data of the participants in the program; whether the program was being implemented as designed since the program was to be replicated at a second site; whether the target population developed and improved social skills in relation to the program; whether the training program added to the knowledge and skills of the trainees; and whether parents, children, and staff were satisfied with the program. The executive directors wanted this knowledge in order to ensure that they are meeting the needs of the target population and to gain information regarding areas to improve.

### *Time Frame*

The program evaluation was designed to be implemented over the course of the program each year. This pilot program evaluation was implemented in May through September of 2008.

### *Description of Program*

The description of the HI-STEP™ program was provided in the previous chapter.

### *List of Program Evaluation Questions*

1. Who participated in the program?
2. To what extent was the program implemented as designed?
3. What have been reactions of children, parents, and staff to the program?
4. What were trainees' perceptions of how they gained knowledge and improved skills on which they were trained?
5. To what extent have social skills of the target population developed and improved in relation to the program?

### *Program Evaluation Protocols*

#### *Protocol 1*

*Program Evaluation Question 1.* Who participated in the HI-STEP™ program?

*Data Collection Variables.* The data collection variables include relevant characteristics about the staff and children who attend the HI-STEP™ program during the summer of 2008. These characteristics include:

**Children:**

- Age
- Gender
- Grade
- Diagnosis
- Party responsible for program tuition payment
- Whether participants were new to the program or returning
- Class assignment

**Staff:**

- Gender
- Highest degree obtained
- Whether staff were new to the program or returning
- Position or role in the program
- Class assignment

*Data Collection Methods, Instruments, and Procedures.* The data collection method includes an annual permanent product review of relevant characteristics about the participants and staff of the program. Demographic information will be collected on all child participants and includes age, gender, grade, diagnosis, party responsible for tuition payment, whether participants are new or returning, and class assignment. Demographic information including gender, highest degree obtained, whether staff are new to the program or returning, position or role in the program, and class assignment will be collected on all staff. The evaluation consultant will review the HI-STEP<sup>TM</sup> registration

data for each child participant that is collected prior to the program, as well as the staff demographic data compiled. Data on the child participants will be collected and recorded on Instrument 1.1, the Child Participant Statistics form (Appendix A). Data on the staff participants will be collected and recorded on Instrument 1.2, the Staff Statistics form (Appendix A). Parents and staff were notified that data would be collected as part of this dissertation and that confidential information would be protected.

*Methods and Procedures for Data Analysis.* The data analysis units are the groups of individual child participants based on age, gender, grade, diagnosis, party responsible for program tuition payment, whether the child is new or returning, and class assignment, as well as the groups of staff based on gender, highest degree obtained, whether staff were new to the program or returning, position or role in the program, and class assignment. Data will be placed in a table to display the frequency of distribution for each variable. Means and percentages will also be calculated for each variable.

*Personnel and Responsibilities.* The evaluation consultant will be responsible for collecting the data and completing the Child Participant Statistics form and the Staff Statistics form, as well as analyzing the data and organizing and displaying the results in a table.

## *Protocol 2*

*Program Evaluation Question 2.* To what extent was the program implemented as designed?

*Data Collection Variables.* Data collection variables include:

- the description of and judgments about adherence to program design

- the manner in which the behavior strategies were implemented

*Data Collection Methods, Instruments, and Procedures.* The data collection method involves obtaining information from the program counselors once per week during each week of the program. The program counselors will complete Instrument 2.1, the Evidence Based Strategies Checklist (Appendix A). This instrument asks the counselors to note how often they used particular behavior strategies and how important they think particular strategies were. They are also asked to answer qualitative questions regarding facilitation of and obstacles to implementation.

*Methods and Procedures for Data Analysis.* Units of analysis are the responses of program counselors for all four classrooms in the HI-STEP™ program. Data will be placed in a table displaying the mean response for each item on the instrument.

*Personnel and Responsibilities.* The program counselors will be responsible for completing the Evidence Based Strategies Checklist once each week. The evaluation consultant will be responsible for analyzing the data and representing it through the use of tables and reports.

### *Protocol 3*

*Program Evaluation Question 3.* What have been reactions of children, parents, and staff to the program?

*Data Collection Variables.* The data collection variables are:

- the thoughts, opinions and judgments of children, parents, and staff regarding the HI-STEP™ program

- Children are those individuals ages 6-17 who attend the HI-STEP™ program
- Parents include the primary caregivers or legal guardians of the children who attend HI-STEP™
- Staff includes all lead counselors, individual counselors, floating counselors, the sport and recreation specialist, and the art and crafts specialist.

*Data Collection Methods, Instruments, and Procedures.* The data collection method includes the distribution, completion, and collection of four questionnaires: Instrument 3.1 Parent Reaction Inventory, Instrument 3.2 Counselor Reaction Inventory, Instrument 3.3 Child Reaction Inventory, and Instrument 3.4 Parent Follow-Up Survey. All of these instruments are located in Appendix A. The Parent Reaction Inventory will be completed by parents/guardians during the parent-counselor conferences that occur at the end of the program. The Counselor Reaction Inventory will be completed by all counselors of the program during the last week of the program. The Child Reaction Inventory will be completed by all children with the assistance of their counselor during the last week of the program. The Parent Follow-Up Survey will be mailed to parents in January, six months after the program has been completed and returned to HI-STEP™ by mail. Due to time constraints on this dissertation, Instrument 3.4 Parent Follow-Up Survey was not implemented.

*Methods and Procedures for Data Analysis.* The units of analysis are the responses of children, parents, and counselors to the questionnaire items. The inventory items require respondents to provide ratings on a five-point or three-point scale.



Descriptive statistics will be used in data analysis and interpretation. Data will be placed in a table that displays the mean response for each item on the instruments.

*Personnel and Responsibilities.* The program director will be responsible for distribution and collection of the Parent Reaction Inventory during the parent-counselor conferences. The program director will be responsible for distribution and collection of the Counselor Reaction Inventory during the last week of the program. The individual counselors will be responsible for helping children fill out the Child Reaction Inventory during the last week of the program. The evaluation consultant will be responsible for analyzing the data and representing it through the use of tables and reports.

#### *Protocol 4*

*Program Evaluation Question 4.* What were trainees' perceptions of how they gained knowledge and improved skills on which they were trained?

*Data Collection Variables.* Data collection variables include:

- knowledge of childhood disorders
- knowledge of and skills in the area of behavior modification
- knowledge of and skills in the area of implementing a social skills curriculum
- skills in the area of problem solving
- skills in the area of working with adults and children
- trainees' perspectives on how they improved their knowledge and skills from the beginning to the end of the training program

*Data Collection Methods, Instruments, and Procedures.* The data collection method includes the distribution, completion, and collection of Instrument 4.1 Staff Training Survey (Appendix A). This survey will be completed by all staff at the beginning of the first day of the training program. The survey will be distributed and completed again at the end of the second day of the training program.

*Methods and Procedures for Data Analysis.* The units of analysis are the responses of counselors to the questionnaire items. The inventory items require respondents to provide ratings on a five-point scale. Descriptive statistics will be used in data analysis and interpretation. Data collected at the beginning of the training program will be compared to data collected upon completion of the program. Data will be placed in a table that displays the mean response for each item on the instruments.

*Personnel and Responsibilities.* The executive director will be responsible for distributing and collecting the surveys on the first day of the training program and for distributing and collecting the surveys at the end of the second day of training. The evaluation consultant will be responsible for analyzing the data and representing it through the use of tables and reports.

#### *Protocol 5*

*Program Evaluation Question 5.* To what extent have social skills of the target population developed and improved in relation to the program?

*Data Collection Variables.* Data collection variables include:

- a skill set of behaviors such as cooperation, assertion, responsibility, and self-control

- problem behaviors such as aggression, depression, anxiety, and hyperactivity
- whether or not a change in behaviors occurs in the target population from the beginning to the end of the program

*Data Collection Methods, Instruments, and Procedures.* The data collection method includes the distribution, completion, and collection of the Social Skills Rating Scale (Gresham & Elliott, 1990). This scale will be mailed to the parents of the children attending HI-STEP™ to be completed by the parents prior to beginning the program and upon completion of the program. This instrument will then be returned to the executive directors of HI-STEP™ by mail.

*Methods and Procedures for Data Analysis.* The units of analysis are the responses of parents on the SSRS with regard to each child participant. Standard scores and percentile ranks will be calculated for each scale. Descriptive statistics will be used in data analysis and interpretation. Data collected prior to the program will be compared to data collected upon completion of the program. Data will be placed in a table that displays the mean scores for each scale for both data collection points.

*Personnel and Responsibilities.* The executive director will be responsible for mailing out the Social Skills Rating Scale before the program begins and upon completion of the program. The evaluation consultant will be responsible for analyzing the data and representing it through the use of tables and reports.

### *Guidelines for Communication and Use of Program Evaluation Information*

After the program has been completed and all data collected, the evaluation consultant will compile all data, analyze the data, and produce a report. The report will be presented to the executive directors of the HI-STEP™ program at a meeting that will take place approximately six months following the program. At this meeting the evaluation consultant will discuss the findings from the evaluation and initial recommendations. Information will be presented through a detailed report, along with discussion of the findings through the use of tables. As a result, the executive directors will review the evaluation information provided and make decisions regarding programmatic revisions they deem necessary and beneficial.

### *Evaluation of the Program Evaluation*

After implementing the program evaluation and analyzing the data, the evaluation consultant will also review the process of implementing the evaluation plan. The evaluation consultant will calculate the response rate by tallying the number of people who participated in the evaluation. Individual interviews and group discussions with the executive directors will also be completed in order to obtain feedback about the evaluation process and reactions regarding the usefulness of the program evaluation. The following four questions, which are based on Maher's four qualities of a sound human services program evaluation, will be addressed:

1. To what extent was the program evaluation conducted in a way that allowed for its successful accomplishment? (Practicality)

2. In what ways was the resulting program evaluation information helpful to people? Which people? (Utility)
3. Did the program evaluation occur in a way that adhered to legal strictures and ethical standards? (Propriety)
4. To what degree can the evaluation be justified with respect to matters of reliability and validity? (Technical Defensibility)

## CHAPTER V

### RESULTS OF THE PROGRAM EVALUATION

#### Overview

This chapter describes the results of the formative evaluation. Five programmatic questions were addressed in this evaluation, and these questions were answered through the methods, procedures, and instrumentation delineated in the program evaluation plan, which was described in chapter 4. This chapter discusses the answers to each of the program evaluation questions. Copies of all instruments are included in Appendix A.

#### Results of Program Evaluation Question 1

##### *Program Evaluation Question 1: Who participated in the program?*

This first program evaluation question sought to determine relevant characteristics about the staff and children who were involved in the HI-STEP™ program during the summer of 2008. This information is valuable in order to better meet the needs of the children and staff involved in the program. In order to answer this question, data was collected about the relevant characteristics of the staff and children through review of the HI-STEP™ registration data for each child participant that is collected prior to the program, as well as the staff demographic data. This data was organized by this program evaluation consultant using Instrument 1.1 the Child Participant Statistics form and Instrument 1.2 the Staff Statistics form. These instruments can be found in Appendix A.

Relevant characteristics of child participants included age, gender, grade, diagnosis, party responsible for program tuition payment, whether the child was new or returning, and class assignment. The data regarding child participants is presented in Table 1, Table 2, and Table 3. Relevant characteristics of participating staff included gender, highest degree obtained, whether staff members were new to the program or returning, position or role in the program, and class assignment. Data regarding staff is presented in Table 4 and Table 5.

### *Child Participants*

During the summer of 2008, the HI-STEP<sup>TM</sup> program served 64 children; however, three of those children missed a significant portion of the program for various reasons. One child was unable to attend due to an unexpected hospitalization. Two of the children stopped attending per parent decision with little information provided. The demographic data for these children was excluded from data analysis and is not included in Tables 1, 2, or 3.

The 61 children who participated in the HI-STEP<sup>TM</sup> program ranged in age from six to seventeen and ranged in grade from Kindergarten to tenth grade with the majority of children between the ages of seven and thirteen and below grade 8. The majority of the children were male (86.9%, n=53). These demographics are presented in Table 1.

Table 1  
*Demographic Data on Children*

Variable	Frequency	Percentage
<b>Age</b>		
6 years	1	1.6%
7 years	6	9.8%
8 years	7	11.5%
9 years	7	11.5%
10 years	9	14.8%
11 years	9	14.8%
12 years	6	9.8%
13 years	9	14.8%
14 years	2	3.3%
15 years	2	3.3%
16 years	2	3.3%
17 years	1	1.6%
<b>Gender</b>		
Female	8	13.1%
Male	53	86.9%
<b>Grade</b>		
Kindergarten	3	4.9%
1	4	6.6%
2	7	11.5%
3	7	11.5%
4	10	16.4%
5	7	11.5%
6	7	11.5%
7	11	18.0%
8	1	1.6%
9	2	3.3%
10	2	3.3%



Data regarding the children's diagnoses as reported by their parents and/or school referral information is presented in Table 2. It should be noted that many of these diagnoses are included in the *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition- Text Revision (DSM-IV-TR)* (American Psychiatric Association, 2000); however, some of the "diagnoses" that were provided are not *DSM-IV-TR* diagnoses but are similar to such diagnoses. For instance, Specific Learning Disability (SLD) corresponds to Learning Disorders in the *DSM-IV-TR*. Likewise, High Functioning Autism (HFA) is not specifically a diagnosis in the *DSM-IV-TR* but is often times given to convey that a child has Autistic Disorder but is high functioning. Multiply Disabled typically refers to a child having multiple diagnoses, but the specific diagnoses were not provided. Central Auditory Processing Disorder and Sensory Integration Disorder are not found in the *DSM-IV-TR* but are medical conditions that physicians may diagnose.

Of the 61 children, 37.7% (n=23) were reported as having a single diagnosis while 62.3% (n=38) were reported as having multiple diagnoses. Of those children with a single diagnosis, 56.5% (n=13) were diagnosed with either Asperger's Syndrome or High Functioning Autism (HFA), and 21.7% (n=5) were diagnosed with Attention-Deficit / Hyperactivity Disorder (AD/HD) or AD/HD symptoms. Of the 62.3% with multiple diagnoses, 44.7% (n=17) were diagnosed with Pervasive Developmental Disorder- Not Otherwise Specified (PDD/NOS) and High Functioning Autism. 47.4% (n=18) had a diagnosis that was co-morbid with AD/HD, and 21.1% (n=8) had a diagnosis co-morbid with Asperger's Syndrome.

Table 2  
*Children's Diagnoses*

Variable	Frequency	Percentage
Single Diagnosis	23	37.7%
Asperger's	10	16.4%
AD/HD	4	6.6%
AD/HD symptoms	1	1.6%
PDD/NOS	2	3.3%
High Functioning Autism (HFA)	3	4.9%
Sensory Integration Disorder	1	1.6%
Specific Learning Disability (SLD)	1	1.6%
Autistic	1	1.6%
Multiple Diagnoses	38	62.3%
PDD/NOS; HFA	17	27.9%
Asperger's; AD/HD	5	8.2%
AD/HD; SLD	2	3.3%
AD/HD; Bipolar	1	1.6%
AD/HD; Anxiety	1	1.6%
AD/HD; Asperger's symptoms	1	1.6%
AD/HD; Tourette Syndrome	1	1.6%
AD/HD; ODD	1	1.6%
Asperger's; OCD	1	1.6%
Anxiety; Multiply Disabled	1	1.6%
Anxiety Disorder; Adjustment Reaction	1	1.6%
HFA; AD/HD; SLD	1	1.6%
PDD/NOS; HFA; AD/HD	1	1.6%
PDD/NOS; HFA; AD/HD; Anxiety	1	1.6%
Asperger's; AD/HD; Central Auditory Proc.	1	1.6%
PDD/NOS; HFA; AD/HD; OCD; Tourette Syn.	1	1.6%
Adjustment Disorder w/ Anxiety; AD/HD, NOS; HFA; Habit Disorder	1	1.6%

Table 3 presents data on the characteristics of the children in relation to the program. For instance, school districts paid for the program tuition of the majority of children (93.4%, n=57); whereas, 6.6% (n=4) of children's parents paid the tuition. A majority of the children had attended the HI-STEP™ program previously (65.6%, n=40), while 34.4% (n=21) of the children were attending the program for the first time. Finally, the original 64 children had been divided equally among the four classrooms with 16 children in each classroom. The classrooms were labeled by the colors blue, green, yellow, and red. The blue class included children ages six through nine, the green class included children ages eight through eleven, the yellow class included children ages ten through twelve, and the red class included children ages thirteen through seventeen. Because two of the three children who missed a significant portion of the program had been assigned to the blue class, and the other child was assigned to the yellow class, there were more children in the green and red classes than in the blue and yellow classes.

Table 3  
Program Characteristics of Children

Variable	Frequency	Percentage
Party Responsible for Tuition		
Parent	4	6.6%
District	57	93.4%
Program Participation History		
New	21	34.4%
Returning	40	65.6%
Class Assignment		
Blue	14	23.0%
Green	16	26.2%
Yellow	15	25%
Red	16	26.2%

*Summary.* Sixty-four children were registered for the HI-STEP™ program during the summer of 2008; however, sixty-one children fully participated since three children did not complete the program for various reasons discussed earlier. These 61 children ranged in age from six to seventeen and ranged in grade from Kindergarten to tenth grade. The majority of the children were male and diagnosed with multiple disorders such as Asperger's Syndrome, High Functioning Autism, Pervasive Developmental Disability-Not Otherwise Specified, and Attention-Deficit/Hyperactivity Disorder. School districts paid for the program tuition of the majority of children, and a majority of the children had attended the HI-STEP™ program previously.

### *Staff Participants*

As shown in Table 4, 54.8% (n=17) of the HI-STEP™ staff were new to the program in 2008, and 45.2% (n=14) had previously participated in the program. The numbers were almost equal between the two groups. The staff's positions as well as their classroom assignments are also presented in Table 4. This data reveals that the personnel element of the program was implemented as designed. The description of the personnel requirements were described in chapter 3 under *Description of Program Design*. There were two assistant directors, four lead counselors, seventeen individual counselors (with one counselor acting as an individual aide to a child), four classroom floating counselors, two program floating counselors, one arts and crafts specialist, and one sports and recreation specialist. The executive directors, program director, and nurse were not asked to complete program evaluation instruments; consequently, their demographic information was not included. The classroom assignments show that there were seven counselors in the blue room and six counselors each in the green, yellow, and red rooms. Assistant directors were responsible for two classrooms each, and program floating counselors, the arts and crafts specialist, and the sports and recreation specialist provided services to children in all four classrooms.

Table 4  
*Program Characteristics of Staff*

Variable	Frequency	Percentage
<b>Program Participation History</b>		
New	17	54.8%
Returning	14	45.2%
<b>Program Position</b>		
Assistant Director	2	6.5%
Lead Counselor	4	12.9%
Individual Counselor	17	54.8%
Classroom Floating Counselor	4	12.9%
Program Floating Counselor	2	6.5%
Arts and Crafts Specialist	1	3.2%
Sports and Recreation Specialist	1	3.2%
<b>Class Assignment</b>		
Blue	7	22.6%
Green	6	19.4%
Yellow	6	19.4%
Red	6	19.4%
Blue & Green	1	3.2%
Yellow & Red	1	3.2%
All classes	4	12.9%

Demographic data on the staff who participated in the HI-STEP™ program during the summer of 2008 is presented in Table 5. The majority of the staff were female (83.9%, n=26), while males made up 16.1% of the staff (n=5). Education level of the staff revealed that eight individuals (29.0%) had obtained a high school diploma and were enrolled in a college or university degree program in the area of psychology, education, social work, or other related field; twelve (38.7%) had obtained a bachelors degree; and

ten (32.3%) had obtained a masters degree. It should be noted that many staff members had also obtained additional certifications to practice in their respective fields. This information was not included as part of the demographic data gathered.

Table 5  
*Demographic Data on Staff*

Variable	Frequency	Percentage
Gender		
Female	26	83.9%
Male	5	16.1%
Degree		
HS diploma	8	29.0%
Bachelor degree	12	38.7%
Master degree	10	32.3%

*Summary.* During the summer of 2008, program staff including the assistant directors, lead counselors, individual counselors, classroom floating counselors, program floating counselors, art supervisor, and recreation specialist were asked to complete program evaluation instruments. Most of these individuals were female with varying levels of education completed: a high school diploma and enrolled in a college or university degree program, a bachelors degree, and a masters degree. There was almost an equal number of staff new to the program as staff returning to the program.

## Results of Program Evaluation Question 2

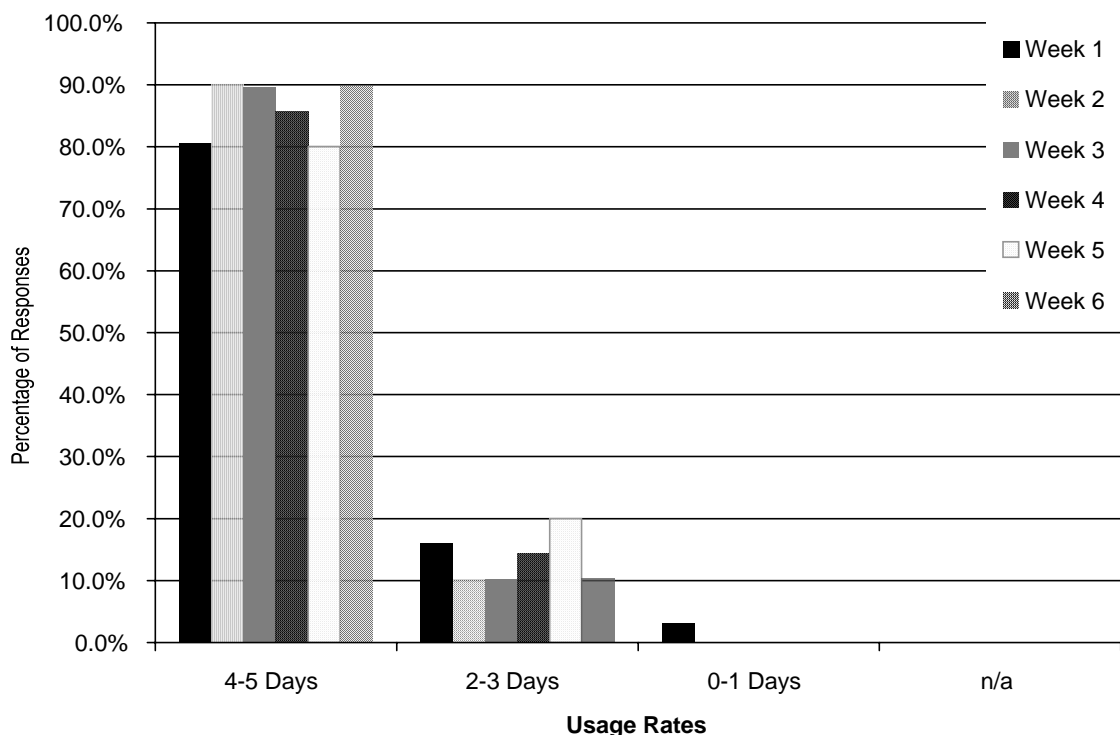
### *Program Evaluation Question 2: To what extent was the program implemented as designed?*

The second program evaluation question sought to determine the extent to which the program was implemented as designed. This information is valuable in order to determine whether the outcomes of the program were in relation to the design of the program and to ensure that key program design elements were implemented as planned. In order to answer this question, data was collected about the specific evidence based strategies used on a daily basis. These strategies were key elements of both the behavior modification system and social skills training program. This data was collected using Instrument 2.1, the Evidence Based Strategies Checklist, which was completed by each counselor on the last day of each week of the program. The program director was responsible for distribution and collection of the instrument. During the first two weeks of the program, each counselor completed this instrument, which is a 100% response rate. During the third week and sixth week, twenty-nine counselors completed this instrument, resulting in a 93.5% response rate. Twenty-eight counselors completed Instrument 2.1 during the fourth week of the program, which is a 90.3% response rate. The lowest response rate (80.6%) occurred during week five when twenty-five counselors completed the instrument. The executive directors explained that the reason for the fluctuation in staff completion of this instrument was due to several factors. This included that staff members were absent, needed to leave a staff meeting early due to a previous commitment, or in some cases needed to attend to urgent program-related issues (e.g., correspondences with parents, waiting with children to be picked up from the program).



The results for the second program evaluation question are displayed in Figures 1-11 and Tables 6-8. Additional tables are located in Appendix C.

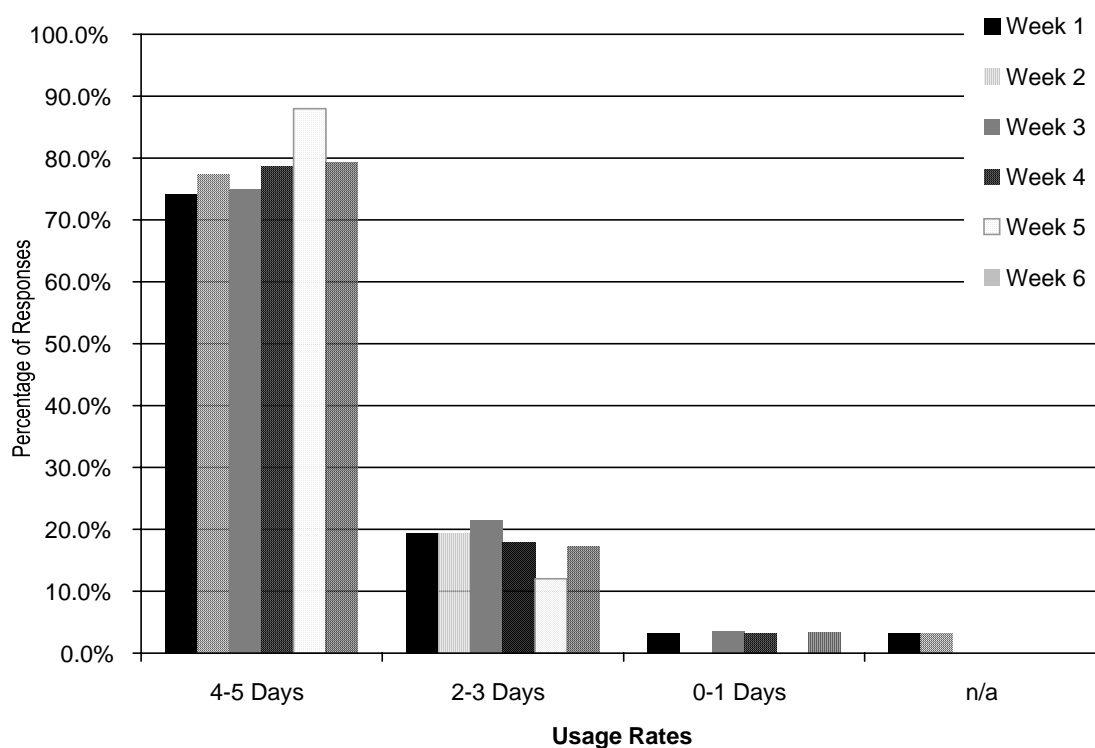
The results of Item 1 on the Evidence Based Strategies Checklist are reported in Figure 1. This evidence based strategy is the establishment of a positive relationship with the child. According to the counselors' self reports, this strategy was used by the majority of the counselors (80%-90%) four to five days each week of the program. Only during week one did an individual report using the strategy 0-1 day. The majority of the counselors (96%-100%) found this strategy to be very important.



*Figure 1.* Results of Evidence Based Strategies Checklist: Item 1- Established positive relationship with student(s)- i.e., “pairing.” One respondent left this item blank for Week 2.

Figure 2 displays the results of Item 2 on the Evidence Based Strategies Checklist. This evidence based strategy is the establishment and discussion of clearly stated rules.

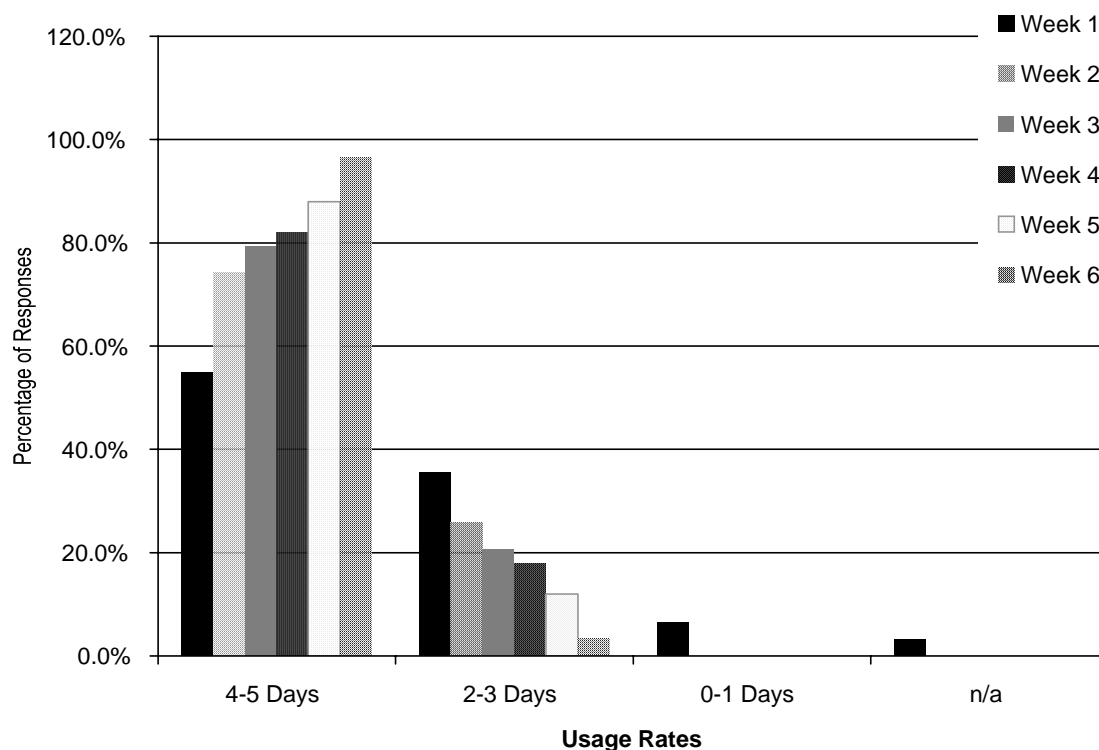
According to the counselors' self reports, this strategy was used by the majority of the counselors (74%-88%) four to five days each week of the program. A small percentage of the counselors reported using this strategy two to three days each week. The majority of the counselors (93%-100%) found this strategy to be very important.



*Figure 2.* Results of Evidence Based Strategies Checklist: Item 2- Established and discussed clearly stated rules. One respondent left this item blank for Week 3.

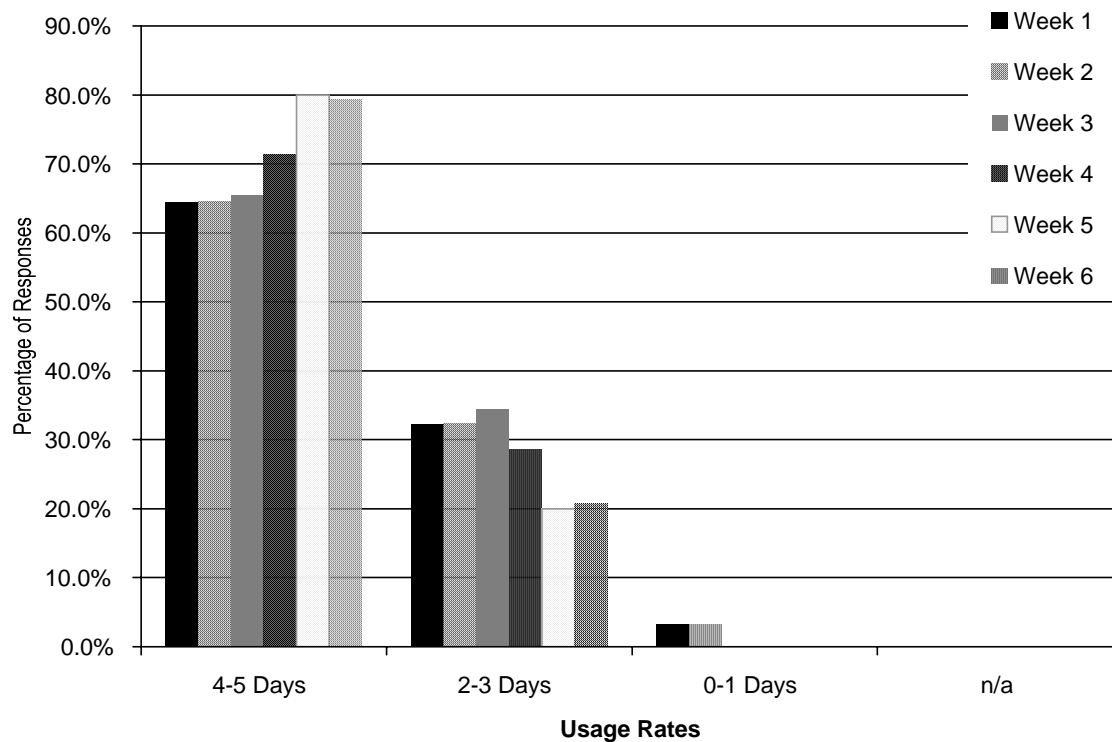
The results of Item 3 on the Evidence Based Strategies Checklist are reported in Figure 3. This evidence based strategy is the establishment and discussion of clearly stated positive and negative consequences for rule compliance or violation. According to the counselors' self reports, this strategy was used by the majority (55%-97%) of the counselors four to five days each week of the program. During the first week of the program, more counselors reported using this strategy 0-1 day or 2-3 days than during

any other week. Again, the majority of the counselors (90%-100%) found this strategy to be very important.



*Figure 3.* Results of Evidence Based Strategies Checklist: Item 3- Established and discussed clearly stated positive and negative consequences for rule compliance or violation.

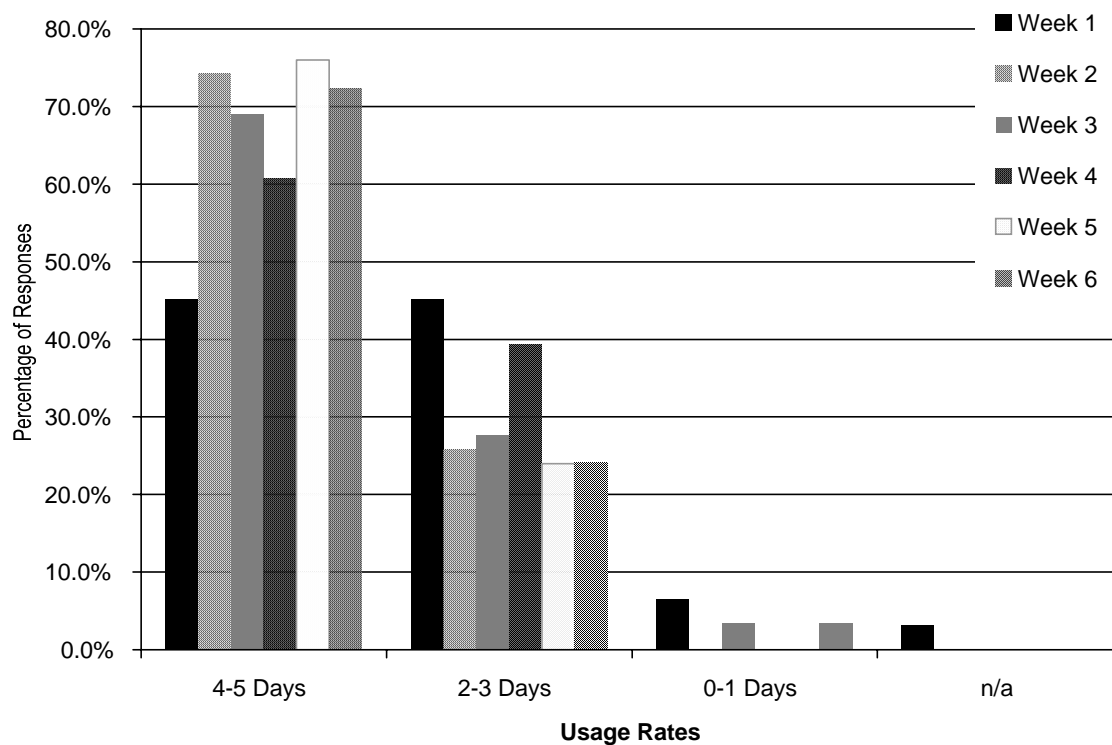
The results of Item 4 on the Evidence Based Strategies Checklist are reported in Figure 4. This evidence based strategy involves providing an opportunity for positive practice of a desired skill. According to the counselors' self reports, this strategy was used by the majority of the counselors (65%-80%) four to five days each week of the program; however, during weeks one through three, ten counselors reported using the strategy 2-3 days per week, and during weeks one and two, one counselor reported using the strategy only 0-1 day per week. The majority of the counselors (96%-100%) found this strategy to be very important.



*Figure 4.* Results of Evidence Based Strategies Checklist: Item 4- Provided opportunity for positive practice (i.e., behavioral rehearsal) of desired skill.

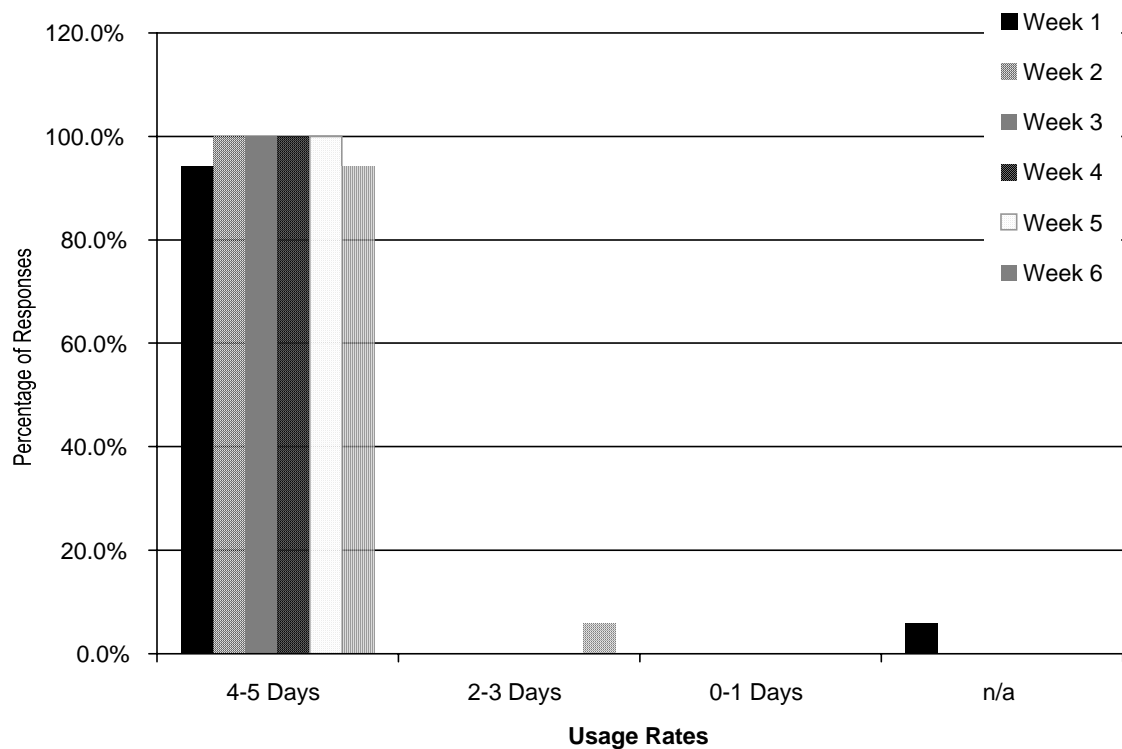
Figure 5 displays the results of Item 5 on the Evidence Based Strategies Checklist.

This evidence based strategy is the review of a skill set and/or rules prior to a situation. According to the counselors' self reports, this strategy was used by the majority of the counselors (45%-76%) four to five days each week of the program. There seems to be more variability with this strategy, however. During week one, an equal amount of counselors ( $n = 14$ ) reported using the strategy 4-5 days and 2-3 days. It appears that more individuals endorsed 2-3 days each week for item 5 than they did with previous strategies. Still the majority of the counselors (90%-100%) found this strategy to be very important.



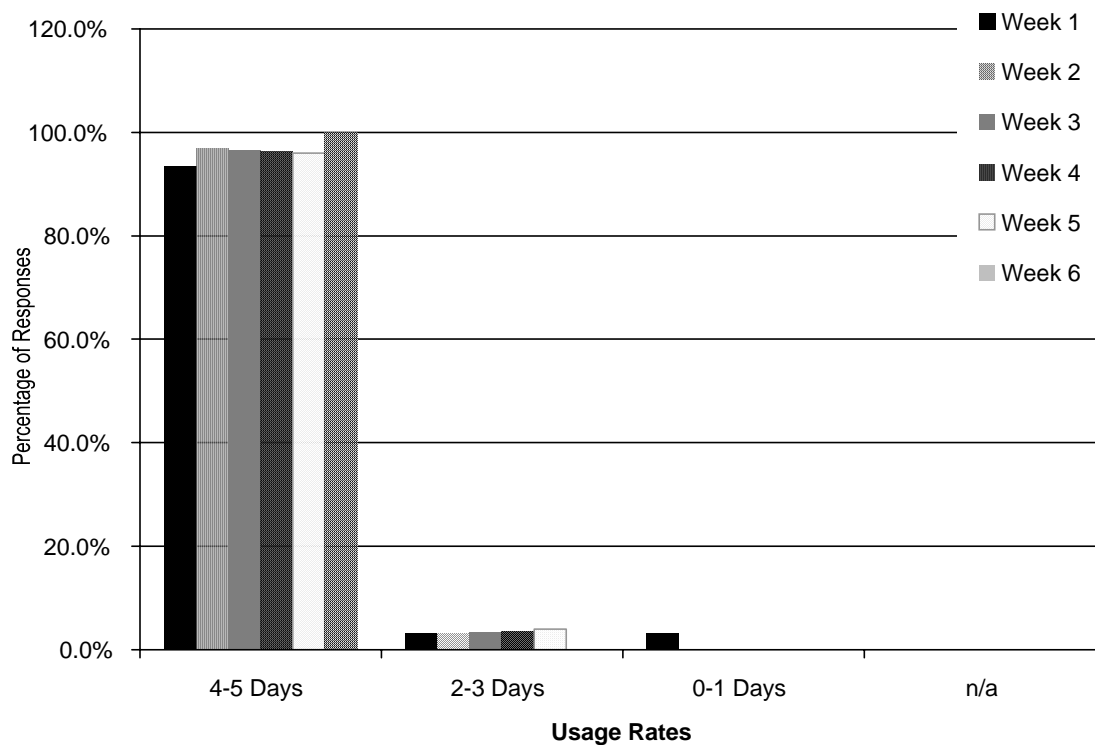
*Figure 5.* Results of Evidence Based Strategies Checklist: Item 5- Reviewed skill set and/or rules prior to situation.

The results of Item 6 on the Evidence Based Strategies Checklist are reported in Figure 6. This evidence based strategy is the completion of the daily behavior scorecard, which is a key component of the program. This item was only applicable to individual counselors. According to their self reports, this strategy was used by almost all of the individual counselors (94%-100%) four to five days each week of the program. It is important to note that both the executive directors and program director verified that every child had a behavior scorecard completed for every day of the program they attended. The majority of the counselors (87%-94%) found this strategy to be very important.



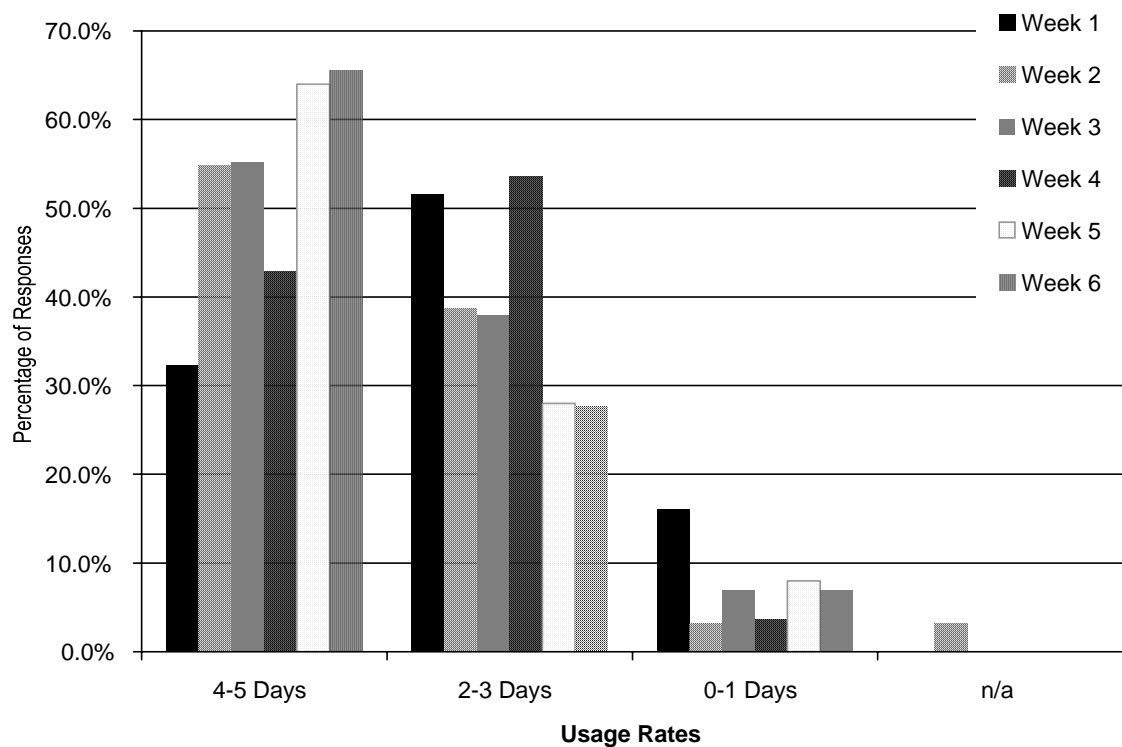
*Figure 6.* Results of Evidence Based Strategies Checklist: Item 6- Completed daily behavior scorecard.

The results of Item 7 on the Evidence Based Strategies Checklist are reported in Figure 7. This evidence based strategy involves providing behavior specific praise. According to the counselors' self reports, this strategy was used by the majority of the counselors (94%-100%) four to five days each week of the program. Only during week one did an individual report using the strategy 0-1 day. The majority of the counselors (96%-100%) found this strategy to be very important.



*Figure 7.* Results of Evidence Based Strategies Checklist: Item 7- Provided behavior specific praise.

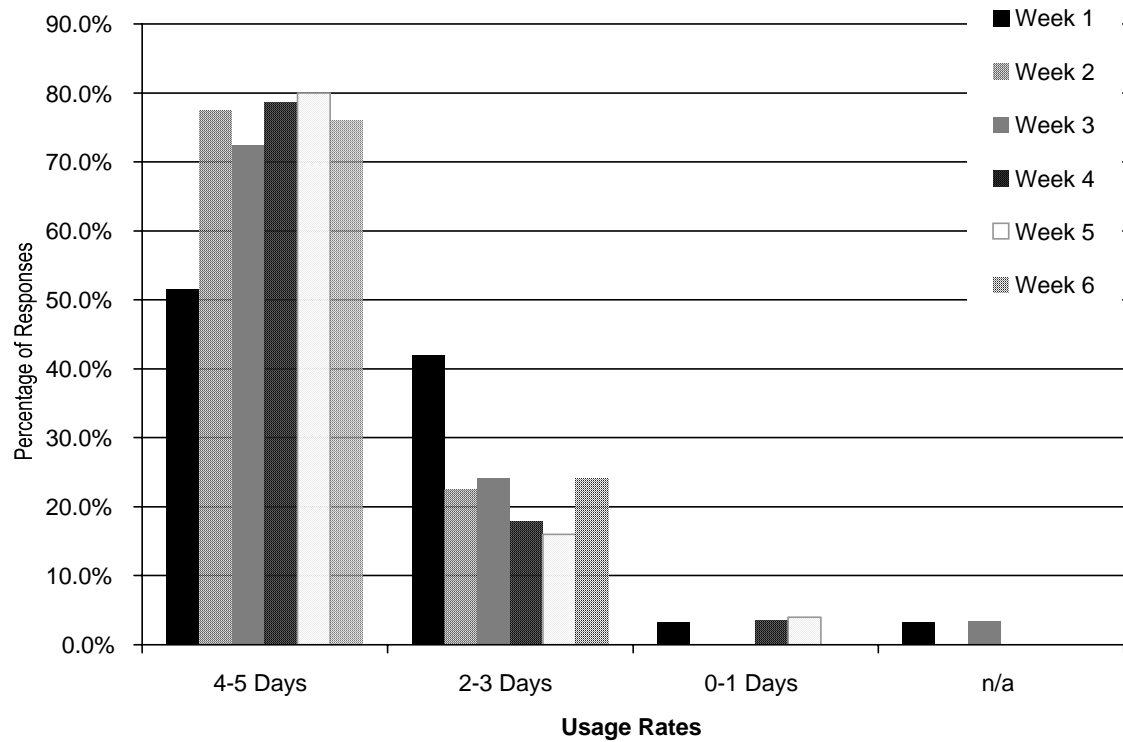
Figure 8 displays the results of Item 8 on the Evidence Based Strategies Checklist. This evidence based strategy is the use of the planned ignoring procedure for problem behaviors. There is variability in the responses on this item. During weeks one and four, the majority of the counselors (52%-54%) reported using the strategy 2-3 days per week, while during weeks two, three, five and six, the majority of the counselors (55%-66%) reported using the strategy 4-5 days each week. The majority of the counselors found this strategy to be very important; however, 16.7%-34.5% of counselors found this strategy to be somewhat important.



*Figure 8.* Results of Evidence Based Strategies Checklist: Item 8- Used planned ignoring procedure of problem behaviors.

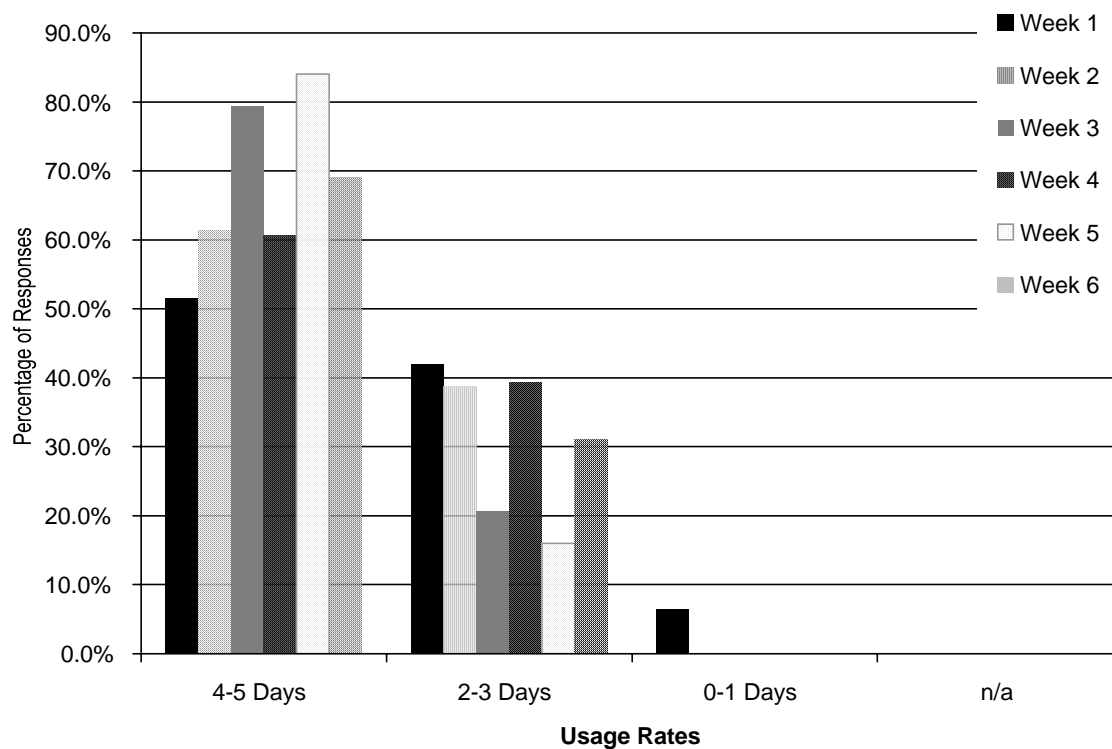
The results of Item 9 on the Evidence Based Strategies Checklist are reported in Figure 9. This evidence based strategy involves assisting the student with problem identification to begin the problem-solving process. According to the counselors' self reports, this strategy was used by the majority of the counselors (52%-80%) four to five days each week of the program. Again, the majority of the counselors (89%-100%) found this strategy to be very important.





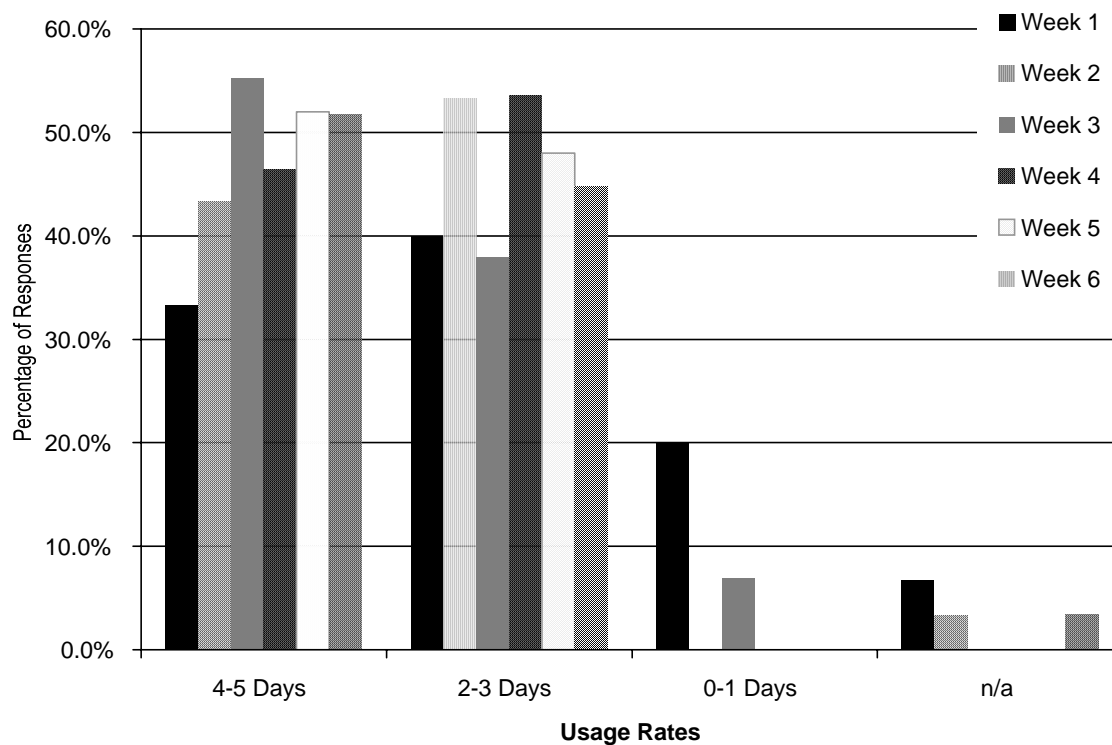
*Figure 9.* Results of Evidence Based Strategies Checklist: Item 9- Assisted student with problem identification to begin problem-solving.

Figure 10 displays the results of Item 10 on the Evidence Based Strategies Checklist. This evidence based strategy involves assisting the student with generating solutions and evaluating solutions. According to the counselors' self reports, this strategy was used by the majority of the counselors (52%-84%) four to five days each week of the program. The majority of the counselors (90%-100%) found this strategy to be very important.



*Figure 10.* Results of Evidence Based Strategies Checklist: Item 10- Assisted student with generating solutions and evaluating solution.

The results of Item 11 on the Evidence Based Strategies Checklist are reported in Figure 11. This evidence based strategy involves assisting the student with reviewing the success of the problem-solving plan. There seems to be the most variability across the weeks for this item. During the first week, ten counselors (33.3%) reported using the strategy 4-5 days of the week, twelve counselors (40%) reported using the strategy 2-3 days of the week, and six counselors (20%) reported using the strategy 0-1 days of the week. During weeks two and four, the majority of the counselors (53%-54%) reported using the strategy 2-3 days each week, and during weeks three, five, and six, the majority (52%-55%) reported using the strategy 4-5 days each week. Again, the majority of the counselors (86%-100%) found this strategy to be very important.



*Figure 11.* Results of Evidence Based Strategies Checklist: Item 11- Assisted student with reviewing the plan's success. One respondent left this item blank for Week 1, and one respondent left this item blank for Week 2.

Item 12 of the Evidence Based Strategies Checklist asked the counselors, “What factors helped you to implement these strategies?” They were given five factors to choose from with the option of writing their own factor under “other.” The five factors were assistance from other staff, availability of materials, ease of use, time available, and child’s level of cooperation. Results from this item are recorded in Table 6. The two factors indicated most often were “assistance from other staff,” and “child’s level of cooperation.” These factors were endorsed 155 times across the six weeks, resulting in a mean endorsement of 25.83 times each week. The next most commonly endorsed factor was “time available,” which was endorsed 124 times ( $M = 20.67$ ) across the six weeks. “Ease of use” was endorsed 73 times ( $M = 12.17$ ), and “availability of materials” was

endorsed 65 times ( $M = 10.83$ ). Other factors written in by the counselors included, “background and experience,” “having a float[ing counselor],” and “knowledge of children’s behaviors.”

Table 6

*Results of Evidence Based Strategies Checklist: Item 12- What factors helped you to implement these strategies?*

Factor	Week						Total
	1	2	3	4	5	6	
Assistance from other Staff	25	30	26	27	21	26	<b>155</b>
Child’s Level of Cooperation	29	27	25	25	24	25	<b>155</b>
Time Available	18	25	21	21	19	20	<b>124</b>
Ease of Use	9	13	10	11	14	16	<b>73</b>
Availability of Materials	11	14	6	9	13	12	<b>65</b>
Other:							
Background & Experience	3	0	0	0	0	0	<b>3</b>
Having a Floater	0	0	0	0	0	1	<b>1</b>
Knowledge of Children’s Behaviors	0	0	0	0	0	1	<b>1</b>

Note. More than one factor was checked each week.

Item 13 of the Evidence Based Strategies Checklist asked the counselors, “What obstacles prevented you from implementing any of these strategies on a daily basis?” Again, they were given five obstacles to choose from with the option of writing their own obstacle under “other.” The five obstacles were the same as the five factors for item 12: assistance from other staff, availability of materials, ease of use, time available, and

child's level of cooperation. Results from this item are recorded in Table 7. The most commonly endorsed obstacle was "child's level of cooperation," which was endorsed 144 times ( $M = 24$ ) across the six weeks. The next most commonly endorsed obstacle was "time available," which was endorsed 110 times ( $M = 18.33$ ) across the six weeks. "Ease of use" was endorsed 39 times ( $M = 6.5$ ), "assistance from other staff" 34 times ( $M = 5.67$ ), and "availability of materials" 20 times ( $M = 3.33$ ). No additional obstacles were reported.

Table 7

*Results of Evidence Based Strategies Checklist: Item 13- What obstacles prevented you from implementing any of these strategies on a daily basis?*

Factor	Week						Total
	1	2	3	4	5	6	
Child's Level of Cooperation	26	28	20	23	21	26	<b>144</b>
Time Available	22	25	17	16	15	15	<b>110</b>
Ease of Use	4	7	6	7	7	8	<b>39</b>
Assistance from other Staff	6	5	2	7	6	8	<b>34</b>
Availability of Materials	1	2	4	2	6	5	<b>20</b>

Note. More than one factor was checked each week.

Item 13 of the Evidence Based Strategies Checklist asked the counselors, "What factors helped you to overcome these obstacles?" Space was provided for an open response. The counselors' responses were categorized into themes which are reported in Table 8. "Assistance from other staff" was the most common theme as it was written 69 times ( $M = 11.5$ ) across the six weeks. "Knowledge and experience" was written nine

times across the six weeks. Other themes included “child’s level of cooperation,” “patience,” “motivation and support from others,” “child’s understanding and familiarity with problem solving,” “learning child’s motivation,” and “comfort/familiarity with child.” Additional themes are reported in Table 8.

Table 8  
*Results of Evidence Based Strategies Checklist: Item 14- What factors helped you to overcome these obstacles?*

Factor	Week						Total
	1	2	3	4	5	6	
Assistance from other Staff	11	12	10	12	12	12	<b>69</b>
Knowledge & Experience	0	2	1	2	1	3	<b>9</b>
Child’s Level of Cooperation	3	0	0	0	0	0	<b>3</b>
Patience	1	1	1	0	0	0	<b>3</b>
Motivation & Support from Others	1	1	0	0	0	0	<b>2</b>
Child’s Understanding & Familiarity with Problem Solving	0	0	0	1	0	1	<b>2</b>
Learning Child’s Motivation	1	0	0	0	1	0	<b>2</b>
Comfort/ Familiarity with Child	0	0	0	0	0	2	<b>2</b>
Learning from Others	1	0	0	0	0	0	<b>1</b>
Training/Staff Meetings	1	0	0	0	0	0	<b>1</b>
Taking Child Away from Group	1	0	0	0	0	0	<b>1</b>
Creativity	1	0	0	0	0	0	<b>1</b>
HI-STEP <sup>TM</sup> Curriculum	0	0	1	0	0	0	<b>1</b>

*Summary*

HI-STEP<sup>TM</sup> counselors were to implement evidence based strategies on a daily basis and report the frequency of strategies used and rate the importance of each strategy on a weekly basis using the Evidence Based Strategies Checklist. The results of the evaluation suggest that almost all of the strategies were used on a daily basis by the majority of counselors. In addition, the majority of counselors felt that all of the strategies were very important. The main factors that facilitated the implementation of these strategies were reported to be assistance from other staff, child's level of cooperation, and time available. Child's level of cooperation was also reported to be the main obstacle that prevented the counselors from implementing the evidence based strategies on a daily basis. The main factor that helped counselors overcome this obstacle was reported to be assistance from other staff.

### Results of Program Evaluation Question 3

*Program Evaluation Question 3: What have been reactions of children, parents, and staff to the program?*

The third program evaluation question sought to elicit the thoughts, opinions, and judgments of children, parents, and staff about the program. Children were those individuals ages 6-17 who attended the HI-STEP<sup>TM</sup> program. Parents included the primary caregivers or legal guardians of the children who attended HI-STEP<sup>TM</sup>. Staff included all lead counselors, individual counselors, floating counselors, the sports and recreation specialist, and the arts and crafts specialist. The method for data collection was the distribution, completion, and collection of three questionnaires: Instrument 3.1 Parent

Reaction Inventory, Instrument 3.2 Counselor Reaction Inventory, and Instrument 3.3 Child Reaction Inventory. The inventories required respondents to provide ratings on either a five-point scale or a three-point scale.

The Parent Reaction Inventory was completed by parents/guardians during the parent-counselor conferences that occurred at the end of the program. This inventory typically was completed immediately following the conference. In cases where the parent/guardian participated in a phone conference or did not complete the inventory the day of the conference, the program director sent home the inventory for parent/guardian completion. The Counselor Reaction Inventory was completed by the staff of the program during the last week of the program. The Child Reaction Inventory was completed by children with the assistance of their counselor during the last week of the program. The executive director and program director were responsible for distribution and collection of the Parent Reaction Inventory during the parent-counselor conferences. The program director was responsible for distribution and collection of the Counselor Reaction Inventory during the last week of the program. The individual counselors were responsible for helping children fill out the Child Reaction Inventory during the last week of the program. The executive director returned the completed surveys to this investigator.

### *Parent Reactions*

Parents of fifty two children completed the Parent Reaction Inventory, which represents an 85.2% response rate. The Parent Reaction Inventory consisted of seventeen items that elicited the parents' thoughts and opinions of the program. The first sixteen



items ask the parents to provide ratings on a five-point scale ranging from 5 representing “strongly agree” to 1 representing “strongly disagree.” Items 9, 10, 11, 13, and 14 had the additional option of circling “N/A” if the item was *not applicable* to the respondent. Item 16 was only filled out by those parents who paid their children’s tuition and left blank by those parents whose child’s school district paid the tuition. The final item required a “yes” or “no” response. The results of the Parent Reaction Inventory are reported in Tables 9-25.

The majority of parents (71.2%) strongly agreed that the program was useful in helping their children learn appropriate social skills and problem-solving skills. 100% of the parents either agreed or strongly agreed with this item. The mean response for this item was 4.71, where 5 represents “strongly agree” and 1 represents “strongly disagree.” Thus, a higher mean suggests stronger agreement. The results for Item 1 are recorded in Table 9.

Table 9  
*Results of Parent Reaction Inventory: Item 1*

The program was useful in helping my child learn appropriate social/problem-solving skills.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	28.8% (n=15)	71.2% (n=37)

The majority (84.6%) of parents strongly agreed that the behavioral methods used at the program were appropriate for their children. 11.5% agreed with this item, and 3.8% endorsed “neutral.” The mean response for this item was 4.81. Responses to Item 2 are located in Table 10.

Table 10  
*Results of Parent Reaction Inventory: Item 2*

The behavioral methods used at the program (e.g., points and rewards) were appropriate for my child.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	3.8% (n=2)	11.5% (n=6)	84.6% (n=44)

84.6% of parents strongly agreed that the Daily Behavior Scorecard was informative regarding their children's behavior. 100% of the parents either agreed or strongly agreed with this item ( $M = 4.85$ ). Responses to Item 3 are listed in Table 11.

Table 11  
*Results of Parent Reaction Inventory: Item 3*

The daily behavioral summary (scorecard) was informative regarding my child's behavior.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	15.4% (n=8)	84.6% (n=44)

The majority (78.8%) of parents strongly agreed that the Daily Program Notes from the program director were informative and appreciated. 15.4% of parents agreed, and 5.8% were neutral. The mean response for this item was 4.73. The results for Item 4 are listed in Table 12.

Table 12  
*Results of Parent Reaction Inventory: Item 4*

The daily program notes from the program director were informative and appreciated.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	5.8% (n=3)	15.4% (n=8)	78.8% (n=41)

Table 13 lists the responses to Item 5. The majority of parents (84.6%) strongly agreed that the recreational activities and special events contributed to their children's enjoyment of the program. 13.5% of parents agreed, and 1.9% were neutral. The mean response for this item was 4.83.

Table 13  
*Results of Parent Reaction Inventory: Item 5*

The recreational activities and special events (i.e., magician, science show, talent show, arts/crafts, sports) contributed to my child's enjoyment.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	1.9% (n=1)	13.5% (n=7)	84.6% (n=44)

The majority (92.3%) of parents strongly agreed that the program counselors were competent and had a sincere interest in their children. 100% of parents either agreed or strongly agreed with this item ( $M = 4.92$ ). The results for Item 6 are displayed in Table 14.

Table 14  
*Results of Parent Reaction Inventory: Item 6*

The counselors were competent and had a sincere interest in my child.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	7.7% (n=4)	92.3% (n=48)

75% of parents strongly agreed that the program facilities appeared to be adequate and well maintained. 23.1% of parents agreed, and 1.9% were neutral. The mean response for this item was 4.73. The responses to Item 7 are listed in Table 15.

Table 15  
*Results of Parent Reaction Inventory: Item 7*

The program facilities appeared to be adequate and well maintained.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	1.9% (n=1)	23.1% (n=12)	75% (n=39)

The majority (76.9%) of parents strongly agreed that the activities to build social skills such as the HI-STEP™ Social Problem Solving Curriculum lessons, role plays, and telephone practice were helpful for their children. 100% of parents either agreed or strongly agreed with this item ( $M = 4.77$ ). The results for Item 8 are displayed in Table 16.

Table 16  
*Results of Parent Reaction Inventory: Item 8*

The activities to build social skills (e.g., HI-STEP™ Social Problem Solving Curriculum, role plays, telephone practice) were helpful.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	23.1% (n=12)	76.9% (n=40)

Table 17 indicates the results for Item 9. 49% of parents strongly agreed that the parent seminars and handouts were informative. 33.3% of parents agreed, and 5.9% were neutral. 11.8% of parents said the item was not applicable to them. The mean response for this item was 4.49. One respondent left this item blank.

Table 17  
*Results of Parent Reaction Inventory: Item 9*

The parent seminars and handouts were informative.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>N/A</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>N/A</u>
0% (n=0)	0% (n=0)	5.9% (n=3)	33.3% (n=17)	49% (n=25)	11.8% (n=6)

Note: One respondent left this item blank.

The majority (75%) of parents strongly agreed that the parent-counselor conference was informative and helpful. 21.2% of parents agreed with this item, and 3.8% circled that the item was not applicable to them. The mean response for this item was 4.78. Table 18 lists the responses to Item 10.

Table 18  
*Results of Parent Reaction Inventory: Item 10*

The parent-counselor conference was informative and helpful.					
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>N/A</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>N/A</u>
0% (n=0)	0% (n=0)	0% (n=0)	21.2% (n=11)	75% (n=39)	3.8% (n=2)

Table 19 indicates the results for Item 11. 68.6% of parents strongly agreed that the program director was available and helpful if/when needed. 21.6% of parents agreed with this item, and 9.8% endorsed “not applicable.” The mean response for this item was 4.76. One respondent left Item 11 blank.

Table 19  
*Results of Parent Reaction Inventory: Item 11*

The program director was available and helpful if/when needed.					
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>N/A</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>N/A</u>
0% (n=0)	0% (n=0)	0% (n=0)	21.6% (n=11)	68.6% (n=35)	9.8% (n=5)

Note: One respondent left this item blank.

The overall parent reaction to the HI-STEP<sup>TM</sup> program was very positive with a mean response of 4.76, where 1 is “strongly disagree” and 5 is “strongly agree.” 100% of the parents who completed this instrument agreed or strongly agreed with the statement, “Overall, my reaction to HI-STEP<sup>TM</sup> is very positive.” Responses to Item 12 are listed in Table 20.

Table 20  
*Results of Parent Reaction Inventory: Item 12*

Overall, my reaction to HI-STEP™ is very positive.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	17.3% (n=9)	82.7% (n=43)

51.9% of parents strongly agreed that the parent orientation meeting that took place before the program began was informative and helpful. 19.2% of parents agreed with the item, 5.8% were neutral, and 23.1% circled “not applicable.” The mean response for this item was 4.60. Results for Item 13 are displayed in Table 21.

Table 21  
*Results of Parent Reaction Inventory: Item 13*

The parent orientation meeting (before the program began) was informative and helpful.					
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>N/A</u>
0% (n=0)	0% (n=0)	5.8% (n=3)	19.2% (n=10)	51.9% (n=27)	23.1% (n=12)

Table 22 indicates the results for Item 14. 44.2% of parents strongly agreed that meeting with the counselors prior to the program was helpful. 23.1% agreed with this item, 1.9% were neutral, and 30.8% endorsed “not applicable.” The mean response for this item was 4.61.

Table 22  
*Results of Parent Reaction Inventory: Item 14*

<u>Meeting with the counselor prior to the program was helpful.</u>					
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>N/A</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>N/A</u>
0% (n=0)	0% (n=0)	1.9% (n=1)	23.1% (n=12)	44.2% (n=23)	30.8% (n=16)

The majority (78.8%) of parents strongly agreed that they would send their children to HI-STEP™ again. 19.2% of parents agreed, and 1.9% were neutral. The mean response to this item was 4.77. Responses to Item 15 are listed in Table 23.

Table 23  
*Results of Parent Reaction Inventory: Item 15*

<u>I would send my child to HI-STEP™ again.</u>				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	1.9% (n=1)	19.2% (n=10)	78.8% (n=41)

The majority (75%; n = 3) of parents strongly agreed that the expense of the program was cost effective. It is important to note that the percentages for this item were based on the responses of only four parents who were eligible to answer the item because they paid the program tuition instead of their child's school district. The results for Item 16 are displayed in Table 24.



Table 24  
*Results of Parent Reaction Inventory: Item 16*

The expense of the program was cost effective.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0% (n=0)	0% (n=0)	25% (n=1)	0% (n=0)	75% (n=3)

Note. Percentages based on N = 4 parents who paid their child's tuition.

The majority (74%) of parents said they would be interested in a Saturday or Sunday 4-hour family program in the fall and/or spring as a booster session for social skills to promote further generalization. 20% said they would not be interested and 4% said they may be interested. Three respondents left this item blank. One of the respondents who left the item blank wrote, "Probably can't afford it." One respondent who answered "yes," wrote, "If kids are involved too." Responses to Item 17 are listed in Table 25.

Table 25  
*Results of Parent Reaction Inventory: Item 17*

I would be interested in a Saturday or Sunday 4-hour family program in the fall and/or spring as a booster session for social skills, and to promote further generalization.	
Yes	74% (n=37)
No	20% (n=10)
Maybe	4% (n=2)

Note. Three respondents left this item blank.

*Summary.* Fifty-two (85.2%) parents completed the Parent Reaction Inventory during the final week of the program. Overall, the parents were very satisfied with the services their children received through the program and felt the staff, services, and

resources were helpful to them and to their children. They reported that the program was useful in helping their children learn appropriate social/problem-solving skills.

### *Staff Reactions*

Of the twenty-seven counselors and two specialists who participated in HI-STEP™ during the summer of 2008, all 100% completed the Counselor Reaction Inventory. The program director and assistant directors were not asked to complete this inventory. The Counselor Reaction Inventory consisted of fourteen items that elicited the staff's thoughts and opinions of the program. The first twelve items asked the staff to provide ratings on a five-point scale ranging from 5 representing "strongly agree" to 1 representing "strongly disagree." The final two items required the respondent to make a choice between two options. The results of the Counselor Reaction Inventory are listed in Tables 26-39.

The majority of staff (75.9%) strongly agreed that working at HI-STEP™ was helpful to their career plans. 17.2% of staff agreed to this item, and 6.9% were neutral. The mean response for this item was 4.69, where 5 represents "strongly agree" and 1 represents "strongly disagree." Thus, a higher mean suggests stronger agreement. The results for Item 1 are recorded in Table 26.

Table 26  
*Results of Counselor Reaction Inventory: Item 1*

<u>Working at HI-STEP™ has been helpful to my career plan.</u>				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	6.9% (n=2)	17.2% (n=5)	75.9% (n=22)

The majority of staff (82.8%) strongly agreed that working at the program helped them to better understand children with AD/HD, oppositional defiant disorders, and Autism/Asperger's disorders. 100% of the staff either agreed or strongly agreed with this item. The mean response for this item was 4.83. The results for Item 2 are recorded in Table 27.

Table 27

*Results of Counselor Reaction Inventory: Item 2*

Working at the program helped me to better understand children with AD/HD, oppositional defiant disorders, and autism/Asperger's disorder.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	17.2% (n=5)	82.8% (n=24)

The majority of staff (72.4%) strongly agreed that the program helped them to have a better understanding of behavior therapy and its practical application. 100% of the staff either agreed or strongly agreed with this item. The mean response for this item was 4.72. The results for Item 3 are recorded in Table 28.

Table 28

*Results of Counselor Reaction Inventory: Item 3*

The program helped me to have a better understanding of behavior therapy and its practical application.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	27.6% (n=8)	72.4% (n=21)

Table 29 indicates the results of Item 4. 82.8% of staff strongly agreed that they enjoyed being a staff member at HI-STEP™. 13.8% of staff agreed with this item, and 3.4% were neutral. The mean response for Item 4 was 4.79.

Table 29

*Results of Counselor Reaction Inventory: Item 4*

<u>I enjoyed being a staff member at HI-STEP™.</u>				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	3.4% (n=1)	13.8% (n=4)	82.8% (n=24)

The majority of staff (72.4%) strongly agreed that HI-STEP™ seemed to be beneficial for the children involved. 100% of staff either agreed or strongly agreed with this statement. The mean response for this item was 4.72. The results for Item 5 are listed in Table 30.

Table 30

*Results of Counselor Reaction Inventory: Item 5*

HI-STEP™ seemed to be beneficial for the children involved.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	27.6% (n=8)	72.4% (n=21)

Table 31 indicates the results of Item 6. The majority of staff (55.2%) agreed that the HI-STEP™ Social Problem-Solving lessons were user-friendly. 34.5 % of staff strongly agreed with this item, and 6.9% were neutral. One respondent left this item blank and wrote, “N/A.” The mean response for Item 6 was 4.34.

Table 31  
*Results of Counselor Reaction Inventory: Item 6*

The HI-STEP™ Social Problem Solving Curriculum lessons were user-friendly.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	6.9% (n=2)	55.2% (n=16)	34.5% (n=10)

Note. One respondent left the item blank and wrote, “N/A.”

58.6% of staff strongly agreed that there was adequate support from the program director and assistant director(s) for problem-solving and advice. 37.9% of staff agreed with this item, and 3.4% were neutral. The mean response for this item was 4.55. The results for Item 7 are recorded in Table 32.

Table 32  
*Results of Counselor Reaction Inventory: Item 7*

I felt that there was adequate support from the director and assistant director(s) for problem-solving and advice.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	3.4% (n=1)	37.9% (n=11)	58.6% (n=17)

Table 33 indicates the results for Item 8 on the Counselor Reaction Inventory. 37.9% of staff strongly agreed and 37.9% agreed that the paperwork was manageable. 17.2% of staff endorsed “neutral.” Two respondents left this item blank and wrote, “N/A.” The mean response for this item was 4.34.

Table 33  
*Results of Counselor Reaction Inventory: Item 8*

The paperwork (daily scorecards, evaluation forms) was manageable.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	17.2% (n=5)	37.9% (n=11)	37.9% (n=11)

Note. Two respondents left this item blank and wrote, "N/A."

The majority of staff (72.4%) strongly agreed that the school facility was adequate for the program. 100% of staff either agreed or strongly agreed with this item. The mean response for this item was 4.72. The results for Item 9 are listed in Table 34.

Table 34  
*Results of Counselor Reaction Inventory: Item 9*

The school facility was adequate for the program.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	27.6% (n=8)	72.4% (n=21)

Table 35 indicates the results for Item 10. 32.1% of the staff strongly agreed that they received adequate training prior to the program while 42.9% agreed, 21.4% were neutral, and 3.6% disagreed. One respondent left this item blank. The mean response for this item was 4.04.

Table 35  
*Results of Counselor Reaction Inventory: Item 10*

I received adequate training prior to the program.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0% (n=0)	3.6% (n=1)	21.4% (n=6)	42.9% (n=12)	32.1% (n=9)

Note. One respondent left this item blank.

The majority of staff (72.4%) strongly agreed that the overall program was run professionally. 13.8% of staff agreed with this item, and 13.8% were neutral. The mean response for this item was 4.59. The results for Item 11 are listed in Table 36.

Table 36  
*Results of Counselor Reaction Inventory: Item 11*

I felt that the overall program was run professionally.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0% (n=0)	0% (n=0)	13.8% (n=4)	13.8% (n=4)	72.4% (n=21)

The majority of staff (75.9%) strongly agreed that they'd like to work at the program again next year. 100% of staff either agreed or strongly agreed with this item. The mean response for this item was 4.76. The results for Item 12 are reported in Table 37.

Table 37  
*Results of Counselor Reaction Inventory: Item 12*

I'd like to work at the program again next year if my schedule permits me to do so.				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
0% (n=0)	0% (n=0)	0% (n=0)	24.1% (n=7)	75.9% (n=22)

Table 38 indicated the results for Item 13. 96.4% of staff indicated that they thought the recess plan (requiring students to choose their activity prior to recess) resulted in better supervision of students. No staff endorsed regular recess time. One respondent wrote, "N/A," for this item, and another respondent left this item blank.

Table 38  
*Results of Counselor Reaction Inventory: Item 13*

Which did you think resulted in better supervision of students?	
Recess Plan (choosing where to go for recess)	96.4% (n=27)
Regular Recess Time	0% (n=0)

Note. One respondent left this item blank. One respondent left this item blank and wrote, "N/A."

77.8% of staff felt that the recess plan also resulted in more appropriate social interactions with fewer conflicts. 14.8% of staff endorsed regular recess time, and 3.7% thought both options were equal. One respondent left this item blank and indicated that the recess plan resulted in more social interaction, and regular recess time resulted in fewer conflicts. Another respondent wrote, "N/A" next to this item, and another respondent left this item blank. Results for Item 14 are listed in Table 39.



Table 39  
*Results of Counselor Reaction Inventory: Item 14*

Which did you think resulted in more appropriate social interactions with fewer conflicts?	
Recess Plan (choosing where to go for recess)	77.8% (n=21)
Regular Recess Time	14.8% (n=4)
Equal	3.7% (n=1)

Note. One respondent left this item blank. One respondent left this item blank and wrote that the recess plan resulted in “more social interaction,” and regular recess time resulted in “fewer conflicts.” One respondent left this item blank and wrote, “N/A.”

*Summary.* Of the twenty-seven counselors and two specialists who participated in HI-STEP™ during the summer of 2008, all 100% completed the Counselor Reaction Inventory. The program director and assistant directors were not asked to complete this inventory. Overall, the staff was satisfied with their experiences at the HI-STEP™ program. They reported that the program added to their knowledge and skills, and reported that HI-STEP™ was beneficial for the children involved.

#### *Child Reactions*

Of the sixty one children who participated in the HI-STEP™ program during the summer of 2008, fifty four children completed the Child Reaction Inventory, which represents an 88.5% response rate. Of those fifty four children who completed the survey, thirty five (64.8%) were provided assistance from their counselor in filling out the survey. The Child Reaction Inventory consisted of ten items that elicited the children’s thoughts and opinions of the program. The first nine items asked the children to provide ratings on a three-point scale with 1 representing “not at all,” 2 representing “a little,” and 3 representing “very much.” Visual representations of these data points were in the form

of a sad face, a happy face, and an excited face respectively. The final item required the child to make a choice between two options. The results of the Child Reaction Inventory are listed in Tables 40-49.

The majority of children (63%) responded, “Very Much” to the statement, “I had fun at HI-STEP™,” and 37% of children responded, “A Little.” The mean response for this item was 2.63, where 3 represents “Very Much” and 1 represents “Not at All.” Thus, a higher mean suggests a stronger positive reaction. The results for Item 1 are recorded in Table 40.

Table 40  
*Results of Child Reaction Inventory: Item 1*

<u>I had fun at HI-STEP™.</u>		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
0% (n=0)	37% (n=20)	63% (n=34)

Table 41 indicates the results for Item 2. 50% of children endorsed “Very Much” in response to the statement, “I learned how to calm down, express my feelings, control my temper, and get along better with others.” 46.3% endorsed “A Little,” and 3.7% endorsed “Not at All.” The mean response for this item was 2.46.

Table 41  
*Results of Child Reaction Inventory: Item 2*

<u>I learned how to calm down, express my feelings, control my temper, and get along better with others.</u>		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
3.7% (n=2)	46.3% (n=25)	50% (n=27)

48.1% of children endorsed “Very Much” in response to the statement, “I enjoyed the social skills role plays.” 40.7% of children endorsed “A Little,” and 11.1% endorsed “Not at All.” The mean response for this item was 2.37. The results for Item 3 are listed in Table 42.

Table 42  
*Results of Child Reaction Inventory: Item 3*

<u>I enjoyed the social skills role plays.</u>		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
11.1% (n=6)	40.7% (n=22)	48.1% (n=26)

The majority of children (81.5%) endorsed “Very Much” in response to the statement, “I liked the point and reward/prize system at the program.” 16.7% endorsed “A Little.” The mean response for this item was 2.82. The results for Item 4 are displayed in Table 43.

Table 43  
*Results of Child Reaction Inventory: Item 4*

<u>I liked the point and reward/prize system at the program.</u>		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
0% (n=0)	16.7% (n=9)	81.5% (n=44)

Note. One respondent circled both 2 and 3, thus this response is not included in the table.

Table 44 indicates the results for Item 5. The majority of children (72.2%) endorsed “Very Much” for the statement, “I liked the arts and crafts projects we did.”

22.2% of children endorsed “A Little,” and 5.6% endorsed “Not at all.” The mean response for this item was 2.67.

Table 44

*Results of Child Reaction Inventory: Item 5*

<u>I liked the arts and crafts projects we did.</u>		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
5.6% (n=3)	22.2% (n=12)	72.2% (n=39)

The results for Item 6 are listed in Table 45. 50% of the children endorsed “Very Much” in response to the statement, “I liked the social skills activities.” 35.2% endorsed “A Little,” and 14.8% endorsed “Not at all.” The mean response for this item was 2.35.

Table 45

*Results of Child Reaction Inventory: Item 6*

<u>I liked the social skills activities.</u>		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
14.8% (n=8)	35.2% (n=19)	50% (n=27)

The majority of children (90.7%) endorsed “Very Much” for the statement, “I liked the special events (science show, magic show, animal show, therapy dogs).” 7.4% endorsed “A Little,” and 1.9% endorsed “Not at All.” The mean response for this item was 2.89. The results for Item 7 are listed in Table 46.

Table 46  
*Results of Child Reaction Inventory: Item 7*

I liked the special events (science show, magic show, animal show, therapy dogs).		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
1.9% (n=1)	7.4% (n=4)	90.7% (n=49)

The majority of children (63%) responded, “Very Much,” to the statement, “I enjoyed playing sports.” 33.3% responded, “A Little,” and 3.7% endorsed, “Not at All.” The mean response for this item was 2.59. The results for Item 8 are recorded in Table 47.

Table 47  
*Results of Child Reaction Inventory: Item 8*

I enjoyed playing sports.		
<u>1</u>	<u>2</u>	<u>3</u>
<u>Not at All</u>	<u>A Little</u>	<u>Very Much</u>
3.7% (n=2)	33.3% (n=18)	63% (n=34)

Table 48 indicates the results for Item 9. 56.6% of children endorsed “Very Much” in response to the statement, “I would like to attend HI-STEP™ again next year.” 15.1% endorsed “A Little,” and 28.3% endorsed “Not at All.” One respondent left this item blank. The mean response for this item was 2.28.

Table 48  
*Results of Child Reaction Inventory: Item 9*

I would like to attend HI-STEP™ again next year.		
<u>1</u>	<u>2</u>	<u>3</u>
Not at All	A Little	Very Much
28.3% (n=15)	15.1% (n=8)	56.6% (n=30)

Note. One respondent left this item blank.

The majority of children (71.2%) liked the regular recess time better than the recess plan (28.8%). Two respondents left this item blank. The results for Item 10 are listed in Table 49.

Table 49  
*Results of Child Reaction Inventory: Item 10*

Which did you like better?	
Recess Plan (choosing where to go for recess)	28.8% (n=15)
Regular Recess Time	71.2% (n=37)

Note. Two respondents left this item blank.

*Summary.* Of the sixty one children who participated in the HI-STEP™ program during the summer of 2008, fifty four children (88.5%) completed the Child Reaction Inventory. Of those fifty four children who completed the survey, thirty five (64.8%) were provided assistance from their counselor in filling out the survey. Overall, the children reported to enjoy the activities, to have fun, and to learn skills. The majority of children also reported liking the regular recess time over the recess plan.

## Results of Program Evaluation Question 4

*Program Evaluation Question 4: What were trainees' perceptions of how they gained knowledge and improved skills on which they were trained?*

The fourth program evaluation question sought to elicit the trainees' perceptions of how they gained knowledge and improved skills on which they were trained. The data collection variables included: knowledge of childhood disorders; knowledge of and skills in the area of behavior modification; knowledge of and skills in the area of implementing a social skills curriculum; skills in the area of problem solving; and skills in the area of working with adults and children. This data was obtained through the distribution, completion, and collection of Instrument 4.1 Staff Training Survey (Appendix A). This survey was to be completed by all staff at the beginning of the first day of the training program and again at the end of the second day of the training program.

Of the thirty-one staff members who participated in the program, twenty-five completed both the Pre-Training Measure and the Post-Training Measure, which represents an 80.6% response rate. Six individuals completed only one measure; consequently, that data was excluded from the analysis. The Staff Training Survey consisted of ten items for which the respondents were to rate on a five-point scale ranging from 5 representing "strongly agree" to 1 representing "strongly disagree." The results of the Staff Training Survey are listed in Tables 50-60.

At Pre-Training, the majority of staff (64%) agreed that they were familiar with and understood similarities and differences among children with AD/HD, Oppositional Defiant Disorder, Autism, and Asperger's Disorder. 28% of staff strongly agreed while 4% were neutral, and 4% disagreed. At Post-Training, the majority of staff (52%) still

agreed with the statement; however, the percentage of those who strongly agreed increased to 44%, with 4% still endorsing neutral. The results for Item 1 are listed in Table 50. A paired samples t-test showed that there was no significant difference between pre-training ( $M = 4.16$ ) and post-training ( $M = 4.40$ ) on this item  $t(24) = -2.00, p = .056$  (two tailed). Results of the t-test are displayed in Table 60.

Table 50

*Results of Pre- and Post- Training Measures: Item 1*


---

I am familiar with and understand similarities and differences among children with AD/HD, oppositional defiant disorder, autism, and Asperger's disorder.

---

	<u>1</u> Strongly Disagree	<u>2</u> Disagree	<u>3</u> Neutral	<u>4</u> Agree	<u>5</u> Strongly Agree
Pre- Training:	0% (n=0)	4% (n=1)	4% (n=1)	64% (n=16)	28% (n=7)
Post- Training:	0% (n=0)	0% (n=0)	4% (n=1)	52% (n=13)	44% (n=11)

---

At Pre-Training, 16% of staff strongly agreed that they understood the principles of Applied Behavior Analysis. 40% of staff agreed while 24% were neutral, 16% disagreed, and 4% strongly disagreed. At Post-Training, 32% strongly agreed with the statement, 48% agreed, 8% were neutral, and 12% disagreed. The results for Item 2 are listed in Table 51. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 3.48$ ) to post-training ( $M = 4.00$ ) on this item  $t(24) = -2.40, p < .05$  (two tailed). Results of the t-test are displayed in Table 60.



Table 51  
*Results of Pre- and Post- Training Measures: Item 2*

---

I understand the principles of applied behavior analysis.

---

	<u>1</u> Strongly Disagree	<u>2</u> Disagree	<u>3</u> Neutral	<u>4</u> Agree	<u>5</u> Strongly Agree
Pre- Training:	4% (n=1)	16% (n=4)	24% (n=6)	40% (n=10)	16% (n=4)
Post- Training:	0% (n=0)	12% (n=3)	8% (n=2)	48% (n=12)	32% (n=8)

---

At Pre-Training, 20.8% of staff strongly agreed that they felt confident they could effectively implement positive behavior supports for children with special needs. 50% of staff agreed while 25% were neutral, and 4.2% strongly disagreed. At Post-Training, 41.7% strongly agreed with the statement, 50% agreed, 4.2% were neutral, and 4.2% disagreed. The results for Item 3 are listed in Table 52. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 3.83$ ) to post-training ( $M = 4.28$ ) on this item  $t(23) = -2.30, p < .05$  (two tailed). Results of the t-test are displayed in Table 60.

Table 52

*Results of Pre- and Post- Training Measures: Item 3*


---

I feel confident that I can effectively implement positive behavior supports for children with special needs.

---

	<u>1</u> Strongly Disagree	<u>2</u> Disagree	<u>3</u> Neutral	<u>4</u> Agree	<u>5</u> Strongly Agree
Pre- Training:	4.2% (n=1)	0% (n=0)	25% (n=6)	50% (n=12)	20.8% (n=5)
Post- Training:	0% (n=0)	4.2% (n=1)	4.2% (n=1)	50% (n=12)	41.7% (n=10)

---

Note: One respondent left this item blank on the Pre-Training Measure; consequently, the respondent's Post-Training response was excluded.

At Pre-Training, 20% of staff strongly agreed that they were knowledgeable of how to teach social skills to children. 44% of staff agreed while 16% were neutral, and 20% disagreed. At Post-Training, the majority of staff (52%) agreed with the statement, 36% strongly agreed, 8% were neutral, and 4% disagreed. The results for Item 4 are listed in Table 53. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 3.64$ ) to post-training ( $M = 4.20$ ) on this item  $t(24) = -2.91, p < .01$  (two tailed). Results of the t-test are displayed in Table 60.

Table 53  
*Results of Pre- and Post- Training Measures: Item 4*

---

I am knowledgeable of how to reach social skills to children.

---

	<u>1</u> <u>Strongly Disagree</u>	<u>2</u> <u>Disagree</u>	<u>3</u> <u>Neutral</u>	<u>4</u> <u>Agree</u>	<u>5</u> <u>Strongly Agree</u>
Pre- Training:	0% (n=0)	20% (n=5)	16% (n=4)	44% (n=11)	20% (n=5)
Post- Training:	0% (n=0)	4% (n=1)	8% (n=2)	52% (n=13)	36% (n=9)

---

At Pre-Training, 16.7% of staff strongly agreed that they felt comfortable leading social skills groups. 41.7% of staff agreed while 25% were neutral, and 16.7% disagreed. At Post-Training, 33.3% strongly agreed with the statement, 45.8% agreed, 12.5% were neutral, and 8.3% disagreed. The results for Item 5 are listed in Table 54. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 3.58$ ) to post-training ( $M = 4.04$ ) on this item  $t(23) = -3.11, p < .01$  (two tailed). Results of the t-test are displayed in Table 60.

Table 54  
*Results of Pre- and Post- Training Measures: Item 5*

---

I feel comfortable leading social skills groups.

---

	<u>1</u> <u>Strongly Disagree</u>	<u>2</u> <u>Disagree</u>	<u>3</u> <u>Neutral</u>	<u>4</u> <u>Agree</u>	<u>5</u> <u>Strongly Agree</u>
Pre- Training:	0% (n=0)	16.7% (n=4)	25% (n=6)	41.7% (n=10)	16.7% (n=4)
Post- Training:	0% (n=0)	8.3% (n=2)	12.5% (n=3)	45.8% (n=11)	33.3% (n=8)

---

Note: One respondent left this item blank on the Pre-Training Measure; consequently, the respondent's Post-Training response was excluded.

At Pre-Training, the majority of staff (72%) strongly agreed that they felt comfortable working with other adults in a collaborative manner. 100% of staff either agreed or strongly agreed with the statement. At Post-Training, 92% strongly agreed with the statement, and 8% agreed. The results for Item 6 are listed in Table 55. A paired samples t-test showed that there was no significant difference between pre-training ( $M = 4.72$ ) and post-training ( $M = 4.92$ ) on this item  $t(24) = -2.00, p = .057$  (two tailed). Results of the t-test are displayed in Table 60.

Table 55  
*Results of Pre- and Post- Training Measures: Item 6*

<u>I am comfortable working with other adults in a collaborative manner.</u>					
	<u>1</u> <u>Strongly Disagree</u>	<u>2</u> <u>Disagree</u>	<u>3</u> <u>Neutral</u>	<u>4</u> <u>Agree</u>	<u>5</u> <u>Strongly Agree</u>
Pre- Training:	0% (n=0)	0% (n=0)	0% (n=0)	28% (n=7)	72% (n=18)
Post- Training:	0% (n=0)	0% (n=0)	0% (n=0)	8% (n=2)	92% (n=23)

At Pre-Training, the majority of staff (68%) strongly agreed that they felt confident in their ability to problem-solve through challenging situations. 12% of staff strongly agreed while 12% were neutral, and 8% disagreed. At Post-Training, 36% strongly agreed with the statement, 56% agreed, 4% were neutral, and 4% disagreed. The results for Item 7 are listed in Table 56. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 3.84$ ) to post-training ( $M = 4.24$ ) on this item  $t(24) = -2.83, p < .01$  (two tailed). Results of the t-test are displayed in Table 60.

Table 56

*Results of Pre- and Post- Training Measures: Item 7*


---

I am confident in my ability to problem-solve through challenging situations. (i.e., using the HI- STEP™ curriculum approach to problem solving)

---

	<u>1</u> Strongly Disagree	<u>2</u> Disagree	<u>3</u> Neutral	<u>4</u> Agree	<u>5</u> Strongly Agree
Pre- Training:	0% (n=0)	8% (n=2)	12% (n=3)	68% (n=17)	12% (n=3)
Post- Training:	0% (n=0)	4% (n=1)	4% (n=1)	56% (n=14)	36% (n=9)

---

At Pre-Training, the majority (60%) of staff agreed that they could develop adequate rapport with children who have various social, emotional, and behavioral needs. 32% of staff strongly agreed while 8% were neutral. At Post-Training, 76% strongly agreed with the statement, 20% agreed, and 4% were neutral. The results for Item 8 are listed in Table 57. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 4.24$ ) to post-training ( $M = 4.72$ ) on this item  $t(24) = -3.67, p < .01$  (two tailed). Results of the t-test are displayed in Table 60.

Table 57  
*Results of Pre- and Post- Training Measures: Item 8*

---

I can develop adequate rapport with children who have various social, emotional, and behavioral needs.

---

	<u>1</u> Strongly Disagree	<u>2</u> Disagree	<u>3</u> Neutral	<u>4</u> Agree	<u>5</u> Strongly Agree
Pre- Training:	0% (n=0)	0% (n=0)	8% (n=2)	60% (n=15)	32% (n=8)
Post- Training:	0% (n=0)	0% (n=0)	4% (n=1)	20% (n=5)	76% (n=19)

---

At Pre-Training, 48% of staff strongly agreed that they understood the structure and schedule of a typical day at HI-STEP<sup>TM</sup>. 20% of staff agreed while 28% were neutral, and 4% disagreed. At Post-Training, 76% strongly agreed with the statement, 20% agreed, and 4% were neutral. The results for Item 9 are listed in Table 58. A paired samples t-test showed that there was a significant increase from pre-training ( $M = 4.12$ ) to post-training ( $M = 4.72$ ) on this item  $t(24) = -3.13, p < .01$  (two tailed). Results of the t-test are displayed in Table 60.

Table 58  
*Results of Pre- and Post- Training Measures: Item 9*

---

I understand the structure and schedule of a typical day at HI-STEP<sup>TM</sup>.

---

	<u>1</u> Strongly Disagree	<u>2</u> Disagree	<u>3</u> Neutral	<u>4</u> Agree	<u>5</u> Strongly Agree
Pre- Training:	0% (n=0)	4% (n=1)	28% (n=7)	20% (n=5)	48% (n=12)
Post- Training:	0% (n=0)	0% (n=0)	4% (n=1)	20% (n=5)	76% (n=19)

---

At Pre-Training, 40% of staff strongly agreed that they were able to remain objective when assessing a child's strengths and needs. 48% of staff agreed while 12% were neutral. At Post-Training, 48% strongly agreed with the statement, 48% agreed, and 4% were neutral. The results for Item 10 are listed in Table 59. A paired samples t-test showed that there was no significant difference between pre-training ( $M = 4.28$ ) and post-training ( $M = 4.44$ ) on this item  $t(24) = -4.27, p < .01$  (two tailed). Results of the t-test are displayed in Table 60.

Table 59

*Results of Pre- and Post- Training Measures: Item 10*

<u>I am able to remain objective when assessing a child's strengths and needs.</u>					
	<u>1</u> <u>Strongly Disagree</u>	<u>2</u> <u>Disagree</u>	<u>3</u> <u>Neutral</u>	<u>4</u> <u>Agree</u>	<u>5</u> <u>Strongly Agree</u>
Pre- Training:	0% (n=0)	0% (n=0)	12% (n=3)	48% (n=12)	40% (n=10)
Post- Training:	0% (n=0)	0% (n=0)	4% (n=1)	48% (n=12)	48% (n=12)

Overall, there was a significant difference between the pre-training measure ( $M = 3.99$ ) and the post-training measure ( $M = 4.40$ ),  $t(24) = -1.16, p = .256$  (two tailed).

Results of the t-test are listed in Table 60.

Table 60  
*Paired Samples t-Test for Pre- and Post- Training Measures*

Item	<i>t</i>	<i>df</i>
1	-2.01	24
2	-2.40*	24
3	-2.30*	23
4	-2.91**	24
5	-3.11**	23
6	-2.00	24
7	-2.83**	24
8	-3.67**	24
9	-3.13**	24
10	-1.16	24
Overall	-4.27**	24

Note. \* $p < .05$ , \*\* $p < .01$

### *Summary*

Of the thirty-one staff members who participated in the program, twenty-five (80.6%) completed both the Pre-Training Measure and the Post-Training Measure. The results suggest that the counselors' knowledge of and skills in the area of behavior modification, knowledge of and skills in the area of implementing a social skills curriculum, skills in the area of problem solving, and skills in the area of working with children with special needs increased in relation to the training program.



## Results of Program Evaluation Question 5

*Program Evaluation Question 5: To what extent have social skills of the target population developed and improved in relation to the program?*

The final program evaluation question sought to determine the extent to which social skills of the target population developed and improved in relation to the HI-STEP™ program. This information is valuable in order to make value judgments about the program. In order to answer this question, data was collected through the Social Skills Rating Scale (SSRS) (Gresham & Elliott, 1990). Parents were required to fill out a pre-rating prior to the beginning of the program, and they were then asked to fill out a post-rating upon completion of the program in August 2008. Of the 61 children who participated in HI-STEP™, parents of all 61 children completed the pre-survey for a 100% response rate; however, parents of only 13 children completed the post-survey, which is a 21.3% response rate, thus the results must be interpreted with caution and may not generalize to all children.

Demographic data on those 13 children are reported in Table 61. The 13 children were between the ages of eight and fifteen and in grades second through ninth. Almost all of the children were male (92.3%), and one child was female. They had diagnoses of Asperger's, PDD/NOS, HFA, AD/HD, and/or Specific Learning Disability (SLD).

Table 61  
*Demographic Data on N=13 Children*

Variable	Frequency	Percentage
<b>Age</b>		
8 years	3	23.1%
9 years	3	23.1%
10 years	1	7.7%
11 years	1	7.7%
12 years	1	7.7%
13 years	3	23.1%
15 years	1	7.7%
<b>Gender</b>		
Female	1	7.7%
Male	12	92.3%
<b>Grade</b>		
2	2	15.4%
3	4	30.8%
4	1	7.7%
5	1	7.7%
6	1	7.7%
7	3	23.1%
9	1	7.7%
<b>Diagnosis</b>		
Asperger's	3	23.1%
PDD/NOS; HFA	4	30.8%
AD/HD	2	15.4%
Asperger's; AD/HD	2	15.4%
HFA	1	7.7%
AD/HD; SLD	1	7.7%

Program characteristic data of the thirteen children is reported in Table 62. The tuition for all of these children was paid for by their districts, and the majority of the children (84.6%) had attended the program previously. The children represented all four classrooms in the program.

Table 62  
*Program Characteristics of N=13 Children*

Variable	Frequency	Percentage
Party Responsible for Tuition		
Parent	0	0%
District	13	100%
Program Participation History		
New	2	15.4%
Returning	11	84.6%
Class Assignment		
Blue	3	23.1%
Green	4	30.8%
Yellow	2	15.4%
Red	4	30.8%

Two versions of the SSRS were used depending on the grade of the child. The Parent Form Elementary Level was used for children in grades K-6, and the Parent Form Secondary Level was used for children in grades 7-12. The SSRS consists of two main scales: Social Skills and Problem Behaviors. These scales have a mean of 100 and a standard deviation of 15. The Social Skills Scale consists of four subscales: cooperation, assertion, responsibility, and self-control. The Problem Behaviors Scale consists of three subscales: externalizing, internalizing, and hyperactivity. The Parent Form for Secondary

students does not include the hyperactivity subscale. The Elementary form consists of 55 items, and the Secondary form consists of 52 items. Both forms ask the respondent to rate how often his/her child displays the behavior described on a scale of 0-2 with 0 representing “never,” 1 representing “sometimes,” and 2 representing “very often,” and how important each of the behaviors is for his/her child’s development on a scale of 0-2 with 0 meaning “not important,” 1 meaning “important,” and 2 meaning “critical.” The importance rating is not used to calculate the ratings but is typically used for planning interventions.

The parents of the 13 children reported that those children demonstrated below average social skills ( $M = 82.23$ ) and exhibited above average problem behaviors ( $M = 123.42$ ) prior to the HI-STEP™ program. The parents’ post-ratings suggest that those thirteen children used average social skills ( $M = 89.08$ ) and exhibited above average problem behaviors ( $M = 116.17$ ) upon completion of the program.

A paired samples t-test showed that there was a significant increase between pre-social skills ratings ( $M = 82.23$ ) and post-social skills ratings ( $M = 89.08$ ),  $t(11) = -2.36$ ,  $p < .05$  (two tailed). There was no significant difference between pre-problem behaviors ratings ( $M = 123.42$ ) and post-problem behaviors ratings ( $M = 116.17$ ),  $t(11) = 2.06$ ,  $p = .064$  (two tailed).

Of the seven subscales, only one demonstrated a significant difference between data points. The cooperation subscale ratings were significantly different between the pre-measure ( $M = 9.23$ ) and the post-measure ( $M = 10.58$ ),  $t(11) = -3.03$ ,  $p < .05$  (two tailed). Cooperation skills (i.e. compliance behaviors) reportedly increased; however, both ratings were still in the average range.

*Summary*

Of the sixty one children who participated in the program, parents of only thirteen children completed the Social Skills Rating Scale both prior to and upon completion of the program. This represents a 21.3% response rate, which is not ideal in assessing if changes in social skills occurred in relation to the HI-STEP™ program. These thirteen children were between the ages of eight and fifteen and in grades second through ninth. Almost all of the children were male and had diagnoses of Asperger's, PDD/NOS, HFA, AD/HD, and/or Specific Learning Disability (SLD). Tuition for all of these children was paid for by their districts, and the majority of the children had attended the program previously. The children represented all four classrooms in the program. For these thirteen children, results of the social skills ratings indicated a statistically significant increase in social skills, particularly in the area of cooperation, in relation to the HI-STEP™ program. Additionally, a decrease in mean problem behaviors was indicated, but this change was not statistically significant.

*Summary*

Sixty-one children participated in the HI-STEP™ program during the summer of 2008. These children ranged in age from six to seventeen and ranged in grade from Kindergarten to tenth grade. The majority of the children were male and diagnosed with multiple disorders such as Asperger's Syndrome, High Functioning Autism, PDD/NOS, and AD/HD. School districts paid for the program tuition of the majority of children, and a majority of the children had attended the HI-STEP™ program previously.

The majority of the staff who participated in the program was female with varied educational levels ranging from high school diplomas (and enrolled in college or university degree programs at the time of the summer program) to master degrees. There was almost an equal number of staff participating in the program for the first time as well as returning to the program.

HI-STEP™ counselors were to implement evidence based strategies on a daily basis, and the results of the evaluation suggest that almost all of the strategies were used on a daily basis by the majority of counselors. In addition, the majority of counselors felt that all of the strategies were very important. The main factors that facilitated the implementation of these strategies were reported to be assistance from other staff, child's level of cooperation, and time available. Child's level of cooperation was also reported to be the main obstacle that prevented the counselors from implementing the evidence based strategies on a daily basis. The main factor that helped counselors overcome this obstacle was reported to be assistance from other staff.

Overall, it appeared that parents, counselors, and children were satisfied with the services provided through the HI-STEP™ program and with their participation in the program. They also felt that the children benefited from their participation in the program and learned useful skills.

Results of the training measures suggest that the counselors' knowledge of and skills in the area of behavior modification, knowledge of and skills in the area of implementing a social skills curriculum, skills in the area of problem solving, and skills in the area of working with children with special needs increased in relation to the training program.

Finally, social skills ratings suggest that social skills, particularly in the area of cooperation, of children who participated in the HI-STEP™ program significantly increased in relation to the program. Additionally, a decrease in the mean problem behaviors was indicated, but this change was not statistically significant. However, these results were based on the ratings for only thirteen children and must be interpreted with caution; consequently, these results may not generalize to all children who participate in the program.

#### Communication of Program Evaluation Information

Program evaluation information was communicated to the clients upon completion of the data analysis. All five questions were able to be answered within four months of the program's conclusion. Information obtained was analyzed as described in the protocols for each question. A final report was compiled and presented to the clients in December 2008.

## CHAPTER VI

### EVALUATION OF THE PROGRAM EVALUATION

#### Overview

This chapter presents the final program planning and evaluation activity, which is the evaluation of the program evaluation. Evaluating the program evaluation provides insight into how future program evaluations can be improved to better serve the entire program planning and evaluation process. Evaluating the program evaluation can be facilitated by using the four qualities of a sound human services program evaluation: practicality, utility, propriety, and technical defensibility. Maher (2000) has delineated four questions to coincide with these qualities. Answers to these questions can be obtained from people who have been involved in the evaluation and through individual interviews, group discussions, and/or survey instrumentation. These four questions are:

#### Practicality

1. To what extent was the program evaluation conducted in a way that allowed for its successful accomplishment?

#### Utility

2. In what ways was the resulting program evaluation information helpful to people? Which people?



### Propriety

3. Did the program evaluation occur in a way that adhered to legal strictures and ethical standards?

### Technical Defensibility

4. To what degree can the evaluation be justified with respect to matters of reliability and validity?

In order to evaluate the current evaluation plan, these four questions were considered through discussions with the executive directors of HI-STEP™ and the program director, through observations of the program, and through analyses of data obtained throughout implementation of the program evaluation plan. Each question is discussed below.

### Practicality

Practicality of the program evaluation was a concern throughout the process. Many instruments were used to answer the program evaluation questions, and the practicality of these instruments was a priority for this consultant. The amount and length of instruments was discussed with the executive directors. Discussions took place in an effort to balance obtaining useful information and ensure practical methods that would lead to the successful completion of the program evaluation.

An instrument of concern was the Social Skills Rating Scale. Parents of all children were required to complete this scale prior to beginning the program. The response rate at that point was 100%. The parents were then asked to complete the scale

again after the program had ended and return the scales through the mail, and the response rate was considerably low (21.3%). Only hypotheses can be made as to the reason for this low response rate, but it is possible that the parents no longer had a vested interest in completing the scale. Parents were asked to complete the Parent Satisfaction Inventory during the parent-counselor conferences at the end of the program, and the response rate for this survey was 85.2%. The executive directors were very pleased with this response rate and found the strategy of having parents fill out the survey on site to be beneficial. Thus, asking the parents to also complete the Social Skills Rating Scale at that time may have resulted in a higher response rate. Moreover, providing parents with feedback as to how their children's ratings changed in relation to the program may have provided enough incentive to increase the response rate as well.

Overall, the program director felt the surveys were clear, practical, and easily understood. The executive directors felt that all forms were user friendly, and sufficient time was provided for participants to complete the surveys. They felt that the methods were clearly explained to themselves, to the program director, and to the participants. The surveys were easily understood and expectations were clear.

### Utility

The program evaluation information will likely be helpful to the client in that it provides details regarding the demographics of children and staff, an objective description of feedback of satisfaction among all participants, and objective feedback as to quality assurance of the program being implemented as designed. The program evaluation information also provides positive outcomes on satisfaction ratings which will

support the promotion of the HI-STEP™ program. Finally, the information will promote strategizing to improve the overall program and further program evaluation.

The program evaluation information will also be helpful to parents and districts when making determinations about whether to send children to the HI-STEP™ program. Moreover, it will be helpful to staff because it may provide them with information as to the impact their participation had on the children involved in the program as well as the staff's own development of knowledge and skills in relation to their involvement with the program.

### Propriety

The program evaluation occurred in a way that adhered to legal and ethical standards. All ethical and legal concerns were discussed thoroughly before the program evaluation process began. The program evaluation plan was reviewed and approved by various parties such as the executive directors of the HI-STEP™ program and the chairperson for this dissertation. Data was collected and reported in a manner that protected the confidentiality of the participants.

### Technical Defensibility

The executive directors felt that the results of the program evaluation were consistent with data collected in the past, particularly in regard to the satisfaction surveys. It was reported that data for satisfaction surveys have consistently been very high.

There were two instruments of concern with regard to technical defensibility: the Evidence Based Strategies Checklist and the Social Skills Rating Scale. First, the

Evidence Based Strategies Checklist was developed in order to obtain information throughout implementation of the HI-STEP™ program; therefore, it was administered to all counselors at the end of each week. The program director explained that the staff filled out the checklist just before leaving each Friday which may have resulted in less reliable responses. He suggested administering the checklist randomly or every two to three days in order to obtain more representation of the sampled day as opposed to a summation of the week.

Second, the Social Skills Rating Scale may not be sensitive enough to measure changes in social skills over such a short period of time. In addition, there was a low response rate for the Post-Social Skills Rating Scale. Consequently, those results should be interpreted with caution.

It is important to note that this evaluation was a formative evaluation and not a random sample controlled study. The sample size for this program evaluation was 61 children. Results should be considered valid only within the context of the program and the population served. Overall, the evaluation data appears to be reliable and valid and related to the program evaluation questions outlined in the evaluation plan.

### Summary

The final step of the program evaluation process involves evaluating the program evaluation. This evaluation of the formative program evaluation was facilitated through the use of the four qualities of a sound human services program: practicality, utility, propriety, and technical defensibility (Maher, 2000). Questions related to each quality were considered through discussions with the executive directors of HI-STEP™ and the

program director, through observations of the program, and through analyses of data obtained throughout implementation of the program evaluation plan. The evaluation of the program evaluation found that the evaluation was conducted in a practical manner that was clearly communicated, easily understood, and a good fit with daily routines of the program. Concerns regarding practicality surrounded the low response rate of the Post-Social Skills Rating Scale. The program evaluation information will likely be helpful for the client, parents, districts, and staff with regard to further improvement of the program, promotion of the program, and making decisions about the program. The program evaluation occurred in a way that adhered to legal and ethical standards. Finally, the program evaluation appears to be reliable and valid relative to the context in which the program existed. The only concerns in regard to technical defensibility involved the timing of the administration of the Evidence Based Strategies Checklist and the Social Skills Rating Scale, as well as the sensitivity with which the Social Skills Rating Scale is able to detect changes over a short period of time.

## CHAPTER VII

### CONCLUSIONS AND RECOMMENDATIONS

#### Overview

This chapter presents conclusions and recommendations drawn after completion of a systematic program evaluation of a private summer social skills program, HI-STEP™. The program evaluation presented in this dissertation captured a snapshot of the program during the summer of 2008. Conclusions and recommendations are based on the program evaluation implemented during that time. Conclusions are presented for the formative program evaluation followed by a discussion of the constraints of the dissertation. Finally, recommendations are offered for the continued implementation of the program evaluation.

#### Conclusions

##### *Findings of the Evaluation*

Upon completion of the formative program evaluation, four main conclusions may be drawn. First, HI-STEP™ staff implemented evidence-based strategies on a daily basis. Second, it appeared that parents, counselors, and children were satisfied with the services provided through the HI-STEP™ program and with their participation in the program. Third, it appeared that staff knowledge and skills increased in relation to their

participation in the training program. Fourth, children's social skills improved as result of participating in the program.

The first conclusion drawn from this evaluation was that staff implemented evidence-based strategies on a daily basis. This conclusion was based on the self-report of staff members. At the end of each week of the program, staff was asked to report how often a variety of evidence-based strategies were used. Almost all of the strategies listed were used on a daily basis by the majority of staff. The majority of staff members also found these strategies to be very important. The main factors that facilitated the implementation of these strategies were reported to be assistance from other staff, child's level of cooperation, and time available. Child's level of cooperation was also reported to be the main obstacle that prevented the counselors from implementing the evidence based strategies on a daily basis. The main factor that helped counselors overcome this obstacle was reported to be assistance from other staff.

The second conclusion drawn from this evaluation was that parents, counselors, and children were satisfied with the program. This conclusion was based on the reactions of people involved in the program. Parents, counselors, and children were asked to complete reaction inventories and rate their level of agreement with statements about the program. Overall, it appeared that parents, counselors, and children were satisfied with the services provided through the HI-STEP<sup>TM</sup> program and with their participation in the program. They also felt that the children benefited from their participation in the program and learned useful skills.

The third conclusion was that the knowledge and skills of staff increased in relation to their participation in the two-day training program. This conclusion was based

on ratings provided by staff prior to and upon completion of the training program.

Overall, it appeared that the counselors' knowledge of and skills in the area of behavior modification, knowledge of and skills in the area of implementing a social skills curriculum, skills in the area of problem solving, and skills in the area of working with children with special needs increased in relation to their participation in the training program.

The fourth conclusion drawn from this evaluation was that children's social skills significantly improved in relation to their participation in the program. This conclusion was based on the reactions of the parents of thirteen children who participated in the program. Parents were asked to provide social skills ratings of their children prior to and upon completion of the program. Based on the thirteen responses, it appears that social skills, particularly in the area of cooperation, significantly increased in relation to the program. Additionally, a decrease in the mean problem behaviors was indicated, but this change was not statistically significant. While only thirteen surveys were returned at the end of the program, there is some indication that children's social skills would improve as a result of participating in the program, and problem behaviors may decrease as well. However, because of the low response rate, it is difficult to make this implication with confidence.

#### *Findings of the Dissertation*

It was concluded from conducting this evaluation of the HI-STEP™ program that the evaluation plan is feasible, key stakeholders found the evaluation useful, and there is a desire to continue to use the plan to evaluate the program. It was made clear that the



evaluation plan can be implemented as part of the HI-STEP™ program. Even with the low response rate for the SSRS, the evaluation was successfully conducted. Feedback from the clients suggested that the evaluation was clear, practical, and a good fit with the program. Feedback from the program director revealed that the evaluation was not disruptive to daily routines and was conducted in a practical manner. The executive directors found the evaluation information useful and plan to continue to improve the evaluation plan to evaluate the HI-STEP™ program.

### *Constraints of the Dissertation*

There are two main constraints of this study: external validity and sustainability. With regard to external validity, this dissertation is a case study relating to a group of children (N=61) in New Jersey who were not selected randomly to participate in the study. Results should be considered valid only within the context of the program and the population served. Moreover, the post social skills ratings were collected on only thirteen children; therefore, it is unknown whether the results of that data would generalize to all children who participate in the HI-STEP™ program.

The second constraint is that of sustainability. Due to time constraints of this dissertation, it is unknown whether the outcomes of this program were sustained long-term. An instrument was developed to obtain feedback from parents six months after the program; however, this was not implemented due to the time constraints. Moreover, additional social skills ratings at a later point in time would have provided more information as to the sustainability of the outcomes.

## Recommendations

The main recommendation of this investigator is to continue with the annual and ongoing evaluation of the HI- STEP<sup>TM</sup> program. In order to continue to successfully implement the evaluation plan, the investigator proposes the following recommendations.

First, HI- STEP<sup>TM</sup> should designate personnel responsible for program evaluation. Because the current data was collected as part of a dissertation, this investigator served as the evaluation consultant. The evaluation consultant is responsible for ensuring that all data is collected, analyzing data, and communicating the results. Designation of an evaluation consultant for future program evaluation will increase the likelihood that the evaluation will be completed successfully.

Second, the Evidence Based Strategies Checklist may be revised so that staff would check which strategies they use on a daily basis instead of rating each strategy on frequency of use and importance. This modification would provide useful information as to whether the evidence based strategies are being implemented, and it would be aligned with staff responsibilities. In addition, the checklist may be administered at random times or mid-week instead of Fridays just before staff leave to ensure more reliable responses.

Third, HI- STEP<sup>TM</sup> might consider making adjustments and changes to the use of the Social Skills Rating Scale. First, they might consider the use of an alternative social skills rating instrument that would be more sensitive to changes in skills and behaviors over a short period of time. It is important to choose an instrument that would be practical for parents to complete as the response rate for the Post-Social Skills Rating Scale was low for this dissertation. Additionally, changes need to be made to the administration of the Post-Social Skills Rating Scale to ensure a higher response rate. For example, the

instrument may be administered at the parent conference since there was a good response rate for the Parent Reaction Inventory completed at that time. Incentives for completion of the instrument may also be provided. For instance, a HI- STEP™ t-shirt might be given to each parent who completes the survey. Also, parents could be provided with feedback as to their child's scores on the rating scale both prior to and after the program. Further, the expectation to complete this instrument should be clarified from the beginning of the program, and if necessary, receipt of their child's final evaluation could be made contingent on the parent's completion of the survey. Lastly, reminder phone calls and letters home should be provided to parents who do not return the survey.

Fourth, to address sustainability of outcomes of the program, follow-up data may be obtained from parents and even teachers. A Parent Follow-Up Survey was prepared for this dissertation; however, due to time constraints, it was not implemented. Such an instrument may provide useful information as to the sustainability of outcomes long-term. Additional information could be obtained from teachers to determine whether skills learned in the program are generalized to the classroom and other school settings.

Finally, parents could be provided with more feedback as to the data collected through program evaluation. Parents may be interested in knowing how their children responded to the Child Reaction Inventory, how parents as a whole responded to the Parent Reaction Inventory, and how their children's social skills ratings changed in relation to their participation in the program.

## Summary and Final Words

This dissertation focused on the process of evaluating a private summer social skills program, HI- STEP<sup>TM</sup>, for children with demonstrated needs for social-emotional and problem-solving skills training. Through Maher's (2000) program planning and evaluation framework, a program evaluation plan was designed and implemented during summer 2008. Based on this formative evaluation, several conclusions can be made: Evidence-based strategies were reported as being implemented by staff on a daily basis; parents, counselors, and children were satisfied with the HI- STEP<sup>TM</sup> program; staff increased knowledge and skills in relation to their participation in the two-day training program; and a sample of children demonstrated a significant increase in social skills in relation to the program. These findings suggest that the program evaluation plan was feasible, successful, and useful to the clients. Constraints of the study included a lack of external validity and a lack of measured sustainability.

This chapter presented several recommendations for continued program evaluation. These recommendations include the designation of personnel responsible for program evaluation, the modification of the structure and methods for implementing the Evidence Based Strategies Checklist, the modification of the methods for implementing the Social Skills Rating Scale, the addition of follow-up instruments to obtain data on sustainability and generalization, and the provision of parents with feedback regarding data collected through program evaluation.

The process of designing and implementing the program evaluation plan for the HI- STEP<sup>TM</sup> program was a rewarding experience. The most rewarding aspect of the process was in providing a program evaluation plan and evaluation information that was

valuable to the clients, the executive directors of HI- STEP™. It was a pleasure to work with the executive directors, program director, and staff of HI- STEP™.

## REFERENCES

- American Camp Association. (2005). *Youth development outcomes of the camp experience*. [Brochure]. Martinsville, IN: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington, DC: Author.
- Bellini, S., Peters, J. K., Benner, L., & Hopf, A. (2007). A meta-analysis of school-based social skills interventions for children with autism spectrum disorders. *Remedial and Special Education, 28*, 153-162.
- Boss, S. & Railsback, J. (2002). Summer school programs: A look at the research, implications for practice, and program sampler. *By Request Series*. [Booklet]. Portland, OR: Northwest Regional Educational Laboratory. (ERIC Document Reproduction Service No. ED470753)
- Brown, K. J. (2005). Therapeutic camping programs. In Steele, R. G. & Roberts, M. C. (Eds). *Handbook of mental health services for children, adolescents, and families*. New York: Kluwer Academic/ Plenum Publishers.
- Collaborative for Academic, Social, and Emotional Learning. (2007). Youth and schools today: Why SEL is needed. *CASEL briefs*. Retrieved February 17, 2008, from <http://www.CASEL.org>
- Cooper, H., Nye, B., Charlton, K., Lindsay, J., & Greathouse, S. (1996). The effects of summer vacation on achievement test scores: A narrative and meta-analytic review. *Review of Educational Research, 66*, 227–268.
- Copenhaver, J. (2004). *Primer on the provision of extended school year services: For parents and educators*. North Logan, UT: Mountain Plains Regional Resource Center. (ERIC Document Reproduction Service No. ED483199)
- Dalton, J. H., Elias, M. J., & Wandersman, A. (2001). *Community psychology: Linking individuals and communities*. Belmont, CA: Wadsworth/Thomson Learning.
- Elias, M. J. & Tobias, S. E. (1996). *Social problem solving: Interventions in the schools*. New York: Guilford Press.
- Evans, S. W., Axelrod, J. L., & Sapia, J. L. (2000). Effective school-based mental health interventions: Advancing the social skills training paradigm. *Journal of School Health, 70*, 191-194.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York: Bantam Books.

- Gresham, F. M. (1995). Best practices in social skills training. In Thomas, A. & Grimes, J. G. (Eds.). *Best practices in school psychology (3<sup>rd</sup> ed.*, pp. 1021-1030). Washington, DC: National Association of School Psychologists.
- Gresham, F. M. (1998). Social skills training with children: Social learning and applied behavioral analytic approaches. In Watson, T. S. & Gresham, F. M (Eds.). *Handbook of Child Behavior Therapy* (pp.475-497). New York: Plenum Press.
- Gresham, F. M. & Elliott, S. N. (1990). *Social skills rating system*. Minneapolis, MN: NCS Pearson, Inc.
- Kabler, M. L., Stephens, T. M., & Rinaldi, R. T. (1983). Extended school year for the handicapped: Legal requirements, educational efficacy, and administrative issues. *The Journal of Special Education, 17*, 105-113.
- La Greca, A. M. (1993). Social skills training with children: Where do we go from here? *Journal of Clinical Child Psychology, 22*, 288-298.
- Maher, C. A. (2000). *Resource guide for planning and evaluating human service programs*. Unpublished manuscript.
- McGinnis, E. & Goldstein, A. P. (1997). *Skillstreaming the elementary school child: New strategies and perspective for teaching prosocial skills*. Champaign, IL: Research Press.
- McNeil, E. B. (1957). The background of therapeutic camping. *Journal of Social Issues, 13*, 3-14.
- Mesmer, E. M. & Mattingly, L. E. (2005). Evaluating social skills interventions within a three-tiered model of behavioral support. *NASP Communiqué, 33*.
- Michalski, J. H., Mishna, F., Worthington, C., & Cummings, R. (2003). A multi-method impact evaluation of a therapeutic summer camp program. *Child and Adolescent Social Work Journal, 20*, 53-76.
- National Association of School Psychologists. (2002). *Social skills: Promoting positive behavior, academic success, and school safety*. [Fact Sheet]. Retrieved October 3, 2007, from [http://www.nasponline.org/resources/factsheets/socialskills\\_fs.aspx](http://www.nasponline.org/resources/factsheets/socialskills_fs.aspx)
- New Jersey Administrative Code: Chapter 6A:14, Special Education. (2006).
- Payton, J. W., Wardlaw, D. M., Graczyk, P. A., Bloodworth, M. R., Tompsett, C. J., & Weissberg, R. P. (2000). Social and emotional learning: A framework for promoting mental health and reducing risk behavior in children and youth. *Journal of School Health, 70*, 179-185.

- Ross, M. R., Powell, S. R., & Elias, M. J. (2002). New roles of school psychologists: Addressing the social and emotional learning needs of students. *School Psychology Review, 31*, 43-52.
- Sprafkin, R.P., Gershaw, N.J., & Goldstein, A.P. (1993). *Social skills for mental health: A structured learning approach*. Needham Heights, MA: Allyn and Bacon.
- Wetzel, M. C., McNaboe, C., & McNaboe, K. A. (1995). A mission based ecological evaluation of a summer camp for youth with developmental disabilities. *Evaluation and Program Planning, 18*, 37-46.
- Zins, J. E., & Elias, M. E. (2006). Social and emotional learning. In Bear, G. G. & Minke, K.M. (Eds.). *Children's needs (3<sup>rd</sup> ed.)* (pp. 1-13). Bethesda, MD: National Association of School Psychologists.
- Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.



APPENDIX A  
Program Instrumentation

Instrument 1.1  
Child Participant Statistics

This form was created to better understand the types of children being served by the HI-STEP™ summer program. This form is to be completed by the evaluation consultant upon review of the registration information for each child.

Demographic Information

<b>Age</b>	<b>Freq.</b>	<b>Diagnosis/ Disability</b>	<b>Freq.</b>
6 years		Asperger's	
7 years		Specific Learning Disability	
8 years		AD/HD	
9 years		Bipolar Disorder	
10 years		Tourette Syndrome	
11 years		PDD-NOS	
12 years		Anxiety Disorder	
13 years		High Functioning Autism	
14 years		Autistic	
15 years		Obsessive Compulsive Disorder	
16 years		Oppositional Defiant Disorder	
17 years		Sensory Integration	
<b>Gender</b>		Adjustment Disorder	
Male		Multiply Disabled	
Female		Asperger's; AD/HD	
<b>Grade</b>		Bipolar; AD/HD	
K		Asperger's; AD/HD; ODD	
1 <sup>st</sup>		Asperger's; OCD	
2 <sup>nd</sup>		PDD/NOS; HFA	
3 <sup>rd</sup>		AD/HD symptoms	
4 <sup>th</sup>		AD/HD; ODD	
5 <sup>th</sup>		AD/HD; SLD	
6 <sup>th</sup>		Adjustment Dis. w/ anxiety; AD/HD, NOS; HFA; Habit Disorder	
7 <sup>th</sup>		PDD/NOS; HFA; AD/HD; OCD; Tourette's	
8 <sup>th</sup>		HFA; AD/HD; SLD	
9 <sup>th</sup>		PDD/NOS; HFA; AD/HD	
10 <sup>th</sup>		Asperger's; AD/HD; Central Aud. Proc. Dis.	
<b>New/Returning</b>		PDD/NOS; HFA; AD/HD; Anxiety	
New		<b>Class Assignment</b>	
Returning		Blue	
<b>Party Responsible for Program Tuition</b>		Green	
School District		Yellow	
Parent/Guardian		Red	

Instrument 1.2  
Staff Statistics

This form was created to better understand the staff participating in the HI-STEP™ summer program. This form is to be completed by the evaluation consultant upon review of the data provided.

Demographic Information

	<b>Freq.</b>		<b>Freq.</b>
<b>Gender</b>		<b>Class Assignment</b>	
Male		Blue	
Female		Green	
<b>New/Returning</b>		Yellow	
New		Red	
Returning		<b>Position</b>	
<b>Degree</b>		Assistant Director	
High School Diploma		Lead Counselor	
Bachelor Degree		Individual Counselor	
Master Degree		Class Floating Counselor	
		Program Floating Counselor	
		Art Supervisor	
		Recreational Specialist	

Instrument 2.1  
HI-STEP™ Evidence Based Strategies Checklist

*Instructions:* Staff members should complete this form at the **end of each week** of the HI-STEP program. Please note how often you used each strategy with your students by circling **2** if you feel you used the strategy *4-5 days of the week*, **1** if you feel you used the strategy *2-3 days of the week*, **0** if you feel you used the strategy *0-1 days of the week*, and **N/A** if the item is not applicable. Please note how important you think each strategy was by circling **2** if you feel it was *very important*, **1** if you feel it was *somewhat important*, and **0** if you feel it was *not at all important*. Then answer the questions that follow. You may collaborate with the lead counselor in your classroom in order to complete this form.

Circle Program Week:    Week 1                      Week 2                      Week 3                      Week 4                      Week 5                      Week 6

Circle Classroom:        Blue                      Green                      Yellow                      Red

Name: \_\_\_\_\_

Your Gender:                      Male                      Female

Age range of children you work with at HI-STEP: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Position at HI-STEP: \_\_\_\_\_

Evidence Based Strategy	How often I used the strategy:				How important I think the strategy was:		
	<i>4-5 Days</i>	<i>2-3 Days</i>	<i>0-1 Days</i>	<i>Not Applicable</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Not at all Important</i>
1.. Established Positive Relationship with Student(s) – i.e., “Pairing”	2	1	0	N/A	2	1	0
2. Established and discussed clearly stated Rules	2	1	0	N/A	2	1	0
3. Established and discussed clearly stated positive and negative consequences for rule compliance or violation.	2	1	0	N/A	2	1	0
4. Provided opportunity for Positive Practice (i.e., Behavioral Rehearsal) of desired skill	2	1	0	N/A	2	1	0

Developed in collaboration with Melissa M. Anderson  
Copyright © 2008 by HI-STEP™, LLC. Reprinted with permission.

Evidence Based Strategy	How often I used the strategy:				How important I think the strategy was:		
	4-5 Days	2-3 Days	0-1 Days	Not Applicable	Very Important	Somewhat Important	Not at all Important
5. Reviewed skill set and/or rules <i>prior</i> to situation	2	1	0	N/A	2	1	0
6. Completed Daily Behavior Scorecard	2	1	0	N/A	2	1	0
7. Provided Behavior Specific Praise	2	1	0	N/A	2	1	0
8. Used Planned Ignoring Procedure of problem behaviors	2	1	0	N/A	2	1	0
9. Assisted student with Problem Identification to begin problem-solving	2	1	0	N/A	2	1	0
10. Assisted student with generating solutions and evaluating each solution	2	1	0	N/A	2	1	0
11. Assisted student with reviewing the plan's success	2	1	0	N/A	2	1	0

What factors helped you to implement these strategies? Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Assistance from other Staff | <input type="checkbox"/> Time Available               |
| <input type="checkbox"/> Availability of Materials   | <input type="checkbox"/> Child's Level of Cooperation |
| <input type="checkbox"/> Ease of Use                 | <input type="checkbox"/> Other; please specify: _____ |

What obstacles prevented you from implementing any of these strategies on a daily basis? Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Assistance from other Staff | <input type="checkbox"/> Time Available               |
| <input type="checkbox"/> Availability of Materials   | <input type="checkbox"/> Child's Level of Cooperation |
| <input type="checkbox"/> Ease of Use                 | <input type="checkbox"/> Other; please specify: _____ |

What factors helped you to overcome these obstacles? \_\_\_\_\_

Instrument 3.1  
HI-STEP™ Summer Program- 2008: Parent Reaction Inventory

For each of the questions below, please circle the number that most nearly reflects your opinion. For example, if you strongly agree you would indicate this by circling "5" and if you strongly disagree you would circle "1." Please complete and return in enclosed envelope. If a question is *not applicable*, please circle *N/A*. Thank you again for your feedback.

Child: \_\_\_\_\_ Parent Completing Form: \_\_\_\_\_

	strongly agree	agree	neutral	disagree	strongly disagree	N/A
1. The program was useful in helping my child learn appropriate social/problem-solving skills.	5	4	3	2	1	
2. The behavioral methods used at the program (e.g., points and rewards) were appropriate for my child.	5	4	3	2	1	
3. The Daily Behavioral Summary (scorecard) was informative regarding my child's behavior.	5	4	3	2	1	
4. The Daily Program Notes from the Program Director were informative and appreciated.	5	4	3	2	1	
5. The recreational activities & special events (i.e., magician, science show, talent show, arts/crafts, sports) contributed to my child's enjoyment.	5	4	3	2	1	
6. The counselors were competent and had a sincere interest in my child.	5	4	3	2	1	
7. The program facilities appeared to be adequate & well maintained.	5	4	3	2	1	
8. The activities to build social skills were helpful.	5	4	3	2	1	
9. The parent seminars and handouts were informative.	5	4	3	2	1	N/A
10. The parent-counselor conference was informative and helpful.	5	4	3	2	1	N/A
11. The Program Director was available & helpful if/when needed.	5	4	3	2	1	N/A
12. Overall, my reaction to HI-STEP is very positive.	5	4	3	2	1	
13. The parent orientation meeting (before the program began) was informative and helpful.	5	4	3	2	1	N/A
14. Meeting with the counselor prior to the program was helpful.	5	4	3	2	1	N/A
15. I would send my child to HI-STEP again.	5	4	3	2	1	
16. The expense of the program was cost effective. (Please leave #16 <i>blank</i> if the school district paid).	5	4	3	2	1	
17. I would be interested in a Saturday or Sunday 4-hour family program in the fall and/or spring as a booster session for social skills, and to promote further generalization:	_____	Yes	_____	No		

Instrument 3.2  
HI-STEP™ Summer Program -2008: Counselor Reaction Inventory

For each of the questions below, please circle the number that most nearly reflects your opinion. For example, if you strongly agree you would indicate this by circling "5" and if you strongly disagree you would circle "1." Please complete and return to the program director. Thank you for your feedback.

Staff Member Completing Form: \_\_\_\_\_

Position: \_\_\_\_\_ Class Assigned to if applicable: \_\_\_\_\_

	<b>strongly agree</b>	<b>agree</b>	<b>neutral</b>	<b>disagree</b>	<b>strongly disagree</b>
1. Working at HI-STEP has been helpful to my career plan.	5	4	3	2	1
2. Working at the program helped me to better understand children with AD/HD, oppositional defiant disorders, and autism/Asperger's disorder.	5	4	3	2	1
3. The program helped me to have a better understanding of behavior therapy and its practical application.	5	4	3	2	1
4. I enjoyed being a counselor at HI-STEP.	5	4	3	2	1
5. HI-STEP seemed to be beneficial for the children involved.	5	4	3	2	1
6. The HI-STEP Social Problem-Solving lessons were user-friendly.	5	4	3	2	1
7. I felt that there was adequate support from the Director and Assistant Director(s) for problem-solving & advice.	5	4	3	2	1
8. The paperwork (daily scorecards, evaluation forms) was manageable.	5	4	3	2	1
9. The school facility was adequate for the program.	5	4	3	2	1
10. I received adequate training prior to the program.	5	4	3	2	1
11. I felt that the overall program was run professionally.	5	4	3	2	1
12. I'd like to work at the program again next year if my schedule permits	5	4	3	2	1
13. Which did you think resulted in better supervision of students? ___ Recess Plan (choosing where to go for recess) ___Regular Recess Time					
14. Which did you think resulted in more appropriate social interactions with fewer conflicts? ___ Recess Plan (choosing where to go for recess) ___Regular Recess Time					




Instrument 3.3  
HI-STEP™ Summer Program – 2008: Child Reaction Inventory

**INSTRUCTIONS:** Counselors - please help your children to complete this survey. For each of the questions below, please circle the number that most nearly reflects your opinion. Please complete and return to program director.

Child's Name: \_\_\_\_\_

Age of Child completing survey: \_\_\_\_\_

Was assistance provided to the child in filling out this survey? \_\_\_Yes \_\_\_No

	Not at All 	A Little 	Very Much 
1. I had fun at HI-STEP.	<b>1</b>	<b>2</b>	<b>3</b>
2. I learned how to calm down, express my feelings, control my temper, and get along better with others.	<b>1</b>	<b>2</b>	<b>3</b>
3. I enjoyed the social skills role plays.	<b>1</b>	<b>2</b>	<b>3</b>
4. I liked the point and reward/prize system at the program.	<b>1</b>	<b>2</b>	<b>3</b>
5. I liked the arts and crafts projects we did.	<b>1</b>	<b>2</b>	<b>3</b>
6. I liked the social skills activities (telephone calls).	<b>1</b>	<b>2</b>	<b>3</b>
7. I liked the special events (science show, magic show, animal show, therapy dogs).	<b>1</b>	<b>2</b>	<b>3</b>
8. I enjoyed playing sports.	<b>1</b>	<b>2</b>	<b>3</b>
9. I would like to attend HI-STEP again next year.	<b>1</b>	<b>2</b>	<b>3</b>
10. Which did you like better: _____ Recess Plan (choosing where to go for recess) _____ Regular Recess Time			



Instrument 3.4  
Parent Follow-Up Survey

**Instructions:** For each of the questions below, please circle the number that most nearly reflects your opinion. For example, if you *strongly agree* you would indicate this by circling "5" and if you *strongly disagree* you would circle "1." Please complete and return in enclosed envelope. Thank you again for your feedback.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. The program was useful in helping my child learn appropriate social/problem-solving skills.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
2. The evaluation form completed by the counselor was informative and helpful.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
3. My child continues to demonstrate the skills he/she learned while at HI-STEP.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
4. My child's behavior has improved as a result of participating in HI-STEP.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
5. My child has made at least one friend since participating in HI-STEP.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
6. Overall, I feel my child has developed socially as a result of participating in HI-STEP.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7. I would send my child to HI-STEP again.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

Additional Comments:

Instrument 4.1  
 HI-STEP™ Summer Program – 2008:  
 Counselor Survey: Pre/Post-Training Measure

For each of the questions below, please circle the number that most nearly reflects your opinion. For example, if you strongly agree you would indicate this by circling "5" and if you strongly disagree you would circle "1." Thank you for your feedback.

We request that you put your name on this rating form so that we can use this information to provide you with feedback regarding the pre- and post-measure, and to improve our staff training practices. Your responses will remain confidential, which means that your name and any personal information connecting you to your responses will not be shared.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I am familiar with and understand similarities and differences among children with AD/HD, Oppositional Defiant Disorder, Autism, and Asperger's disorder.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
2. I understand principles of Applied Behavior Analysis.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
3. I feel confident that I can effectively implement positive behavior supports for children with special needs.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
4. I am knowledgeable of how to teach social skills to children.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
5. I feel comfortable leading social skills groups.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
6. I am comfortable working with other adults in a collaborative manner.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7. I am confident in my ability to problem-solve through challenging situations. (i.e., using the HI-STEP curriculum approach to problem solving)	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
8. I can develop adequate rapport with children who have various social, emotional, and behavioral needs.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
9. I understand the structure and schedule of a typical day at HI-STEP.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
10. I am able to remain objective when assessing a child's strengths and needs.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

## APPENDIX B

## Sample Schedule

8:45-9:00	Arrival to HI-STEP™
9:00-9:30	Rule Development/Review, Review of Previous Day's Skills, Social/Pragmatic Language Activity
9:30-10:15	Social-Problem Solving Group
10:15-10:30	Behavior Specific Feedback Snack
10:30-11:15	Arts and Crafts Activity
11:15-11:45	Supervised Recreational Activity
11:45-12:15	Lunch/ Social Language
12:15-12:20	Behavior Specific Feedback
12:20-1:00	Learning Center (Academic activity with emphasis in social skills)
1:00-1:45	Sports Training, Recreational, Sports Activity & Social Skills Development
1:45-2:00	Friendship Building Activities
2:00-2:15	Final Review of Children's Behavior
2:15-2:30	Points Exchanged for Rewards
2:30-2:45	Review of Social Skills & Activities
2:45	Dismissal Daily Report Card sent home

## APPENDIX C

Additional Tables:  
Evidence Based Strategies Checklist Results

Table 63

*Results of Evidence Based Strategies Checklist: Item 1- Established positive relationship with student(s)- i.e., "pairing."*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A<sup>a</sup></u>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All<sup>a</sup></u>
1	25 (80.6%)	5 (16.1%)	1 (3.2%)		29 (96.7%)	1 (3.3%)	
2	27 (90%)	3 (10%)	0 (0%)		30 (100%)	0 (0%)	
3	26 (89.7%)	3 (10.3%)	0 (0%)		28 (100%)	0 (0%)	
4	24 (85.7%)	4 (14.3%)	0 (0%)		28 (100%)	0 (0%)	
5	20 (80%)	5 (20%)	0 (0%)		24 (96%)	1 (4%)	
6	26 (89.7%)	3 (10.3%)	0 (0%)		29 (100%)	0 (0%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. One respondent left the importance response for this item blank for Week 1. One respondent left this item blank for Week 2. One respondent left the importance response for this item blank for Week 3.

Table 64

*Results of Evidence Based Strategies Checklist: Item 2- Established and discussed clearly stated rules.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All<sup>a</sup></u>
1	23 (74.2%)	6 (19.4%)	1 (3.2%)	1 (3.2%)	29 (96.7%)	1 (3.3%)	
2	24 (77.4%)	6 (19.4%)	0 (0%)	1 (3.2%)	30 (100%)	0 (0%)	
3	21 (75%)	6 (21.4%)	1 (3.6%)	0 (0%)	27 (96.4%)	1 (3.6%)	
4	22 (78.6%)	5 (17.9%)	1 (3.2%)	0 (0%)	27 (96.4%)	1 (3.6%)	
5	22 (88%)	3 (12%)	0 (0%)	0 (0%)	24 (96%)	1 (4%)	
6	23 (79.3%)	5 (17.2%)	1 (3.4%)	0 (0%)	27 (93.1%)	2 (6.9%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. One respondent left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. One respondent left the usage response for this item blank for Week 3, and another respondent left the importance response for this item blank for Week 3.

Table 65

*Results of Evidence Based Strategies Checklist: Item 3- Established and discussed clearly stated positive and negative consequences for rule compliance or violation.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>All<sup>a</sup></u>
1	17 (54.8%)	11 (35.5%)	2 (6.5%)	1 (3.2%)	27 (90%)	3 (10%)	
2	23 (74.2%)	8 (25.8%)	0 (0%)	0 (0%)	30 (100%)	0 (0%)	
3	23 (79.3%)	6 (20.7%)	0 (0%)	0 (0%)	27 (96.4%)	1 (3.6%)	
4	23 (82.1%)	5 (17.9%)	0 (0%)	0 (0%)	28 (100%)	0 (0%)	
5	22 (88%)	3 (12%)	0 (0%)	0 (0%)	25 (100%)	0 (0%)	
6	28 (96.6%)	1 (3.4%)	0 (0%)	0 (0%)	29 (100%)	0 (0%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. One respondent left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3.

Table 66

*Results of Evidence Based Strategies Checklist: Item 4- Provided opportunity for positive practice (i.e., behavioral rehearsal) of desired skill.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u> <sup>a</sup>	<u>Very</u>	<u>Somewhat</u>	<u>All</u> <sup>a</sup> Not at
1	20 (64.5%)	10 (32.3%)	1 (3.2%)		28 (96.6%)	1 (3.4%)	
2	20 (64.5%)	10 (32.3%)	1 (3.2%)		29 (96.7%)	1 (3.3%)	
3	19 (65.5%)	10 (34.5%)	0 (0%)		28 (100%)	0 (0%)	
4	20 (71.4%)	8 (28.6%)	0 (0%)		27 (96.4%)	1 (3.6%)	
5	20 (80%)	5 (20%)	0 (0%)		24 (96%)	1 (4%)	
6	23 (79.3%)	6 (20.7%)	0 (0%)		29 (100%)	0 (0%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Two respondents left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3.

Table 67

*Results of Evidence Based Strategies Checklist: Item 5- Reviewed skill set and/or rules prior to situation.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>All<sup>a</sup></u>
1	14 (45.2%)	14 (45.2%)	2 (6.5%)	1 (3.2%)	26 (89.7%)	3 (10.3%)	
2	23 (74.2%)	8 (25.8%)	0 (0%)	0 (0%)	26 (89.7%)	3 (10.3%)	
3	20 (69%)	8 (27.6%)	1 (3.4%)	0 (0%)	26 (92.9%)	2 (7.1%)	
4	17 (60.7%)	11 (39.3%)	0 (0%)	0 (0%)	26 (92.9%)	2 (7.1%)	
5	19 (76%)	6 (24%)	0 (0%)	0 (0%)	24 (100%)	0 (0%)	
6	21 (72.4%)	7 (24.1%)	1 (3.4%)	0 (0%)	29 (100%)	0 (0%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Two respondents left the importance response for this item blank for Week 1. Two respondents left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3. One respondent left the importance response for this item blank for Week 5.



Table 68

*Results of Evidence Based Strategies Checklist: Item 6- Completed daily behavior scorecard.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All<sup>a</sup></u>
1	17 (54.8%)	0 (0%)	1 (3.2%)	13 (41.9%)	19 (90.5%)	2 (9.5%)	
2	18 (58.1%)	1 (3.2%)	0 (0%)	12 (38.7%)	22 (95.7%)	1 (4.3%)	
3	18 (62.1%)	0 (0%)	1 (3.4%)	10 (34.5%)	20 (90.9%)	2 (9.1%)	
4	19 (67.9%)	0 (0%)	1 (3.6%)	8 (28.6%)	20 (90.9%)	2 (9.1%)	
5	17 (68%)	0 (0%)	0 (0%)	8 (32%)	20 (95.2%)	1 (4.8%)	
6	19 (65.5%)	2 (6.9%)	0 (0%)	8 (27.6%)	23 (92%)	2 (8%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Ten respondents left the importance response for this item blank for Week 1. Eight respondents left the importance response for this item blank for Week 2. Seven respondents left the importance response for this item blank for Week 3. Six respondents left the importance response for this item blank for Week 4. Four respondents left the importance response for this item blank for Week 5. Four respondents left the importance response for this item blank for Week 6.

Table 69

*Results of Evidence Based Strategies Checklist: Item 7- Provided behavior specific praise.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u> <sup>a</sup>	<u>Very</u>	<u>Somewhat</u>	<u>All</u> <sup>a</sup>
1	29 (93.5%)	1 (3.2%)	1 (3.2%)		29 (100%)	0 (0%)	
2	30 (96.8%)	1 (3.2%)	0 (0%)		29 (96.7%)	1 (3.3%)	
3	28 (96.6%)	1 (3.4%)	0 (0%)		28 (100%)	0 (0%)	
4	27 (96.4%)	1 (3.6%)	0 (0%)		27 (96.4%)	1 (3.6%)	
5	24 (96%)	1 (4%)	0 (0%)		24 (100%)	0 (0%)	
6	29 (100%)	0 (0%)	0 (0%)		29 (100%)	0 (0%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Two respondents left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3. One respondent left the importance response for this item blank for Week 5.

Table 70

*Results of Evidence Based Strategies Checklist: Item 8- Used planned ignoring procedure of problem behaviors.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All<sup>a</sup></u>
1	10 (32.3%)	16 (51.6%)	5 (16.1%)	0 (0%)	19 (65.5%)	10 (34.5%)	
2	17 (54.8%)	12 (38.7%)	1 (3.2%)	1 (3.2%)	22 (73.3%)	8 (26.7%)	
3	16 (55.2%)	11 (37.9%)	2 (6.9%)	0 (0%)	19 (67.9%)	9 (32.1%)	
4	12 (42.9%)	15 (53.6%)	1 (3.6%)	0 (0%)	22 (78.6%)	6 (21.4%)	
5	16 (64%)	7 (28%)	2 (8%)	0 (0%)	20 (83.3%)	4 (16.7%)	
6	19 (65.5%)	8 (27.6%)	2 (6.9%)	0 (0%)	24 (82.8%)	5 (17.2%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Two respondents left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3. One respondent left the importance response for this item blank for Week 5.

Table 71

*Results of Evidence Based Strategies Checklist: Item 9- Assisted student with problem identification to begin problem-solving.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All<sup>a</sup></u>
1	16 (51.6%)	13 (41.9%)	1 (3.2%)	1 (3.2%)	28 (100%)	0 (0%)	
2	24 (77.4%)	7 (22.6%)	0 (0%)	0 (0%)	29 (96.7%)	1 (3.3%)	
3	21 (72.4%)	7 (24.1%)	0 (0%)	1 (3.4%)	25 (92.6%)	2 (7.4%)	
4	22 (78.6%)	5 (17.9%)	1 (3.6%)	0 (0%)	25 (89.3%)	3 (10.7%)	
5	20 (80%)	4 (16%)	1 (4%)	0 (0%)	23 (95.8%)	1 (4.2%)	
6	22 (75.9%)	7 (24.1%)	0 (0%)	0 (0%)	28 (96.6%)	1 (3.4%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Three respondents left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. Two respondents left the importance response for this item blank for Week 3. One respondent left the importance response for this item blank for Week 5.

Table 72

*Results of Evidence Based Strategies Checklist: Item 10- Assisted student with generating solutions and evaluating solution.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u> <sup>a</sup>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All</u> <sup>a</sup>
1	16 (51.6%)	13 (41.9%)	2 (6.5%)		29 (100%)	0 (0%)	
2	19 (61.3%)	12 (38.7%)	0 (0%)		29 (96.7%)	1 (3.3%)	
3	23 (79.3%)	6 (20.7%)	0 (0%)		28 (100%)	0 (0%)	
4	17 (60.7%)	11 (39.3%)	0 (0%)		26 (92.9%)	2 (7.1%)	
5	21 (84%)	4 (16%)	0 (0%)		23 (95.8%)	1 (4.2%)	
6	20 (69%)	9 (31%)	0 (0%)		26 (89.7%)	3 (10.3%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. Two respondents left the importance response for this item blank for Week 1. One respondent left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3. One respondent left the importance response for this item blank for Week 5.

Table 73

*Results of Evidence Based Strategies Checklist: Item 11- Assisted student with reviewing the plan's success.*

Week	Usage in Days				Importance		
	<u>4-5</u>	<u>2-3</u>	<u>0-1</u>	<u>N/A</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not at All<sup>a</sup></u>
1	10 (33.3%)	12 (40%)	6 (20%)	2 (6.7%)	25 (92.6%)	2 (7.4%)	
2	13 (43.3%)	16 (53.3%)	0 (0%)	1 (3.3%)	27 (90%)	3 (10%)	
3	16 (55.2%)	11 (37.9%)	2 (6.9%)	0 (0%)	28 (100%)	0 (0%)	
4	13 (46.4%)	15 (53.6%)	0 (0%)	0 (0%)	25 (89.3%)	3 (10.7%)	
5	13 (52%)	12 (48%)	0 (0%)	0 (0%)	22 (91.7%)	2 (8.3%)	
6	15 (51.7%)	13 (44.8%)	0 (0%)	1 (3.4%)	24 (85.7%)	4 (14.3%)	

Note. n (%) = frequency and percentages of responses. <sup>a</sup>n = 0 for each week. One respondent left the usage response for this item blank for Week 1, and four respondents left the importance response for this item blank for Week 1. One respondent left the usage response for this item blank for Week 2, and one respondent left the importance response for this item blank for Week 2. One respondent left the importance response for this item blank for Week 3. One respondent left the importance response for this item blank for Week 5. One respondent left the importance response for this item blank for Week 6.