

THE PROCESS OF CONSULTING WITH AN ORGANIZATION TO DESIGN AN
INDEPENDENT LIVING SKILLS PROGRAM FOR YOUTH IN RESIDENTIAL
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ABSTRACT

This dissertation focused on the process of designing an independent living program for adolescents that were victims of child abuse and neglect. These adolescents were removed from their families and placed in residential care due to the inability of their caretakers to care for them or the severity of their behavioral and emotional problems that resulted in a high degree of supervision and care. The context of this program is a residential treatment center in an urban setting. Maher's (2000) program planning and evaluation framework was used to facilitate the program design process. Current methodologies for teaching independent living skills in the treatment center and other programs informed the design methodology. This dissertation was conducted with the intention to develop a greater understanding of the independent living needs of children in out of home placements in order to provide recommendations and a program design that guides the assessment and program planning in residential settings that have a responsibility to address the independent living skills needs of children in out of home placements. Maher's program planning and evaluation process consists of four phases which include the clarification phase, the design phase, the implementation phase and the evaluation phase. The current dissertation will focus on the clarification and design phases. During the clarification phase an assessment of the residents' independent living needs and relevant organizational context was conducted. The needs assessment revealed that the residents had significant trauma histories, extensive placement histories, poor academic achievement; in addition to, deficits in independent living skill acquisition and knowledge. A program was designed based on the identified needs. The program

consisted of psycho-education and skill building related to interpersonal skills that facilitate one's ability to live independently. The program also includes an educational component which provides structured opportunities to research and practice during simulated experiences, and a resident life component which provided the opportunity to practice and be evaluated on the skills learned during psychoeducational counseling groups and academic coursework in real time settings. A description of the program is further detailed in this dissertation. Limitations of the dissertation are noted and recommendations are provided for future assessment, design, and implementation of the program.

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CHAPTER I

Introduction and Overview

Abstract

This dissertation focuses on the design of a multi-component independent living skills program for adolescents in residential care. These adolescents have a history of emotional, behavioral, and academic difficulties. The dissertation employs the program planning and evaluation framework presented by Maher (2000). This chapter describes the purpose of the dissertation, the relevance of the topic, an overview of the program planning and evaluation phases, and a description of the dissertation process.

Introduction:

The purpose of this project is to clarify the needs and the context of adolescents with Division of Children and Family Service (DYFS) involvement in residential treatment centers in the independent living skills domain in a particular facility. This information will provide the basis for designing a program to address the identified needs. Youth with DYFS involvement will eventually leave the system due to age and it may be necessary to provide them with the skills necessary to function independently in the community once they no longer have DYFS support. Additionally, the members of the target population live in families and communities that demonstrate a pattern of reliance on social welfare systems. By teaching the residents independent living skills, this program can begin to break the pattern of poverty, unemployment, and reliance on public assistance for the residents and their families.

Relevance of the Dissertation Project

According to the 2007 Child Protection Data Report conducted via the Association for Children of New Jersey, 3.3 of every 1,000 children enter foster care. While 3.3 of every 1,000 children enter foster care, of those children almost 8,000 left care in 2006. However, despite the efforts of the Division of Children and Families (DCF), many children are not returned to their biological families, do not have kin to care for them, and do not get adopted. These children remain in out of home placements and represent 20% of the children under DYFS supervision. Teenagers represent one of the largest groups in out of home placements. It is posited that this is due to their increased likelihood of experiencing behavioral and/or mental health difficulties; as a result, they are often placed in residential settings or group homes. These are the youth that despite reform efforts aimed at permanency do not find permanent homes; these are the 500 youth that will eventually age-out of the system (Association for Children of New Jersey, 2007).

Aging out is a term that refers to children in child welfare programs who will eventually be ineligible for services through the child welfare system. Significant attention has been directed at this population because many young adults that have child welfare involvement often become adults that return to care via the criminal justice system, shelters, and other social welfare programs (Stone, 1987). In an effort to address the needs of this unique and disadvantaged population, national legislation was developed to support these youth. Legislation has taken the form of the independent living initiative, the Foster Care Independence Act, and the John H. Chafee Foster Care Independence Program (Samuels & Pryce, 2008). The benefits of the above acts are that they remove

age barriers to receive independent living services, double funding, and provide monetary support for post-secondary education, vocational training, housing, health care, and counseling until age 21 (Samuels & Pryce, 2008). Other mandates from the legislation include the requirement that states conduct an initial life skills assessment, and then flexibly design programs for youth in care. Although there are not strict regulations regarding program design, states are required to have a plan for independent living services and an independent living plan for each adolescent in care. Despite legislative mandates, whether or not the legislation has had its intended effect remains in question when one considers the outcomes for children who have aged-out.

Given the attention and funding designated to address the independent living skills of children in out of home placements, the dissertation will add to current knowledge by focusing on assessing the needs of residents and utilizing the results of the assessment to inform programming in the most restrictive environment. Residents will leave residential care to go to less restrictive settings such as group homes, foster homes, or independent living programs where they will have greater independence and autonomy and will have to rely to a greater extent on the independent living skills learned in more restrictive settings.

Independent living skills include self care, social development, career development, study skills, money management, self determination, self-advocacy, and accessing housing and community resources (Massinga & Pecora, 2004). These skills are necessary to develop in order to access stable living conditions, develop healthy peer and other interpersonal relationships, foster educational skills, access medical and mental health care, and perform other responsibilities associated with adulthood and living

independently (Massinga & Pecora, 2004). Various legislation, policies, and procedures have been employed to help facilitate the development of various skills in youth transitioning out of foster care; however, despite efforts these youth continue to experience negative outcomes upon their discharge. Foster care agencies continue to struggle as they attempt to teach life skills in order to prepare youth for transitioning out of the system. The range of services has increased over the years and it is important to consider how to maximize these services. Barriers to program implementation and sustainability include high staff turnover, transportation difficulties, lack of coordination of various agencies, limited opportunities for youth employment, lack of placement and placement arrangements, and shortage of mentors and volunteers (Massinga & Pecora, 2004).

Overview of the Program Design and Evaluation Framework

The program design, implementation, and evaluation process employed in this dissertation utilized the framework presented in Maher's (2000) *Resource Guide for Planning and Evaluating Human Service Programs*. The model includes four phases: the clarification phase, the design phase, the implementation phase, and the evaluation phase. During the clarification phase it is necessary delineate the relevant characteristics of the client, target population, and the organization. During these phases activities include assessing the needs of the target population and the relevant organizational context in order to inform and guide the program design phase. During the design phase all aspects of the program are considered and described. These features include the program purpose, goals, components/phases, the roles and responsibilities of staff, materials/resources, budget, and other relevant aspects. The following stage is the

implementation phase during which the program is implemented, program fidelity is monitored, and adjustments are made if necessary. The final component of the program planning and evaluation process is to evaluate the program to determine the degree to which the program has added value to the target population, the client, and/or the organization. This dissertation focuses on the first two phases; the clarification and design phases.

Description of the Dissertation Process

Through participant observations and discussions with the Chief Executive Officer, clinical staff, resident life staff, and educational staff, it was determined that the current independent living skills program was not meeting the residents' needs. It was determined that there would be value in assessing their needs and creating a new program to address the independent living skills deficits of the residents. The current program has attempted to address the independent living needs of its residents, but the efforts have been fragmented. Further, the organization was cited by the office of licensing and the ever they

Joint Commission on Accreditation of Healthcare Organizations (JCHAO) for failure to document their program; therefore, from an organizational perspective there was a need to design a program and put it on paper. Because the program was not on paper, and there were no formal policies, procedures, resources, and other materials to support the program the degree to which residents received independent living preparation was variable. For example, when the resident went out shopping, depending on the staff members that took them they may have discussed budgeting and shopped around to find the best price for their items. However, other staff allow residents to buy

whatever items they chose and the residents spend their money as frivolously as they please with no attention to the learning that could be done when out on trips with the residents. Additionally, residents may gain exposure to various independent living skills if they or someone on their treatment team advocates for them to have experiences and exposure to various skill domains. For example, the residents, therapist, or their social worker may advocate for the resident to participate in Behind the Wheel in order to work toward obtaining a drivers license, or they may recommend that the resident be taught the public transportation system in order to get around independently. These examples serve to illustrate that while the center is making an effort to expose the residents to various independent living skills there is no systematic way to ensure that all the residents receive exposure and acquire knowledge, skills, and abilities with regard to independent living.

With regard to vocational skills the residents are able to work while at the treatment center contingent upon their level. The jobs they can perform include grounds work such as painting the curbs and work on the interior such as shampooing the carpet. Other work opportunities include woodshop and in the past included working in the kitchen. While this program provides the residents an opportunity to earn money and enhance their work ethic, many of them will not become janitors or chefs, and they are not learning many of the pre-requisite skills that they lack which are necessary to obtain employment. These skills may include job searching, resume writing, interview etiquette, etc. Thus, a more systematic and programmatic effort to address these areas may sequence job attainment in conjunction with resume writing, job searching, and other skills necessary to develop in order to acquire and maintain employment.

Different staff members across departments had varying views on the degree to which the current independent living skills program was meeting the residents' needs. Thus, it became necessary to clarify the needs in order to elucidate the deficits and re-design the program in such a way that it was addressing the identified needs of the residents.

In order to assess the needs the formula presented in Maher's (2000) *Resource Guide for Planning and Evaluating Human Service Programs* was employed. This formula defines a need as a "discrepancy between the current state of affairs having to do with psychological or educational functioning of the target population and a desired state of affairs pertinent to it." (p. 14). In order to assess the needs of the target population it was necessary to identify the data collection variables, access that data, analyze the data, and then interpret it.

In order to assess the needs of the residents, a permanent product review of the residents' files was conducted. While reviewing the residents' files, results were recorded from the Ansell-Casey Life Skills Assessment (ACLSA). The Ansell-Casey Life Skills Assessment is completed by the residents under the direction of the school principal. This information is then included in an educational summary. The areas assessed by the ACLSA include social development, vocational and educational development, physical development and self-care, moral development, and money, housing, and transportation. In each domain residents are assigned raw scores and mastery scores which are described as percentages. The domains of mastery and deficit were recorded for each resident. Additional data was obtained via interviews with the treatment center staff, and staff report via the caregiver rating form of the Ansell-Casey Life Skills Assessment.

In reviewing the results of the needs assessment it was determined that the major areas of need were housing and money management and career planning. Currently, these needs are addressed within the educational curriculum, and the new program design seeks to integrate efforts to address the needs across the different departments that serve the residents while at the residential treatment center (RTC), in order to provide opportunities to learn or acquire knowledge, practice skills in a structured, sheltered setting, and then transfer those skills into real-time, real world settings.

Subsequent to assessing the needs, an assessment of the context was conducted. The purpose of the context assessment is to consider the organizational factors that will influence program design and implementation. In order to assess the context, methods included participant observation and formal and informal interviews. Interviews were conducted with people involved in the organization at multiple levels; from the CEO down to the administrative assistants. Interviews were conducted with members of various departments, including the clinical department, resident life department, and educational department. An assessment of the context indicated that there were significant attitudes, values, resources, and other factors that would facilitate program design and implementation, but that there were also significant challenges to program design and installation.

The data gathered during the activities of the needs assessment and context assessment informed the design of the program. The program consists of an educational curriculum that addresses independent living needs in the career planning and money management domains, a counseling component aimed at teaching social skills, and anger management, and a resident life/recreation component which capitalizes on the trips that

residents take in the community to provide real-life opportunities to practice the skills and display knowledge of information learned in the classroom and group counseling sessions. The goal is that residents who participate in the program will be better equipped to navigate their communities or less restrictive environments with greater independence.

The dissertation will provide a review of the literature with regard to children in out of home placements and their outcomes subsequent to placement, a description of independent living needs, and current approaches employed to address independent living needs. Additionally, the dissertation will include a description of the program design process utilized to assess the independent living needs and subsequently design a program for adolescents who experienced child abuse and neglect, and were in residential placement. Lastly, the dissertation will include a description of the target population and its needs, the context of the organization, and a program design with conclusions and recommendations about the program.

Summary

The dissertation utilized the program planning and evaluation framework delineated in Maher's (2000) *Resource Guide for Program Planning and Evaluation*, in order to identify and design a program to address the independent living needs for adolescents with involvement of the Division of Children and Families, currently placed in a residential setting. Adolescents who participate in the program have extensive histories of abuse and neglect as well as behavioral and emotional issues which limit their ability to participate in community programs. Their trauma histories, involvement with the Division of Children and Families, and their limited familial supports result in great difficulty transitioning to independence once they exit DCF care. Staff at the treatment

center recognized that addressing the independent living needs required greater attention and support because although they do not typically follow up with their youth once they exit care; they hypothesize that many of their residents have been ill-prepared to navigate society without DCF support. As a result many youth who exit care exhibit difficulties associated with finances, housing, employment, mental, and physical health. The program was designed to assist the residents in acquiring knowledge, skills, and abilities in the independent living domain.

CHAPTER II

Review of the Literature

Abstract

The following literature review will explore the outcomes for adolescents who age out of the child welfare system. In addition to examining how the adolescents fare, this literature review will also investigate the skills that are necessary to function independently in one's community, and current methods and techniques employed by treatment centers, group homes, and other sites to help adolescents involved in the child welfare system to acquire the knowledge, skills, and abilities deemed necessary.

Introduction

Residential care is the most restrictive placement, for children and adolescents who can not be maintained safely in community settings. While in residential placements all of the adolescents' basic needs are met, and the adolescents are provided with a great deal of medical, educational, psychological, and social support. However, once these children leave residential treatment centers the degree of support decreases, and many of these adolescents are left to "fend for themselves." The following literature review will explore the outcomes for adolescents who age out of child welfare programs, the skills necessary to transition successfully to adulthood from these programs, and methods of service delivery to help prepare adolescents in care for the transition to less restrictive settings.

Impact of Aging Out

According to the 2007 Child Protection Data Report conducted via the Association for Children of New Jersey 3.3 of every 1,000 children enter foster care. While 3.3 of every 1,000 children enter foster care, of those children almost 8,000 left care in 2006. This number is higher than previous years and is attributed to the implementation of the Kinship Legal Guardianship program that began in 2002. However, despite the efforts of the Division of Children and Families (DCF), many children are not returned to their biological families, do not have kin to care for them, and do not get adopted. These children remain in out of home placements and represent 20% of the children under DYFS supervision. The decline experienced with regard to children in care, was greatest for children under age 12 (Advocates for Children on New Jersey [ACNJ], 2007). Teenagers represent one of the largest groups in out of home placements; it is posited that this is due to their increased likelihood of experiencing behavioral or mental health difficulties (Loman & Siegel, 2000), as a result, they are often placed in residential settings or group homes. These are the youth that despite reform efforts aimed at permanency do not find permanent homes; these are the 500 youth that will eventually age-out of the system (ACNJ, 2007). Data indicates that family reunification has dropped among teens and young adults. Specifically, in 2003 47% of 14-21 year olds left DYFS care to return to their families, in 2006 there was a 13 % decline in the number of 14-21 year olds who returned to their families (ACNJ, 2007). Adolescents preparing to exit care often have extensive placement histories, and as a result of frequent placement changes and other family circumstances, they have not had exposure to the full continuum of

informal skill acquisition experiences as other youth (Loman & Siegel, 2000). Therefore, it is necessary to help these youth develop skills formally prior to exiting care.

Aging out is a term that refers to children in child welfare programs who will eventually be ineligible for services through the child welfare system. Significant attention has been directed at this population because many young adults that have child welfare involvement often become adults that return to care via the criminal justice system, shelters, and other social welfare programs (Stone, 1987 Courtney & Pillavin, 1998). In an effort to address the needs of this unique and disadvantaged population, national legislation was developed to support these youth. Legislation has taken the form of the independent living initiative, the Foster Care Independence Act, and the John H. Chafee Foster Care Independence Program, which amended the Independent Living Initiative. The benefits of the above acts are that they remove age barriers to receive independent living services, doubles funding, and provides monetary support for post-secondary education, vocational training, housing, health care, and counseling until age 21 (Samuels & Pryce, 2008). Other mandates from the legislation include the requirement that states conduct an initial life skills assessment, and then flexibly design programs. Although there are not strict regulations regarding program design, states are required to have a plan for independent living services and an independent living plan for each youth in care (ACNJ, 2007). Despite legislative mandates, whether or not the legislation has had its intended effect remains in question when one considers the outcomes for children who have aged-out.

Collins (2004) examined the effects of foster care legislation such as The Foster Care Independence Act of 1999 and The John H. Chafee Foster Care Independence

Program for youth exiting care. Collins explored the implementation of additional support provided for youth and its implication for the youth in care.

The Chafee Program has five purposes. They include (1) identifying children who are expected to be in foster care until age 18 and help them make a transition to self-sufficiency; (2) helping these children receive the education, training and services necessary to obtain employment; (3) helping them prepare for and enter postsecondary training and education institutions; (4) providing personal and emotional support for children aging out of foster care; and (5) providing a range of services and support for former foster care recipients between ages 18 and 21 to complement their individual efforts to achieve self-sufficiency and to assure that the program participants recognize and accept their personal responsibility for adulthood (Collins, 2004). The Foster Care Independence Act (FCIA) attempts to prepare youth to face normal challenges associated with entering adulthood, such as finding employment, education, and other daily living activities (Collins, 2004). This initiative aims to be non-clinical and non problem focused, in order to empower youth. Funding from the FCIA can be utilized to provide assistance with job seeking, job retention, obtaining a high school diploma, career exploration, vocational training, training in daily living skills, training in financial management, mentors and interaction with adults, housing, and counseling. The funding provided is expected to be used to address a broad range of skills, however, limitations on federal spending create challenges for funding comprehensive programs.

The United States Government Accountability Office (USGAO, 1999) which conducts a federal report of independent living services noted several challenges to the provision of independent living services. These concerns include limited opportunities for

apprenticeships, affordable vocational programs, connections, and formulation of networks with potential employers. Further, opportunities to gain hands-on experiential activities to practice the skills were limited, as were transitional housing services. Despite an expansion of funds, states and localities continue to experience challenges delivering independent living services. Given the challenges and limitations, services are not provided to all youth and determinations are often made regarding who may benefit most. Often the youth selected are the least vulnerable of a vulnerable population (Collins, 2004). Specific concern exists regarding youth in residential care or group homes. The degree to which independent living training is aimed at foster youth in treatment homes or foster homes versus those in residential care or group homes is unknown (Collins, 2004).

Collins (2004) concluded that as a result of recent legislation foster youth are provided with greater access to education/training, health care, and housing. The legislation has also created decreased emphasis on independent living skills taught from a textbook, to more concrete skills and real world application of the skills that are taught.

Current trends indicate that while legal adulthood begins at age 18, maturity often occurs later (ACNJ, 2008). Contrary to years earlier, young adults delay the onset of marriage and childbearing and typically do not achieve full independence until their mid 20's. However, children who age out of the child welfare system are thrust into independence and adulthood much sooner, and with fewer supports than young adults without child welfare involvement (Courtney & Dworsky, 2006). Despite legislation that provides additional support to youth past their 18th birthdays, there is currently a decline

in state funding for youth who are aging out (ACNJ, 2008); for example, the state of New Jersey cut Chafee funds by \$300,000.00 in 2009.

For children and adolescents involved in child welfare programs, the transition from child welfare programs to independence is a challenging one. It is estimated that approximately 20,000 children age out of child welfare programs each year (U.S Department of Health and Human Services, 2005), and for many, for the first time in their lives, they are completely on their own. Courtney and colleagues (2001) examined data from the Foster Youth Transitions to Adulthood Survey which provides data on the experiences of 141 youth from Wisconsin who “aged-out” of the state’s foster care programs at 12 and 18 month periods. This survey examined the experiences of youth who had long stays in out of home placements, as compared to youth who are out of their homes for several months at a time. This distinction is made because it is assumed that for youth who have had child welfare involvement for extended periods of time, or have been out of home for longer periods of time, presumably have decreased likelihood for family reunification, and have been involved in child welfare programs long enough to benefit from the independent living skills preparation.

The Monitoring of the Future study consists of two waves of interviews; the initial interview had 141 respondents, while the second wave had 120 respondents. The primary reason for removal in the sample was physical abuse. In addition to physical abuse 40% of survey respondents indicated that at least one of their primary care givers had a problem with drugs and/or alcohol. At wave one, while many of the young adults in the sample reported strained relationships with their parents, more than half of the sample (52%) reported feeling close or somewhat close to their birth mothers, and having

minimal to non-existent relationships with their birth fathers. Although respondents may have had limited parental support 56% of the sample reported close relationships with their grandparents and 76% reported close relationships with their siblings. Thus, despite placement in out of home settings, they continued to experience family connection and support. 1/3 of the sample at wave one reported living with their birth family members. In addition to their birth families, for some youth, their foster families also provided social support once discharged from child welfare programs.

During the first series of interviews (wave 1) the respondents were asked about their preparation and training for independent living including areas of budgeting, food preparation, personal hygiene, health care, housing, and others. The average percentage of the sample trained in a given area was 76%. Respondents were typically trained by their foster parents or specific independent living programs offered in their out of home placement. In contrast to wave 1, at wave 2 a minority of respondents indicated that they received concrete training, preparation, and assistance for independent living. One quarter of the youth reported feeling unprepared in several skill areas, such as obtaining a job (32%) or managing money (32%).

Despite independent living skills preparation, several challenges were encountered by respondents once discharged from child welfare programs. Challenges were pervasive across many domains. With regard to education, the sample respondents were very transient and 50% of the respondents changed schools at least 4 times since beginning formal education. Additionally, the sample respondents were administered a test of reading achievement (WRAT-R), and 1/3 of the sample (32%), were reading below an eighth grade level. These educational challenges present a series of lifelong

consequences. For example, at wave 2 only 55% of the sample completed high school; 37% had not received a high school diploma or a GED. Another area of difficulty was housing. Securing and maintaining housing was a significant problem for the youth in the study who were discharged from child welfare programs. 14% of the males in the sample and 10% of the females reported experiencing homelessness (living on the street or in a shelter) subsequent to discharge. At wave 2, only 37% of respondents reported residing in their own room in an apartment or house. A possible contributor to the housing difficulties may be difficulties related to finances and employment. When discharged from care less than half of the respondents had at least \$250.00 in savings. Further, many of the sample participants had inconsistent employment; for example while 81% of the sample was employed at wave 1, only 60% were employed at wave 2. Their weekly earnings ranged from \$54.00- \$613.00. Given the challenges the youth experienced with regard to education, housing, employment, and finances, it is not unexpected that many of these youth receive public assistance. At wave 2, 32% of the sample was receiving public assistance such as food stamps, aid to families with dependents, and temporary assistance to needy families. In sum, the difficulties encountered by the sample participants upon discharge include difficulty obtaining medical care, housing instability, and employment.

Developmental tasks of adulthood include tasks associated with work, education, romance, and peer-relationships, citizenship, healthy lifestyle and financial independence; others have described the tasks related to three domains including achievement, affiliation, and identity (Schulenberg et al., 2003). These are tasks that many young adults succeed at; however, others experience considerable difficulty;

particularly those who have had difficulties in adolescence. Schulenberg and colleagues (2004) examined how successes and challenges with various developmental tasks related to adulthood relate to overall well-being. The researchers followed a national sample of young people age 18-26 to understand the impact of successes and difficulties with various developmental tasks during the transition to adulthood that relate to difficulties in their overall well-being. The authors hypothesized that one's success at negotiating these skills are related to overall well-being.

Schulenberg and colleagues (2004) examined 3 waves of data from the Monitoring of the Future study. The authors focused on seven domains including education, work, financial independence, romantic involvement, peer involvement, substance use avoidance, and citizenship. The participants were assessed across the domains based on self-report where they indicated they were succeeding, maintaining, or stalling (3,2,1). The authors determined that how well one negotiates the tasks associated with emerging adulthood impacts overall well-being. The authors considered additive, main effects, and compensatory models. For respondents who had steady high and decreasing high well-being, those in the steady high well being maintained their high across transitions while the well being for those in the decreasing high during early adulthood their well-being significantly decreased. The additive model predicted that greater success across the developmental tasks was associated with maintaining a high level of well being across the transition. Success in the work, romantic involvement, peer involvement, and citizenship domains were more essential to maintaining a high level of well being. Financial independence and education were just below significant levels. For this group there was also evidence that achieving in both achievement and affiliation domains were

necessary for maintaining a high level of well-being across the transition. For the second group, low increasing and steady low well-being trajectory, the steady low remained low throughout the transition, while for those in the low increasing group, greater success in employment, romantic, and citizenship domains was salient for an increased well-being trajectory. Further, for those in the low increasing group those who succeeded in either of the achievement domains (work/education) were as likely to experience an increase well-being trajectory as compared to those who succeeded in both. Similarly those who succeeded in one or the other of the affiliation domains exhibited a similar increase to those who succeeded in both. Thus, increased well-being appears to be related to having an experience of some success rather than success across a variety of domains. These results provide hope for adolescents that start out on a low trajectory regarding overall well-being; given that overall satisfaction was not dependent on starting levels. However, this is a normative sample, and the results also highlight the difficulties exhibited by youth who start out with high overall success and still flounder when trying to transition to adulthood. For youth in foster care many of the difficulties are compounded in the face of decreased resources, presence of trauma, and other challenges that complicate the experience of entering adulthood.

The Midwest Evaluation of Adult Functioning of Former Foster Care Youth (Midwest Study) is a longitudinal study that followed youth from Illinois, Iowa, and Wisconsin as they “age out” of the foster care system, and transition into adulthood. This study collected data in 3 waves. The first wave occurred in May 2002- March 2003 and data was collected from 732 youth who were 17-18 years old and still under the guardianship of child welfare agencies. The first interview emphasized the experience of

the respondents while they were in care and covered domains related to education, employment, physical and mental health, social support, contact with the criminal justice system, substance abuse, sexual behavior, and access to independent living services. The second wave of interviews was conducted between March and December 2004 with 603 of the 732 young adults. The second interview assessed many of the same domains as the first interview; in addition to the experiences of the young adults between wave one and wave 2 and for young adults who had been discharged from child welfare programs, interview 2 also included questions about their lives subsequent to discharge. The third interviews will be conducted between the youth's 22nd and 23rd birthdays.

Courtney and Dworsky (2006) compare the results between the youths who are currently in care at the time of their second interview (47%) relative to those who had been discharged from care by their second interview (53%). It is important to note that two of the states discharge youth upon their 18th birthday. The sample is also compared to a nationally representative sample. The sample is predominantly female and the majority of the sample identify as members of racial minority groups. The sample was split almost in half with those under the care and in homes/placements supervised by child welfare agencies and those who were not. The young adults in the study reported close relationships with their biological grandparents and siblings; this is relevant due to the fact that this may be a means through which these young adults receive social support. Social support was measured by utilizing the Medical Outcomes Study, Social Support Survey. The young adults reported that they received social support all or most of the times, with no significant differences between those in care and those that were discharged from care.

With regard to independent living, over half of the study participants received educational support; however, less than half received support in additional domains; furthermore, significantly more of those in care reported receiving services in additional domains. Despite receipt of educational support more than 1/3 of the sample had neither a high school diploma nor a GED. This study found that young adults who remained in care had higher educational attainment than those who were discharged.

The study also examined employment and employment history. Results indicate that while many of the respondents were employed their employment was often sporadic and was often unable to provide financial security. With regard to hours worked and wage, the respondents in the sample did not differ statistically from the national average. However, their earnings over the course of the year was of concern. The majority of the sample earned less than \$10,000.00 over the course of a year. Given the limited educational attainment and limited economic opportunities, it is none too surprising that respondents in the study reported economic insecurity. Additionally, those who were discharged experienced a greater degree of economic insecurity than those who were still involved in child welfare programs. While only 2 respondents at wave 2 were homeless, one quarter of respondents were food insecure. Further, the young adults in the study were twice as likely to report not having enough money to pay their rent than the national average. Difficulties paying rent and addressing other necessities may be indicative of a lack of money management skills. Relative to 82% of their peers in the national population, only 46% of the sample had a checking or savings account. Further, almost half of the sample required at least one or more forms of government assistance,

including food stamps, public housing/rental assistance, temporary assistance to need families, and others.

With regard to health and mental health a vast majority of the sample reported being in “good” health. Despite reported “good” health, the young adults in the sample made more emergency room visits than their peers in the national sample. Also notable is that their emergency room visits/hospitalizations were more often due to drug use and emotional stress than to illness or injury. When administered the Composite International Diagnostic Interview, one third of the sample endorsed symptoms consistent with major depression, dysthymia, post traumatic stress, social phobia, alcohol abuse/dependence, and substance abuse/dependence. The survey found that for those who remained in care, they had greater access to medical and psychological treatment. The most commonly cited barrier toward accessing medical and psychological care was perceived cost of care and lack of insurance. With regard to care and access to care it is important to note that by approximately 19 years of age, half of the females in the study had been pregnant. This is a concern because this population is less likely than their peers in the national sample to have health care, access health care, they have decreased social supports, lower educational attainment, and are more likely to rely on public assistance. Nonetheless, despite the decreased resources and supports they are over twice as likely to become pregnant and have children as their peers in the national sample thus perpetuating the family cycle of child welfare involvement and reliance on government funded programs due to their compromised abilities to care for themselves, and the increased responsibilities associated with childbearing and motherhood. When examining delinquent and violent behavior the youth in the study reported a high level of

involvement with the criminal justice system. 28% of the youth in the study reported being arrested and 1/5 reported being incarcerated since their first interview.

The results of this study and others highlight the challenges faced by young adults as they transition out of child welfare programs. This study is illustrative of their decrease in functioning relative to same age peers that comprise a national sample and their need to develop knowledge, skills, and abilities across several domains in order to promote skills to facilitate independent living.

Young adulthood is a time of significant transitions and adjustments in the life cycle. However, typical challenges of young adulthood are compounded for those who have spent time in out of home placements and have limited resources, supports, knowledge, skills, and abilities, to help facilitate the transition into adulthood. There are reciprocal and bi-directional relationships between the various challenges that these young adults encounter (homelessness, poor educational outcomes, employment instability, etc).

A study conducted by Pecora and colleagues (2006), examined the achievements of adults (20-33) that had a history of 12 months or longer in foster care. Achievements were assessed in the areas of education, employment, and finances. This study also examined the experiences during foster care which can facilitate a more seamless transition to adulthood after leaving foster care. The researchers' utilized data collected via the Northwest Foster Care Study which sought to evaluate the short and long-term effects of family foster care on adult outcomes. Family foster care can be a deceptive term, and the living situations of those in the study included group homes, residential placements, independent living programs, treatment foster homes, foster homes, shelters,

and others. While many of the survey respondents reported being somewhat prepared or very prepared for independent living, many of the adults in the study reported being discharged from care without resources such as a driver's license, money, dishes and utensils. With regard to education, many of the adults in the study completed high school at rates comparable to the general population; however, they were more likely to obtain a GED than graduate traditionally. The results of this study indicate that 2 in 5 foster care alumni receive some education beyond high school, while less than half of those completed a degree or certification program. One in six obtained a vocational or technical degree, and one in fifty received a bachelor's degree.

One of the primary challenges for youth exiting child welfare programs is securing and maintaining housing. Studies find that having a history of foster care involvement is a significant risk factor for later homelessness (Stein, Leslie, & Nyamathi, 2002). While homelessness is a great concern, housing instability appears to be a more prevalent problem. Housing instability refers to difficulty paying rent, spending more than 50% of one's household income on rent, and living in crowded or overcrowded living situations. For example, some of the youth in foster care return home to the family members they were removed from and reside in abusive, overcrowded, or unsafe conditions that they were once removed from (Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A., 2001)..

Employment and homelessness may be linked in that if one can not obtain and maintain employment that will pose a sufficient challenge to securing and sustaining housing. In the Northwest Foster Care study the employment rate among the alumni was substantially lower than the national average and approximately one in six alumni were

receiving public assistance such as Temporary Assistance for Needy Families, and other cash assistance. This highlights the link between employment and housing stability give that a large portion of the sample had difficulty finding employment opportunities that paid wages high enough to support daily living.

Based on the information gathered by the Northwest Foster Care Study, Pecora and colleagues (2006) conducted statistical analyses to determine factors that helped to facilitate more desirable outcomes for young adults aging out of foster care. The authors concluded that optimizing the resources upon leaving care, optimizing placement history and experience, and optimizing nurturing and supportive relationships with one's foster family and other supports impacts outcomes for youth. Pecora et al. (2006) found that when all of these areas were optimized there was a reduction in undesirable employment and financial outcomes.

The above studies highlight the complications and challenges that youth in foster care or with child protective service involvement experience once they age out of the system. Young adulthood is a time in the life cycle characterized by semi-autonomy (Osgood et al., 2010), where youth can dip their toes in the water, swim out, but return if the waters become too rough. For many youth during their early twenties they engage in a cycle of leaving and returning to home. Unfortunately, due to patterns of family instability, removal, and placement these youth have limited supports and once discharged from child welfare programs often do not have a home base to return to if the waters get too rough. Thus, in order to facilitate a successful transition it is necessary to explore the knowledge, skills, and abilities that these youth need to develop.

Specific challenges for youth who transition out of foster care include homelessness, and difficulty obtaining stable housing (Stein, Leslie, & Nyamathi, 2002), in addition, these youth also have greater physical and mental health needs (Courtney & Dworsky, 2006); as a result they are considered a vulnerable population. While there is not a plethora of research assessing the link between independent living skills and homelessness in this population, several studies have examined the impact of independent living skills training on homeless adults with mental illness. Helfrich and Fogg (2007) examined the effect of a manualized life skills program intervention and situated learning, or learning in an environment that provides opportunity for modeling, practice, and feedback. The purpose of their study was to evaluate whether or not the study participants could learn life skills in the areas of self care, room care, food management, money management, and safe community participation through individual life skills intervention, and whether or not study participants could retain the acquired skills three to six months after the intervention.

The sample participants included 51 people with a documented history of mental illness that were living in emergency housing programs. The participants completed initial evaluations and participated in 12 group and individual sessions with an occupational therapist. Subsequent to six weeks of intervention a practical skills test was administered to assess skills attainment. At three and six months post intervention participants' skills retention was reassessed.

The results of the study indicate that the participants who received life skills training intervention demonstrated increased competencies in the areas of room care, self care, money management, food management, and safe community participation. The

authors concluded that the participants were not only acquiring skills but also retaining them at a six month follow-up.

Skills Necessary to Function Independently in the Community

In preparing adolescents for the transition to adulthood it is important to consider their developmental needs. Adolescents in foster care represent a heterogeneous population. They have varying needs and have various competencies with regard to life skills due to their prior placement histories, family support, and other mediating variables. The federal independent living initiative mandates that all youth in out of home placements be assessed for living skills competencies by the age of 16 (DFYS Field Operations and Policy and Procedure Manual). Specifically, independent living skills are important to assess and develop such as self care, social development, career development, study skills, money management, self determination, self-advocacy, and accessing housing and community resources (Massinga & Pecora, 2004). These skills are necessary to develop in order to access stable living conditions, develop healthy peer and other interpersonal relationships, foster educational skills, access medical and mental health care, and perform other responsibilities associated with adulthood and living independently (Massinga & Pecora, 2004). Current programs addressed at meeting the needs of children in foster care have an emphasis on rehabilitation, and have a decreased emphasis on normative childhood activities, such as school, peer relationships, work skills, and vocational opportunities (Massinga & Pecora, 2004).

The goal of this initiative was to provide caregivers knowledge of the youth's limitations in the life skills domain so that skills could be remediated and strengthened prior to emancipation. The Ansell-Casey Life-Skills Assessment (ACLSA) is a strengths

based tool used to assess life skills, set goals for skills not yet acquired, and evaluate program efficacy (Nollan et al., 2000).

Life skills or self sufficiency skills are often separated into two categories, tangible skills and non-tangible skills (English, Kouidou-Giles, & Plocke, 1994).

Tangible skills include skills needed for daily living, such as budgeting, finding resources, cooking, and vocational skills, among others. Non-tangible skills are those useful for maintaining interpersonal relationships and employment. These skills include communication, decision-making, problem solving, social skills, and anger skills.

Various scales have been developed to assess skills among both domains; however, the reliability and validity of such scales has been weak (Nollan et. al., 2000). Scales with stronger reliability and validity, such as the Vineland Adaptive Behavior Scales have strong psychometric properties, but are typically used among the developmentally disabled population; as a result, typically developing youth may score more proficient than they actually are on the skills assessed. Further, traditional methods do not permit the youth to assess themselves independent of a parent/guardian or at all; thus, the youth's perception of their skills and abilities along various domains can not be assessed. The Ansell-Casey Life Skills Assessment was developed in response to the limitations with other assessment measures by the Casey Family Program (Nollan et al., 2000).

The ACLSA allows youth to be assessed at different developmental points in order to have the life skills assessment coincide with child/adolescent development. The skills of the individual completing the assessment are then compared to the range of possible skills in order to assess how well the youth has mastered a specific skill set. The domains assessed include social development, vocational and educational development,

physical development and self-care, moral development, and money, housing, and transportation. The Child Welfare League of America (CWLA) (1989) advocates the training of similar skills for youth in foster care. Their standards focus on helping the youth to assess his/her own strengths and needs, learn to identify and define his/her problems, learn how to understand options and make informed decisions, plan for the future, obtain information about family medical history, personal history, and social history, understand and cope with past losses, rejection, and anger, locate, obtain, and maintain housing, personal care, access community resources, and form meaningful relationships. The Ansell-Casey allows care givers and youth to assess the individual in care among several domains and on specific skills, and these domains coincide with the skills advocated by the CWLA.

The ACLSA can be used in a variety of ways, it can be used to identify the individual's strengths and limitations, and it can also be used programmatically (Nollan et al., 2000). Aggregate reports for the participants in a specific program can be useful for program planning and curricula development. This scale can also be used in a pre/post test manner to evaluate program outcomes.

Approaches and Programs for Teaching Independent Living

The Child Welfare League of America (1989) issued *Standards for Independent Living*, which they deem necessary components of an effective independent living program. The CWLA (1989) asserts that independent living initiatives should be aimed at young people, separated from their homes that need skills to live healthy, productive, and responsible lives. The standards suggest that:

- Planning for independent living requires a clearly stated written plan

- Youths should be involved in the independent living planning process.
- The earlier the process toward self-sufficiency can begin, the more effective will be
- Planning for independent living requires realistic time frames that take into account the absence of the security of a stable family in the lives of youths in out of- home care.
- Post-emancipation services may be necessary for youths.
- Foster parents and child welfare workers must be available to provide support and to serve as role models and instructors of youths.
- Biological families should be included in the independent living preparation process to the fullest extent possible.

Various legislation, policies, and procedures have been employed to help facilitate the development of various skills in youth transitioning out of foster care; however, despite efforts these youth continue to experience negative outcomes upon their discharge. Foster care agencies continue to struggle as they attempt to teach life skills and prepare youth for transitioning out of the system. The range of services has increased over the years and it is important to consider how to maximize these services. Barriers to program implementation and sustainability include high staff turnover, transportation difficulties, lack of coordination of various agencies, limited opportunities for youth employment, lack of placement and placement arrangements, and shortage of mentors and volunteers (Massinga & Pecora, 2004).

Given that independent living skills is an umbrella term that spans many domains, the CWLA asserts that an important component of all independent living initiatives is

coordination of services among service providers and professionals in a variety of areas. The independent living standards emphasize the importance of linking educational services with assessment and vocational guidance, linking employment services including assessment, access to community employment training programs, training in work habits and ethic, and job development. Coordinating care with health services is also essential, in addition to training youth to find suitable housing, educating youth about tenants rights and advocacy, other legal services, emergency services including crisis and financial supports, and not to be neglected, socialization including adult role models, peer support, and community service programs.

Given that there is a great deal of independence and variability by state with regard to the Foster Care Independence Act, and the John H. Chafee Foster Care Independence Program, it is relevant to discuss this state's application of this legislature. Prior to the adolescents 18th birthday it is necessary to develop a transitional plan. The plan identifies the responsibilities of each person involved with the adolescent to assist the adolescent in obtaining the identified skills. This plan identifies both the child's strengths and needs in order to have a successful transition to independence. The plan details the adolescent's life goals, career goals, educational goals, health care needs, acquisition of basic life skills, and identification of resources (DYFS Field Operations and Policy and Procedure Manual).

Further, as a result of legislation child welfare programs have extended services to youth until age 21; no longer is it acceptable to automatically close a case based solely on an adolescent turning the age of majority. However, there are several actions that the

Division of Children and Families is mandated to take once an adolescent reaches age 18.

In this state the criteria for continuing to provide services subsequent to age 18 includes

- The adolescent was a recipient of services from the DCF at age 16 or older
- The adolescent is in a DYFS supervised or funded out of home placement, and agrees to continued case management services
- Case worker and case work supervisor determines that continued services is in the adolescents best interest
- Clinical reasons such as severe depression which presents a need for counseling services and support
- The adolescent is continuing to work towards the goals outlined in his/her transitional plan
- The adolescent is employed 30 hours a week or more and earns less than 150% of the federal poverty income guidelines for a family of one or needs non-financial DYFS services

Once it is determined that an adolescent meets this criteria 6 months prior to the youth's 18th birthday the worker assists the youth in completing a service need assessment which includes the necessity of services to achieve goals of independence, self-sufficiency, education, finances, housing, and health care (DFYS Field Operations and Policy and Procedure Manual).

Independent living programs are one of the methods employed to better prepare youth who are aging out of programs; however, little information exists regarding the degree to which these programs are effective and meet the identified needs of the youth preparing to transition (Montgomery, Donkoh, & Underwill, 2006).). While the

individual skills addressed by various independent living programs vary, the primary emphasis of most programs is on independent living and personal development (Montgomery, Donkoh, & Underwill, 2006). Personal development skills may include communication, decision making, and anger management (USGAO, 1990), while independent living skills include vocational skills, money management skills, and utilization of community resources. Thus, independent living skills are not narrowly defined; rather, they are comprehensive and encompass a wide range of social-emotional and practical skills.

The Lighthouse Youth Service is comprised of several agencies that provide services to children and families in Southeast Ohio. The Lighthouse Youth Service organization developed an independent living skills program based on a series of guiding principles. These principles include the need for foster youth to have time to adjust to the “real world” and make mistakes while still receiving care from supportive adults. Thus, the Lighthouse Independent Living program supports the need for youth transitioning to have a transitional period while preparing for emancipation, where they have the opportunity to “learn by doing,” but also have the comfort of a supportive adult. As a result the program provides a 10 month bridge period, and while the program developers believe that this period of time is too short, to help prepare the youth to meet all the challenges, it is an attempt to bridge the gap between the full reliance and support on child welfare programs to emancipation. Further, this program asserts that risk is a part of change, as are mistakes, so the housing based programs that are part of Lighthouse are designed to accommodate such mistakes and minimize the potential harm or consequences.

Currently, the program is provided sixty-five dollars a day for youth in the scattered apartment sites, and eighty-five dollars a day for youth in other arrangements such as shared homes or supervised apartments. The program is staffed with a director, assistant director, and social workers. The clients served by the program are current foster care youth and delinquent youth; most are referred slightly before the age of majority, at a time where there is a great need for transitional services. The program is also a placement for difficult to place youth, such as those with unsuccessful placement histories, and involvement with many agencies. Serving these youth is important because due to their difficulty to place, they often transition out of protective services with very few supportive relationships to facilitate the emancipation process.

The primary placement for youth in this program is a scattered site housing model. Rent, utilities, and phone bills are paid by the program, and furniture and houseware is provided. The residents also receive fifty-five dollars weekly, ten of which is placed in a savings account, and the remaining forty-five to be utilized for groceries, transportation, and personal care items.

Kroner and Mares (2009), examined the Lighthouse Independent Living Program in order to describe the services received by the clients, and the outcomes attained upon discharge from the program. The sample consisted of the 455 youth that participated in the Independent Living Program during 2001-2006. The researches found that on average 76 youth entered the program each year, once admitted to the program clients stayed for an average of 292 days. The mean age was 17.9, more than half of the sample was female and belonged to an ethnic minority group. The average Global Assessment of Functioning score was a 61, and self-sufficiency ratings were an average of 77 which is

the mid range of the 130 point scale. The clients received an average of 6.8 individual services which included mental health, substance abuse, vocational, and educational services. Two-thirds of the sample received life-skills training, 77% received direct treatment services, and 87% received basic support including food, clothes, and shelter. Almost 40% received all four types of services while participating in the program. What the results of this study indicate is that when youth are sent to transitional living programs to prepare to be completely independent, they still require a high degree of support and skills training. Despite receiving a weekly stipend, 87% of the participants still needed support for food, clothing, and shelter; basic necessities.

Upon discharge 60% of the participants obtained a GED or graduated high school, 31% were employed or completed vocational training, and 33% were living independently. It is relevant to note that in the “most successful” group $\frac{1}{4}$ of the participants had not completed high school, $\frac{1}{2}$ were unemployed, and did not have an affordable place to live. The results of this study indicate that while there have been tremendous efforts to prepare youth for emancipation, more work needs to be done. It is important; particularly, for older children in care, that self-sufficiency, independent living skills are taught and reinforced throughout their tenure in the foster care system. Residential programs, foster homes, treatment homes, and other placements need to work diligently to support the transition to independence for these youth who either return home with limited supports, or are expected to be independent once their placements terminate.

Montgomery and colleagues (2006) conducted a review of several independent living skills programs in order to understand the extent to which youth who are preparing

for the transition to independent living and acquire independent living skills actually fare better than those who are not equipped with independent living skills. Due to the difficulty finding studies that included randomized controlled trials, Montgomery and colleagues included studies in their review that compared independent living programs to usual care, no intervention, or another form of intervention. There were reviews of eight programs included in their evaluation, including the Work Appreciation Program (WAY) for Youth, Moving On, Preparation for Adult Living Program, Pathways to College, The North Carolina Independent Living Program, Baltimore Independent Living Program, Pennsylvania Independent Living Program, and The Preparation for Adult Living Program.

With regard to educational attainment all but one of the studies reported positive results favoring those who participated in independent living programs. Three of the studies reported statistically significant differences between those who participated in independent living programs than those who did not. Favorable educational outcomes included that a significantly higher proportion of youth who participated in independent living programs completed high school, obtained a GED, or participated in a technical or vocational program at study follow-up. Many of the studies reported better employment outcomes; however, these differences were not always statistically significant. For example, several of the researchers found that at study follow up more youth who participated in independent living programs were employed than those in the control groups; however, these differences were not statistically significant. All of the studies reported more positive outcomes with regard to housing for those who participated in independent living programs than the control groups. Fewer of the participants in

independent living programs were homeless at follow up than participants in the control groups.

While it would be presumptuous to conclude that the beneficial results were a direct result of the independent living programs, the review of the above studies indicates that independent living programs are a promising attempt to prepare youth to transition out of child welfare programs.

Westat (1991) conducted a study that examined the benefit of life skills training for older youth in foster care. The study examined seven outcomes (ability to obtain a job at least one year subsequent to discharge, graduate high school, access health care when needed, cost of the youth to the community, avoidance of early parenthood, satisfaction with life, presence of a social network, and overall success as measured by a sum of all the other scores). The study compared those who had no life skills training to those who had any life skills training at all. There was no difference between these groups. researcher than focused on participants who received skills training in five of the core areas (money, credit, consumer, education, and employment), and found that for youth that received training in all the core areas, they evidenced significantly better outcomes than those who did not have training in the core areas with regard to obtaining a job, accessing health care, lack of dependence on social welfare programs (cost of the community), presence of social networks, and overall satisfaction.

Another evaluation conducted by Scannapieco and colleagues (1995) determined that foster care youth that participated in independent living skills programs had better outcomes than those who had not. The researchers evaluated an independent living program of life skills training. This program offered relationship based services including

home visits and coordination of services, and individual services which included life skills instruction, counseling, advocacy, and resource referral. The sample consisted of 44 youth who participated in the program and 46 foster youth that had not participated in the program. The researchers found that at discharge the youth who participated in the program were significantly more likely to graduate high school, be employed, be living independently, and be self-supporting.

The Job Training Partnership Act was passed in 1982 in order to provide federal assistance programs to prepare youth and other unskilled workers for entry into the labor force by providing job training. For youth, this included a summer employment program. In Ohio, the summer employment program was utilized as an avenue through which independent living skills could be taught to youth in foster care. In three rural counties a variety of work experiences were arranged in conjunction with weekly group seminars that aimed to develop skills such as money management, meal preparation, apartment hunting, and interpersonal skills (Johnson, 1988). This is an example where an existing experiential program aimed at addressing one need was utilized to capitalize on independent living skills across multiple domains. Further, this program employed the use of life skills classes which was beneficial because youth described the experience of participation in seminars, classes, and other formalized training opportunities, as a chance to meet others in similar situations which decreased the isolation and stigma of being in out of home placements (McMillen, Rideout, Fisher, & Tucker, 1997).

Social learning theory asserts that complex behaviors can be acquired through observation and modeling; learning by doing. Thus, Independent living skills training often consists of instruction, discussion, modeling, role-playing, rehearsal, feedback, and

reinforcement. One of the domains that is often included in independent living skills is social skills. Social Skills include the ability to develop and maintain relationships, communicate, decision make, and problem solve. A study by Webster-Stratton, Reid, and Hammond (2003) utilized behavior social skills training for children with early onset conduct problems. Their behaviors included non-compliance, aggression, and oppositional behavior. Families were randomly assigned to either a child training group or a control group. In the child training group the children were taught to use positive social skills in a variety of social situations. This was achieved through videotaped modeling and discussion of what the children saw on the tape, followed by practice of the skills as they applied to various situations. Additionally, the children were assigned homework where they practiced the skills outside of the session. Results indicated that there was a significant difference between the treatment group and control group highlighting the efficacy of behavior modeling with regard to social skills training. In fact, the control group saw an increase in conduct problems, while the treatment group decreased in conduct problems. The results of this study provide support for the use of behavior training techniques in addressing social skill deficits; particularly aggressive behavior.

Often independent living skills refer to tangible skills, including budgeting, finding resources, cooking, and vocational skills, and non tangible skills such as decision making, problem solving, social skills, and anger management. A large component of non-tangible independent living skills that is often neglected is support networks (Loman & Siegal, 2000). Social networks are particularly important for youth exiting foster care because these youth are more likely than others to have developmental, behavioral, and

emotional difficulties. In addition to having greater limitations, they have less support than adolescents in the general population (Loman & Siegal, 2000). Typically, youth continue to rely on their parents into their twenties as they develop skills and abilities to increase their independence and autonomy, and decrease their reliance on their parents. Youth exiting foster care have fewer interpersonal supports, and this aspect of independent living is often overlooked despite the role that relationships and interdependence play in fostering independence and self-sufficiency in order to prepare youth for adulthood. Thus in preparing youth for independent living it is important to also consider how to foster relationships and maintain and strengthen existing relationships. Loman & Siegal (2000) recommend that independent living programs include methods to extend relationships and networks developed while in care; examples include transition homes, and mentors inside and outside of care.

Mentoring involves the matching of youth with a caring and committed adult. Mentoring programs have received increased attention for children exiting foster care because it is believed that consistent, stable, adults are something many of these youth lack as they prepare for adulthood (Spencer, Collins, Ward, & Smashnaya, 2010). Mentoring programs for youth in foster care take on a variety of forms including matching the youth with an adult whom they meet with regularly, online mentoring whereby youth communicate via email messages with their mentors, and peer mentoring programs where youth who have transitioned mentor youth in care. Mentors can include transitional life skills mentors that primarily serve to provide young people with support, friendship, and models as they transition from foster care to independent living, cultural empowerment mentors are recruited from similar ethnic or racial backgrounds help foster

a positive ethnic identity and positive sense of self by providing a similar positive role model to combat the internalization of negative messages one may get about their identified group, and finally, corporate or business mentors who monitor work experiences, and help with career development for youth in foster care.

Spencer and colleagues (2010) reviewed research on mentoring programs in order to determine conditions under which mentoring programs were most effective; the most poignant factors were duration and consistency of the relationship, and emotional connection. Nonetheless, these conditions are particularly difficult to establish with youth in foster care, because many are transient, and have emotional and behavioral challenges that mentors are often ill-prepared to address. Mentoring has the potential to address some of the critical needs of youth transitioning out of care; however, to reduce the risk of further rejection and abandonment mentor programs need to be implemented with careful consideration.

The Advocates to Successful Transition to Independence (ASTI) program is a non-profit organization that utilizes community volunteers to serve as mentors to children in the Juvenile Court's dependency system. The organization trains volunteers to assist older adolescent foster care youth to acquire the skills and resources necessary to facilitate a successful transition to independence. Tasks that mentors performed with their youth included opening a bank account and serving as a supplement to the independent living program that the youth were all ready involved in. This program was developed based on resiliency research which suggests the importance of a supportive and caring adult (Rhodes, Hiaght, & Briggs, 1999). Natural mentors and volunteer mentors can help prevent some of the negative effects of out of home placement by providing a supportive

and trusting relationships, serving as a role model, and assisting youth in developing independent living skills (Rhodes, Haight, & Briggs, 1999). Rhodes and colleagues (1999) found that after participating in a mentoring program for a year the foster youth displayed improved social skills, ability to trust adults, and improvement in pro-social support and self-esteem as compared to foster youth who did not participate in a mentoring program.

Osterling and Hines (2006) examined the effect of the ASTI program on a sample of program participants. The researchers administered a self-report survey to youth 15 or older that participated in the ASTI program, as well as requesting a self-report from the mentors/advocates. The sample contained 52 youth respondents and 18 advocate respondents. The survey requested demographic information, experiences of out of home care, current educational experiences, future educational plans, knowledge of independent living skills, personal adjustment, psychological functioning, problems with alcohol/drugs, problems with the law, health status, social support, and aspects related to the relationship with the advocate/mentor. The advocate survey requested demographic data, length of time as an advocate, number of training sessions attended, number of youth currently working with, and satisfaction with the program. Interviews and focus groups were also conducted.

Most of the youth participants were Mexican-American/Latino or white, had an average of 5 out of home placements, and were approximately 16 years old at the time of the survey. Most of the advocates were middle-aged, Caucasian women. Most of the youth participating in the program acquired independent living skills related to psycho-emotional skills (decision making, expressing opinions, making friends, etc), and to a

greater extent more tangible skills such as shopping, housekeeping, and finding a job. The majority of youth reported learning these skills on their own. Most advocates reported that they did not engage in many independent living skills activities with their youth. The youth reported the best aspects of having a mentor were having support, encouragement, trust, and dependability. Both youth and advocates reported positive change with regard to emotional gains and the ability to accomplish concrete tasks. The results of this study support the role of a mentor in facilitating the tangible; but to a greater degree non-tangible independent living skills. The mentor serves to support, encourage, model, and facilitate social skills, decision making, and healthy emotional expression. For example, the advocates noted that the trusting relationship was instrumental in allowing the youth to discuss their emotions. Tangible skills which the youth addressed with their mentor included en-vivo, hands-on opportunities to practice skills such as completing a job application, obtaining a job, opening a bank account, saving money, and completing tax forms. This study suggests that mentors or relationships with supportive adults may serve as a means for facilitating the development of independent living skills.

Summary

Current research indicates that for adolescents who age out of foster care do not experience favorable outcomes once they no longer have child welfare support. Relative to the general population they are more likely to experience homelessness, joblessness, and dependence of government support (Shulenberg et al., 2004). Many of these adolescents “return to care” via the criminal justice system, shelters, and other social welfare programs (Stone, 1987, Courtney & Pillavin, 1998). Current legislation has

mandated that youth in care be provided with independent living programming to decrease the likelihood that they will experience negative outcomes upon exiting from care (Samuels & Pryce, 2004).

Research indicates that skills across several domains are important to address in order to help adolescents in care acquire independent living skills. These skills include both tangible and non tangible skills (Massinga & Pecora, 2004). Several methods have been employed to help adolescents in care acquire skills in the above areas. The independent living areas defined in the research will be assessed so that areas of deficit can be identified and a program can be designed to address the areas in which the adolescents in the sample lack independent living skills. The program will also include methodologies such as assessment of skills, training on skills, mentoring, and others to address the independent living needs of the residents.

CHAPTER III

Methods of Investigation

Abstract

The current dissertation project employed the use of Maher's (2000) program planning and evaluation framework in order to assess the needs of the residents and subsequently design a program. Maher (2000) defines a program as resources, organized in order to add value to an individual, group, or organization. Thus, the goal of the current dissertation project was to identify resources that could be organized in a manner that would add benefit to the residents at the treatment center, and to the treatment center as an organization. In order to design a program, Maher (2000) delineates four phases: The Clarification Phase, the Design Phase, The Implementation Phase, and the Evaluation Phase. This chapter will include a review of Maher's (2000) program planning and evaluation framework, and the phases that comprise the method. Although this chapter will review all four phases, this dissertation will focus on the Clarification and Design Phases.

Clarification Phase

Contextualism emphasizes developing a deep understanding of the context where knowledge results from experience and there is a connection between the researcher and the participants or consultants and organizations. As a result of understanding the context, there will be greater clarity about how to add value to the target population in a meaningful, programmatic way. Cherniss (1976) identifies ambiguity as detrimental due

to its limiting effect on the efficacy of interventions. Thus, it is important to be clear on who, how, and what prior to implementing interventions or designing programs. Maher (2000) describes lack of clarity and understanding of the present situation and the concerns of the client and relevant stakeholders as a barrier to program design, making it virtually impossible for the program to add benefit to the individual, group, or organization. Hence, an understanding of the situation creates perspective on how to add value to the individuals, group, or organization and also contributes to process control because the information that results facilitates an understanding about who will be served, their needs, and the context within which the needs are embedded.

The clarification phase consists of three activities. The three activities of the clarification phase include identification of the target population, determination of the needs of the target population, and understanding of the relevant context. The three activities in this phase are designed to follow each other because the information gathered in one activity determines how one may proceed in the following activity.

The target population is defined as the individual, group, or organization for which the program is designed and implemented. Identifying the target population is necessary because it provides information regarding the number of people to be serviced by the program, determination of eligibility criteria for the program, to make comparisons between the target population and the general population which may inform program evaluation, and if dissemination will be an eventual goal it can help to determine similarities and to plan for an assessment of the target populations needs. Through interviews, questionnaires, or permanent product review, one must determine the size of the target population, describe the relevant characteristics of the population (size, age,

gender, race, etc), and decide whether the target population should be segmented. In order to obtain data about the target population this consultant reviewed the charts of the residents presently at the center.

Once the target population has been specified, it is important to identify the needs of the target population. Maher (2000) describes a need as a discrepancy between the current state of affairs and the desired state of affairs in a specified domain. Domains may include the cognitive domain, the affective domain, socialization domain, communication domain, the educational domain, vocational domain, psychomotor domain, and the physical domain. In order to analyze needs in a domain it is necessary to identify the domain, gather information about the current state of affairs and desired state of affairs in that domain, and interpret the information to make judgments about the extent of the needs of the target population.

In order to identify the domains of interest one must consider “what are the domains or areas of the target population in which need seems to exist having to do with the growth, development, and improvement of the target population. “ (Maher, 2000, III-18). Subsequent to identification of the domains of interest a structure of needs must be developed for each domain. The structure of needs describes the current state of affairs, the desired state of affairs, a needs assessment question, data collection variables that will provide answers to the needs assessment question, delineation of methods and procedures for data analysis and interpretation, communication of results, and identification of the roles, responsibilities, and timelines.

The final activity of the clarification phase is the context assessment. The context assessment provides information regarding the readiness of the target population, client,

stakeholders, and organization for the design of a program to address the identified needs. Along with information regarding the readiness of the organization to adopt a program, the context assessment will also provide information related to the factors that may facilitate or impede program design and implementation. In order to assess the context Maher (2000) employs the use of the AVICTORY approach. This approach involves the analysis of eight key factors to understand the context. The AVICTORY factors are described below.

A- Ability of the organization to commit resources

V- Values that people within the organization ascribe to the target population and their needs

I- Ideas that people have about the target population and their needs

C- Circumstances within the organization as they relate to its structure and direction

T- Timing of a human service program

O- Obligation to assist the target population by addressing their needs programmatically

R- Resistance that might be encountered

Y- Yield or benefit to the target population as a result of participating in the program.

Several methods can be employed to obtain information regarding the organizational context. These methods include interviews, questionnaires, surveys, and participant observation. This consultant used interviews and participant observation to obtain information on the needs of the residents.

Design Phase

The second phase of the program planning and evaluation framework is the design phase. The program design is informed by the information gathered during the context assessment. Having a sound program design is necessary in order to make evaluative judgments about the worth/merit of the program and how the program may be improved upon or expanded. The purpose of this phase is to document the program and its elements. The program design elements include defining the program purpose, goals, and goal indicators, program components, phases and activities, program personnel, development and implementation schedule, program budget, evaluation plan, and any other program design elements.

Identification of the program purpose and goals is necessary in order to determine what value the program is intended to have. A statement of purpose delineates the who, how and what of the program. The statement of purpose will describe who will participate in the program, how the program will be provided, and what benefits the participants will incur as a result of participation in the program. Once the purpose has been identified, goals should be developed. Program goals should be clearly stated and SMART (specific, measurable, attainable, time-frame). The goals provide the foundation for further program planning and evaluation activities.

Implementation Phase

The third phase is the program implementation phase. Although this dissertation did not include the implementation phase, this phase will be reviewed. Process control is an emphasis of this phase, ensuring that the program is implemented with fidelity as designed. The implementation phase is significant because without fidelity the likelihood

that the program will result in meaningful outcomes decreases and with process control there is greater likelihood that informed decisions can be made regarding modifications to the program. The implementation phase encompasses three activities; the first is to review the program design to determine the degree to which the program is fully developed and ready for implementation, the second activity is facilitation of the program implementation, and the final phase is monitoring of the program implementation process. Maher (2000) utilizes the DURABLE approach in order to facilitate program implementation.

D- Discuss the program with people who will be involved and be affected by the program implementation

U- Understand the needs and concerns of the people with regard to program implementation

R- Reinforce people for appropriate involvement in the program

A- Acquire sanctions and supports to contribute to successful implementation

B- Build positive expectations

L- Learning to implement programs is fundamental to successful implementation

E- Evaluating the process of program implementation

Evaluation Phase

The final phase is the program evaluation phase. In the program evaluation phase the goal is to gather and analyze data that will result in the ability to make value judgments about the worth of the program. The evaluation phase is pertinent because it provides a means for ensuring that the program is continually improved based on the value that it has for the target population, allows people to make judgments about

whether or not the program should be continued/expanded, and it provides a method for continuous program improvement. Maher (2000) describes qualities of a sound program evaluation. A sound program evaluation is one that is practical, and can be implemented by people in the organization, useful, in that allows the client and stakeholders to make decisions about the program and how to improve it, proper which dictates that an evaluation should adhere to all relevant ethical standards and legal requirements, and technically defensible which suggests that the methods, procedures, and instruments be reliable, valid and accurate.

The activities of the program evaluation phase include identifying the client, determining the client's needs for a program evaluation, placing the program in evaluable form which means documenting the program design elements, identifying program evaluation questions, describing the data collection and analysis process, delineating the program evaluation personnel and responsibilities, determining guidelines for communication of information gathered, creation of program evaluation protocols, implementation of the evaluation, and evaluation of the program evaluation.

Entry into the Organization

Entry into the organization began one year prior to the undertaking of this dissertation project, when I worked as a psychology practicum student at another state run treatment center. At the treatment center I was responsible for conducting psychological evaluations, educational evaluations, and providing individual and group therapy. During my time at the center I was overwhelmed by the many needs of the residents, and began to discuss with the psychology director the goals for individual residents. The director stated that his primary goal was to provide the residents with

knowledge and skills that would benefit them and help them to be successful once they were discharged from the center. Through these conversations, I worked with the psychology director to identify the area of greatest need and began to explore the services/program delivered to the residents to meet their needs. The identified domain was independent living, and this domain was identified through my experience evaluating and treating one of the residents at the center. I evaluated a 17 year-old resident with an extensive trauma history, significant emotional and behavioral challenges, and was also illiterate (unable to read/write). This resident highlighted that in spite of the multitude of needs that this resident had across educational, psychological, behavioral, and vocational domains, his illiteracy severely limited his ability to function independently in the community. While a minority of the residents were illiterate, the majority were ill equipped with skills to support their independence upon discharge from the treatment center. Consequently, the director of psychology coordinated meetings between myself and the Chief Executive Officer (CEO) regarding assessing and designing a program to address the independent living deficits of the residents.

The director of psychology was very invested in evaluating the delivery of services in order to improve the program delivered to the residents; as a result, he was instrumental in gaining access to the organization. From a business perspective the CEO allowed entry due to citations and recommendations from the program's licensing bodies to improve the delivery of their independent living program. However, shortly after obtaining entry into the organization to conduct this project, the center staff was informed that the treatment center was closing.

There were two other treatment centers in the state, and one of the psychologists at the initial center, also worked at one of the other treatment centers, and facilitated my entry into one of the other organizations. The psychologist obtained program proposal information and shared this information with the new centers CEO. The psychologist worked to gauge the interest of the CEO in a needs assessment and program designed to address the independent living needs of the residents. Once it was determined that the CEO was interested, the psychologist reached out to me and encouraged me to meet with the CEO. Upon meeting with the CEO, additional meetings were arranged with the doctoral level clinical staff to discuss the project. Slowly, I met with members of the different departments to assess interest and receptiveness to this project. During meetings the framework was explained, and many staff members expressed an interest in not only a needs assessment and design, but also implementation. As a result, several meetings were used to discuss program implementation and the circumstances under which this could occur. Discussions with staff were instrumental in determining the methods that would be employed to conduct the needs assessment, and these discussions informed subsequent meetings and procedure

Summary

Maier's (2000) program planning and evaluation framework was used for this dissertation. The framework consists of four phases which include the Clarification Phase, Design Phase, Implementation Phase, and Evaluation Phase. Utilization of this approach required first gaining entry into the organization. Entry into the organization began prior to the dissertation project while I was a practicum student at the site. During my time as a practicum student, I began to raise questions regarding the independent

living needs of the residents and the degree to which the current program was addressing those needs. With support from the clinical department, I was able to meet with staff in various departments to assess their attitudes, values, and beliefs about the target population and their needs in the independent living domain, and the degree to which the current program was addressing their needs. Ultimately, approval to begin the project was given by one center's CEO, and then obtained by the second center's CEO when the project changed locations. Through consultation with the staff members in various departments and participant observation I was able to obtain information useful for program design.

CHAPTER IV

Clarification Report

Abstract

The current chapter will outline the clarification phase, which is the first phase of the program. This phase includes the introductory information, which describes the organization and its relevant characteristics, a description of the target population served by the program, an assessment of the needs of the target population, and an assessment of the relevant context of the organization. The purpose of the context assessment is to develop an understanding of the contextually relevant factors of the organization that might influence program design; in order to design a program that not only meets the needs of the target population but that is also practical and feasible given the organizational context. In order to assess the context Maher's (2000) AVICTORY approach was employed.

Introductory information

Organization.

The organization for this project is a residential treatment center located in the tri-state region of the United States. It rests of the border of the capital city and a smaller town just outside of the capital. It is a relatively metropolitan area with many small businesses, corporate offices, museums, stadiums, and state facilities. The treatment

center is located near several other state agencies including a psychiatric ward, an alternative school, and the state school for the deaf.

The treatment center is operated under the auspice of the Department of Children and Families, Division of Youth and Family Services. The organization has been relatively stable and has been used to provide services to children requiring residential care for over 25 years. Currently the treatment center provides psychological services, psychiatric services, as well as social and educational services to adolescent males with behavioral and emotional difficulties. They also have a specialized program for juvenile sexual offenders. The primary function of the center is to provide intensive therapy and educational services in a highly structured, self-contained environment for adolescents who struggle to and are unable to function in their homes and communities. The goal of the center is to return these adolescents to a less restrictive environment.

The center is monitored by both the state and the Joint Commission for Accreditation of Healthcare Organizations (JCAHO). The center has received citations by both agencies for failure to document the independent living skills program that they provide to the residents.

Client.

The client for this project is the Chief Executive Officer (CEO), who changed over the course of the program development. The CEO expressed an interest in improving the delivery of services in the independent living domain, and creating a method for documenting and monitoring the services delivered such that when audited by the state the organization would not be cited yet again. Both of the CEO's that were in office during the development of the program have worked for the State and the Division

of Children and Families for 20 plus years. The initial CEO worked as the CEO of one of the state psychiatric facilities prior to becoming the CEO at the residential treatment center. He then left the residential treatment center to serve as the CEO at a state run facility for adults with developmental disabilities. The subsequent CEO worked as an assistant to the initial CEO at one of the state psychiatric centers prior to becoming the CEO at one of the other state residential treatment centers. Both CEOs have educational backgrounds in business and business administration, but have developed an understanding of the educational, vocational, and emotional needs of their residents. The current CEO believes that this program will add value to the residents and to the organization, and states that he is “happy to provide an avenue for [this consultant’s] learning.”

The Chief Executive Officer was selected as the client due to his position in the organization. Although the project was initiated under the direction of a clinical staff member, in order to coordinate all of the departments it was necessary to work directly with the CEO. Many other administrators and department directors were involved in the program panning and evaluation process. For example, I worked closely with the school administrator, given that she too has an interest in improving the independent living services delivered to the target population and coordinating the departments in this effort such that the school would not be solely responsible for delivering services.

Target population description

Demographic characteristics.

The target population for this program includes all the current residents of the the Residential Treatment Center. At the time of data collection there were only 16 residents,

although the center can serve up to 35. While the age range for the residents is 12 ½ to 17 ½, the residents can remain at the center until age 21 if they are still participating in the school program. The age of the residents is pertinent to the degree to which it informs program design. The age of the residents determines their aftercare placement options; for example, residents cannot go to independent living programs until they are 16 ½ years old. The age also provides an indication of how close the residents are to the point at which they formally age out or can opt to exit the care of the state. The mean age of the residents was 15.5 years at the time of data collection. Although only 25% of the youth in care are adolescents, adolescents have a more imminent need for an intensive living skills program, given that they are closer to the age of majority.

Table 1
Age of residents

Age	12	13	14	15	16	17
Total	0	0	3	6	3	4

The majority of the residents are from ethnic minority backgrounds. 56% of the residents are African-American, 31% are Caucasian, and 12% are Hispanic. Knowledge of ethnicity and culture is relevant as it may influence the relationships between the family and child upon adulthood with regard to expectations for autonomy and independence. It is also important with regard to generalizability. Similar to the population of children under the care of the Division of Children and Families, the majority of residents in the sample are from ethnic minority backgrounds. With regard to ethnicity, the target population is similar to the larger population of children in out of

home placements, where a greater number of Black/African-American youth are in care than those of other ethnicities.

Table 2
Ethnicity

Ethnic Background	African American	Caucasian	Hispanic	Other
Total	9	5	2	0

The majority of the residents are from lower socioeconomic status, urban and rural areas across the state. All of the residents and their families are involved with the Division of Children and Families, Division of Youth and Family Services, and have histories of child abuse and neglect. 62% of the residents had been in 2 or more placements prior to their placement at the residential treatment center. Prior placements have included other residential treatment centers, group homes, foster homes, and kinship care.

Table 3
Placement history

Number of Prior Placements	First Placement	3 or Less	4 or More	Unknown
Total	2	5	5	4

With regard to gender, the target population is all male, while only 62% of youth in foster care are males.

Educational characteristics.

All of the residents attend the private school affiliated with the treatment center; on rare occasions children are transported to community schools. The grade of the

residents is reported because the grades provide a basis for making judgments regarding the knowledge and skills residents should have acquired thus far, relative to their current level of educational functioning.

Table 4
Grade in school

Grade	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth
Total	0	0	3	4	6	3	0

Upon admission, residents are administered the Woodcock Johnson Test of Achievement or the Test of Adult Basic Education to determine the educational levels of the residents. Residents often come in with a grade that corresponds more closely to their age than their actual ability level, and this test provides an assessment of reading, math, and written expression and provides a summary of student performance. On this measure the mean grade equivalent of the respondents on the reading measure was 4.8, while the average grade equivalent on the math measure was 4.9. It is important to note that while all the residents at the present time are 8th grade or older, the average grade performance is less than fifth grade in both reading and math. An assessment of the residents' educational abilities are relevant because while many DYFS children may graduate high school, many are significantly below grade level in the areas of reading and mathematics. Further, the residents may need remediation of certain academic skills that are necessary to perform various independent living and vocational tasks (ie: filling out a job application).

Information was also obtained regarding the residents' educational program (special education versus general education), in addition to obtaining data on their axis

one DSM-IV diagnoses. These factors are relevant because it provides information regarding factors that may limit or support career options, and other functioning in the area of independent living skills. Mental health issues can affect their performance and ability to function across many domains associated with independent living. The majority of the residents have axis one diagnoses that include oppositional defiant disorder, conduct disorder, poly-substance abuse, and attention deficit hyperactivity disorder. The most common diagnoses were conduct disorder or oppositional defiant disorder (50%), 43% had a diagnosis of post traumatic stress disorder, and 37% suffered from a mood disorder such as depression. This information is relevant because some of the symptoms that the residents display impair the degree to which they are able to successfully function in the community; thus, independent living programs should also have a social-emotional/behavioral component to address the impact that their symptoms may have on their ability to function in the community. It is important to note that several of the residents have multiple diagnoses.

Table 5
Educational classification

Educational Classification	None	Emotionally Disturbed	Cognitively Impaired	Specific Learning Disability	Multiply Disabled
Total	4	6	0	1	5

Table 6
DSM-IV diagnosis

Diagnoses	Post Traumatic Stress Disorder	Depression/Mood Disorder	ADHD	Conduct Disorder/Oppositional Defiant Disorder	Polysubstance abuse	Psychotic Disorder	Sexual/physical abuse (victim/perpetrator)
Total	7	6	6	8	3	1	6

Needs of the Target Population

A needs assessment was conducted in order to develop a greater understanding of the resident's independent living needs in order to design a program that would address their specific deficits/limitations. Prior to gathering data on the specific needs of the residents, this consultant met with members of the treatment team to develop an understanding of the needs of the residents across many domains. The residents have significant educational, emotional, social, and independent living needs, and it was necessary to speak with the treatment team to determine which needs needed to be further understood and addressed programmatically. In prioritizing the needs the question that was considered was which needs, if addressed would result in best preparing the residents for whatever setting they encountered next.

The most pressing need identified was the independent living need. This domain was selected because the ultimate goal for the residents is to have them successfully transition back into less restrictive community settings. Further, given the mean age of the residents, many residents desired to leave the treatment center and go to independent living programs, and preparing them for success in those programs was pertinent. The independent living need was subdivided based on the domains assessed on the Ansell-Casey Life Skills Assessment, which all residents were required to complete. Although the Ansell-Casey assesses six different domains, not all of the domains were included in the subsequent program design.

Protocol I- domain: Independent living skills.

Table 7
Structure of Needs-Career Planning

Current State of Affairs	Desired State of Affairs	Needs Assessment Question
Adolescents currently placed at RTC have not acquired knowledge about various careers and the knowledge and abilities necessary to obtain careers of interest.	Adolescents currently placed at RTC acquire knowledge about careers of interest and the skills and abilities necessary to develop to obtain careers of interest.	To what extent is it necessary for adolescents in out of home placements to consider and plan for future careers?

Data collection variables.

The data collection variables were selected based on the items that are used to assess each domain on the ACLSA.

- Have a career plan
- Discuss educational/career plans with educators, case workers, and other people involved in their treatment and care
- Use school resources to identify different types of employment
- Can find information about job training

Protocol II-domain: Independent living.

Table 8
Structure of needs- Daily living

Current State of Affairs	Desired State of Affairs	Needs Assessment Question
Adolescents currently placed at RTC do not have knowledge and/or abilities to perform activities of daily living.	Adolescents currently placed at RTC acquire knowledge and skills necessary to perform activities of daily living.	To what extent is it necessary for adolescents in out of home placements to develop daily living skills?

Data collection variables.

The data collection variables were selected based on the items that are used to assess each domain on the ACLSA.

- Able to do their laundry
- Prepare/eat balanced meals
- Use the internet
- Able to grocery shop

Protocol III- domain: Independent living.

Table 9

Housing and Money Management

Current State of Affairs	Desired State of Affairs	Needs Assessment Question
Adolescents currently placed at RTC do not have knowledge about securing and maintaining housing, nor do they have knowledge about budgeting and money management.	Adolescents currently placed at RTC acquire knowledge about securing and maintaining housing, nor do they have knowledge about budgeting and money management.	To what extent is it necessary for adolescents in out of home placements to be able to secure and maintain housing and be able to manage their money?

Data collection variables.

The data collection variables were selected based on the items that are used to assess each domain on the ACLSA.

- Knowledge about the cost and benefits associated with purchasing with credit
- Able to balance their bank statements
- Able to calculate housing start-up costs
- Able to develop a budget
- Can compare housing choices based on costs and cleanliness
- Can plan the expenses that must be paid each month
- Can describe two or more ways to search for housing

Protocol IV-domain: Independent living.

Table 10
Structure of Needs-Self Care

Current State of Affairs	Desired State of Affairs	Needs Assessment Question
Adolescents currently placed at RTC do not have the knowledge or the abilities to perform self care tasks such as knowing where to get help for emotional problems, make doctor's appointments, or take care of minor cuts or stings.	Adolescents currently placed at RTC acquire knowledge and abilities to perform self care tasks.	To what extent is it necessary for adolescents in out of home placements to be able to perform self care tasks?

Data collection variables.

The data collection variables were selected based on the items that are used to assess each domain on the ACLSA.

- Knows how to make doctor's appointments
- Can access community resources for physical and emotional health care
- Can identify ways to avoid peer pressure

Protocol V- domain: Independent living.

Table 11
Structure of Needs- Social Relationships

Current State of Affairs	Desired State of Affairs	Needs Assessment Question
Adolescents currently placed at RTC do not have ability to cope with anger and other emotions.	Adolescents currently placed at RTC are able to cope with anger and other emotions.	To what extent is it necessary for adolescents in out of home placements to be able manage their emotions?

Data collection variables.

The data collection variables were selected based on the items that are used to assess each domain on the ACLSA.

- Able to share their thoughts and feelings with friends
- Able to turn to others for support
- Able to show others that they care about them
- Can receive feedback without getting angry

Protocol VI- domain: Independent living.

Table 12
Structure of Needs- Work Life

Current State of Affairs	Desired State of Affairs	Needs Assessment Question
Adolescents currently placed at RTC do not have the knowledge or the abilities to obtain employment and engage in behaviors required of a good employee.	Adolescents currently placed at RTC acquire the knowledge and abilities to obtain employment and engage in behaviors required of a good employee.	To what extent is it necessary for adolescents in out of home placements to be able to obtain employment and engage in behaviors required of a good employee?

Data collection variables.

The data collection variables were selected based on the items that are used to assess each domain on the ACLSA.

- Can accept supervision and direction
- Demonstrate behaviors required of a good employee (ie: be on time for work)
- Understand appropriate job interview behavior
- Manage time to complete tasks

Data collection methods, instruments and procedures.

In order to answer the needs assessment questions, this consultant reviewed the residents files which included an educational summary that indicated each individual's

area of strength and deficit derived from the self-report information data obtained on the Ansell-Casey Life Skills Assessment. Support of the treatment center staff was elicited because in addition to self-report data it was thought that information from adults familiar with the residents would also be useful in assessing the needs, rather than relying solely on resident self report. Self report is subject to response bias such as faking bad or faking good, or faking strength/deficit in specific areas, or non compliance/disengagement in the task which can skew results. The area of greatest strength and the area of greatest weakness were identified for 14 of the 16 residents. Thirteen different resident life staff members completed surveys for the 13 residents at the center at the time of data collection. The staff members completed the short version of the survey. Although this version is not typically used, given that the adolescents had also completed the survey, and that information was provided via interviews, it was thought that the short version in conjunction with the other sources of data would provide adequate information on the independent living skills of the residents. A copy of the protocol is included in Appendix I. The final source of needs assessment data was interviews with a representative from each of the departments that provide services to the residents. A representative from the clinical staff, educational staff, resident life staff, nursing staff, and dietary staff were interviewed to obtain information regarding the residents' knowledge, skills, and abilities related to independent living skills in each of these areas.

Methods and procedures for analysis and interpretation.

Data was obtained utilizing the Ansell-Casey Life Skills Assessment Survey form, and the educational records of the residents which provided a summary of their self-report on the Ansell-Casey Life Skills Assessment. The results of this assessment

provide a raw score which is the sum of the responses expressed in percentage of the maximum points possible (not like me=1, somewhat like me=2, very much like me=3), and mastery score which is the percentage of items answered very much like me or very much like the youth. For each resident the raw score in the greatest area of strength was recorded and the raw score in their greatest area of weakness was also recorded. This consultant collected the responses from the staff members on the caregiver report form, and recorded the mastery scores and raw scores for each resident. The short form, does not break the items into specific domains; therefore, a comparison across the self-report items and caregiver report items was conducted to determine which domain items on the caregiver form corresponded to the youth self-report form. This consultant analyzed the survey results and their subsequent implications for program design.

Communication and use of needs assessment information.

The information regarding the target population and their needs remains anonymous with each resident being assigned a number, and no information recorded regarding first names, last names, social security numbers, or other identifying information. Once the needs assessment information was collected and analyzed a document was constructed organizing this information with charts, graphs, and summaries and distributed to the CEO, the clinical director, the principal, the day shift resident life supervisor, and the recreational/life skills supervisors. These people were selected based on their interest in addressing the independent living skills of the residents at the RTC. These are people that have knowledge about the target population and experiences with teaching the residents independent living skills. The purpose of subsequent meetings was to develop and review the program design.

Roles, responsibilities, and timelines.

In order to gather the data for the needs assessment, this consultant worked closely with the Chief Executive Officer, who facilitated access to the residents' records and provided access to his staff. The needs assessment data was collected once the project was approved by the Institutional Review Board, in February 2011. The needs assessment report was completed in March, 2011, and a meeting was held with key stakeholders to review the report and discuss how the results would inform the program design in April, 2011.

Needs Assessment Results

Table 13:
Raw Score Self-Report Strengths and Weaknesses

Resident ID Number	**Self Care	*Housing and Money Management	Work Life and Mastery	Daily Living	Social Relationships	Communication	Career Planning
001	100%	17%					
002		24%	100%				
003	80%	7%					
004	100%			21%			
005	0%	0%	0%		11%		
006		28%			86%		
007	100%	17%					
008			10%	40%			
009		7%	75%				
010		6%			71%		
011					22%		0%
012	88%					11%	
013		22%			100%		
014		6%		89%			

* Most frequent area of deficit

**Most frequent area of strength

Question 1: To what extent is it necessary for adolescents in out of home placements to consider and plan for future careers?

This domain assesses the degree to which the residents can identify careers of interest and are also knowledgeable about the steps and criteria necessary to fulfill careers of interest. The short version of the care giver rating form does not include items

that assess this area; however, information obtained from interviews with the clinical staff suggest that while many of the residents can identify careers of interest, they are often not on target, or on track to make meaningful steps to pursue those careers. For example, one of the psychology pre-doctoral interns reported that while many of her clients express an interest in attending college, they are often unaware of the steps needed to pursue higher education. She also provided the example of some of her clients that express an interest in becoming professional sports players, but have never participated on an organized sports team. Thus, while the responses of the residents do not suggest that this is an area of deficit, and their pattern of response indicates that they are knowledgeable about career options, and pursuing those careers, anecdotal evidence from the center staff indicates otherwise.

Question 2: To what extent is it necessary for adolescents in out of home placements to develop daily living skills?

Daily living skills include the ability to sort and do laundry, prepare meals, eat healthy foods, and use cleaning products safely. The results of the staff/caregiver report indicate that for 30% of the residents performing activities of daily living are very much like the resident. The caregiver report examines items related to food storage and preparation with regard to daily living. While the residents are not required to perform many of these responsibilities at the center, staff felt that if the residents had to do these tasks independently, most of the youth could. Four questions on the caregiver report corresponded with questions in the daily living domain of the self-report. Staff generally rated the ability of the residents to engage in daily living skills as very much like the residents. Interviews with the resident life staff also indicate that while many of the residents may maintain fairly messy rooms, their clothing is typically clean, and their

ADL's (showering, washing clothes, dressing for school/work, etc) are adequate. An interview with the center dietician suggested that while many of the residents had knowledge about food and making healthy food choices, most would not if the choice was left up to them. Further, she reported that she does not believe many of the residents would be able to grocery shop, compare prices, and obtain ingredients and food items necessary to make balanced meals.

Question 3: To what extent is it necessary for adolescents in out of home placements to be able to secure and maintain housing and be able to manage their money?

Housing and money management was a significant area of weakness for the residents, per self-report and staff report. For 71% of the residents, their responses suggested that of the six independent living sub-domains, this was an area of greatest weakness. Staff report indicated that for 61% of the residents, it would be unlikely, or not very much like them to be able to arrange for telephone service and utilities, complete a rental agreement or lease, or calculate start up costs for new living arrangements including rental deposits, utilities, or furnishings. 23% of the residents were rated as it would be very much like the youth to be able to perform the above tasks if necessary. This domain was comprised of 3 questions that corresponded to the questions on the youth self report. The average score on these questions ranged from 1.77-2.07 of 3 possible points.

Question 4: To what extent is it necessary for adolescents in out of home placements to be able to perform self care tasks?

The self-report responses of the residents did not indicate that this was an area of great weakness. Further, staff reports indicated that with regard to performing self care tasks, most of the residents have knowledge about what to do. For example, 85% of the residents were rated as being somewhat like them or very much like them with regard to

knowledge of preventing pregnancy, preventing sexually transmitted infections, and knowledge of the consequences of drinking alcohol, using drugs, smoking, etc. However, an interview with the supervisor of nursing suggested that while many of the residents have knowledge about these things, their physical health is often not a priority. He reports that the nursing department makes all of their doctors appointments (physicals, dental, neurological, etc), transports them to appointments, and is responsible for their medication management. The supervisor of nursing states that without the support of the Division and center staff to access medical care many of the residents would not; as a result, he states that it has been his mission and the mission of the medical department to ensure that all of the residents' medical needs are met while at the center. With regard to medication management, he reports that many of the residents need reminders to see the nursing staff for medication, and without daily monitoring most would not take it. The supervisor of nursing indicates that one of the strengths for residents in this area is that with regard to first aide, most residents address those needs independently, and only seek out support of the nursing staff for band-aids or over the counter medications.

Question 5: To what extent is it necessary for adolescents in out of home placements to be able manage their emotions?

Self-reports from the residents do not indicate that social relationships are an area of weakness, in fact for a few it was reported as an area of strength. Reports from the staff version of the ACLSA indicated that many of the residents can explain how they are feeling, the vast majority were rated that explaining how they were feeling was somewhat like them, or very much like them. Conversely, many of the residents were rated poorly with regard to getting help when his feelings are bothering him, and respecting other people's things. Similarly to the last domain where it appears that the residents have

knowledge about this area, they may lack the skills necessary to make use of their knowledge. For example, while residents may be able to identify that they are feeling angry, they may lack the skills for handling their anger appropriately and thus, received lower ratings on respecting other people/things, and getting help when their feelings are bothering them. Interviews with clinical staff members indicated that attempts are made to address deficits in this area via group and individual counseling aimed at addressing feelings and developing knowledge and skills for coping with one's experiences and feelings.

Question 6: To what extent is it necessary for adolescents in out of home placements to be able to obtain employment and engage in behaviors required of a good employee?

14% of the residents' responses suggest that work life is an area of relative strength. On the caregiver form many of the behaviors were assessed with regard to approach and attitude toward school work. For example, caregivers were asked about the degree to which the resident gets his work done on time, is on time for school, and is prepared for exams and presentations. For 54% of the residents this was an area where staff felt that these behaviors were very much true of them; indicating, that for many of the residents, they are performing the behaviors required of a good employee. However, for 23% of the residents, engaging in the above behaviors was not like the youth at all. It appears, that the youth may have knowledge of what may need to be done, but do not always perform in a manner in which they know that they should.

Context Assessment

The majority of the information for the context assessment was obtained via interviews; formal and informal with the 2 different Chief Executive Officers, the current interns, administrative assistants, the school administrator, and members of the clinical

staff including both psychologists and social workers. During visits to the site to collect data on the needs of the residents, this consultant found that staff in various departments were more than willing to spend time discussing their thoughts and feelings about the residents and the treatment center. For example, during one site visit, while I reviewed files in a conference room one of the social workers sat for approximately two hours discussing the center, the residents, and the Division of Children and Families.

Ability of organization to commit resources.

Interviews with the client provided information regarding the resources that this consultant could access during this project. Additionally several people representing different departments provided insights regarding the context and the feasibility and practicality of the program design. The staff members across various departments and at various levels of the organizational hierarchy provided different views and perceptions regarding resources and the allocation of resources.

Human resources.

The CEO at the onset of the project was motivated and invested in the implementation of an independent living program that would address the needs of the residents. However, he left the organization January 1st, 2011 for an opportunity at another facility. The following CEO was also interested in assessing the needs of the residents in the independent living domain, and allowing the data to inform programming. Since he began to work for the Division of Children and Families, he has been determined to clarify the purpose of the centers in which he worked, the needs of the residents, and how the program and resources that he had been given could be utilized to address the identified needs. The CEO reported feeling frustrated that the needs of the

residents do not inform programming, and supports the process of assessing the needs and having the needs of the residents drive programmatic efforts. Despite the closing of the center, the current CEO believes that the dissertation project continues to provide value, and has initiated conversations regarding people in the Division of Children and Families who may benefit from the needs assessment results and the subsequent program design. Both CEOs were interested in the implementation and pilot of the program once it was designed.

Other stakeholders included the school principal who expressed interest in finding a way for all of the departments to work collaboratively to address the independent living domain rather than relying solely on the school. Finally, several staff members across different departments were aware of the needs of the residents in the independent living domain, did not feel that enough was being done to address the needs, and welcomed the support of this consultant who they perceived as having the ability to provide greater resources to the residents in order to address their needs. Many staff members expressed genuine care and concern about the residents, and despite the center closing were interested in offering information about the center, and the residents. Rather than disengage from the process since they will not have any responsibility for carrying it through, many staff members were more than willing to sacrifice their time in order to provide information.

Conversations with the previous CEO suggested that the educational staff that currently delivers the independent living program would be available and expected to play a role in the design and implementation of the new program. He viewed the program, as an educational initiative rather than an initiative that will include efforts from

all of the departments. Despite attempts to discuss the initiative as a multidisciplinary/multi-departmental endeavor, the CEO continued to ignore the role of the members of departments outside of education; thus, his willingness to allocate staff to the program development and implementation is uncertain at best. The present CEO has been willing to provide staff and made recommendations regarding which staff may be helpful to talk to about certain aspects of the residents, their needs, and the program design. He used his status in order to facilitate relationships and provide this consultant access to personnel in the organization.

Technological resources.

The Division of Children and Families and the Ansell-Casey Foundation provide many resources regarding independent living skills assessment, curriculums, programs, and program components. The CEO and the principal at the school are provided updated information regularly and attempt to incorporate the information obtained into the current program. For example, during my first visit with the principal she shared a binder with me that included an independent living curriculum and lesson plans aimed at addressing money management, employment and employability, and other skills. The principal of the school has an interest in independent living skills and has many books in her office regarding teaching independent living skills. Further, the previous CEO also received information and pamphlets that he saved and provided to me upon return to the facility.

Financial resources.

Although financial resources have not been allocated by the center to this initiative specifically, there are federal and state monies allocated to independent living preparation for children in out of home placements. These funds include CHAFFE funds

that are a result of the CHAFEE independent living legislation. DYFS workers can secure funding for Behind the Wheel courses for those eligible to participate in Drivers Education and obtain a drivers permit. While legislative initiatives have resulted in funds for independent living initiatives, given the impending closure of the facility, it is likely that no financial resources will be available to support the program design process.

Temporal resources.

At the onset of the project, during meetings with the CEO he indicated that he would like the program to be designed by the end of the school year, so that it could be piloted during the summer school program. His belief was that since there is a less rigid structure and the census is generally, the summer would be an optimal time to pilot the independent living program. Given that the educational department is already addressing independent living, the CEO was aiming to coordinate the other departments and put the program supports in place so that the program could fully operational by September, 2011.

At the state level there is a movement towards closing state-run residential treatment centers. The belief is that despite failed community placements, the residents would be better served in community settings. Because the center is closing, it is important to collect data on the residents and their needs quickly because the census is dropping rapidly, which then makes the files inaccessible. By April 1st 2011, all of the residents will be discharged from the site. Despite closing the center, the residents will continue to display needs in the independent living domain, since aging out of the system is inevitable, and the needs have not yet been addressed. Further, the majority of the residents have been unsuccessful in community settings, and those that will not be able to

return to the community will likely end up in private residential facilities that will also need to understand their needs and program for them. The question is a matter of where the residents will go, not that the target population will disappear, and no matter where they end up, it will be necessary to understand their needs and program for them.

Informational resources.

The CEO has granted this consultant permission to access files, records and databases with resident information (placement history, work history, psychological/psychiatric reports, educational history, discharge plan, etc) in order to identify the needs and the degree to which needs vary based on demographic variables of the residents. Other informational resources included the staff that provided information on the existing program, and state, and federal mandates that will influence program design. Further, DYFS documents including policies and procedures provided pertinent information that influenced the design of the program.

Physical resources.

Physical resources to support this initiative include classrooms, conferences rooms, offices, DYFS Transportation vehicles to allow residents on off-site trips, laundry room, and medical office. The classrooms and offices will be utilized to run the focus group, conduct interviews, and review the files. Further, the physical space will be necessary to run the program. For example, a clothing management component of an independent living skills program may include utilization of the onsite washer and dryer. The transportation vehicles are currently used to transport residents to off-site trips, transport them to school, and transport residents with permission to work off-site to work.

Values of the organizational members.

In order to obtain data for the context assessment this consultant spent several days at the facility speaking with staff in various departments. In addition to speaking with staff, this consultant observed the interactions between staff and residents and between staff members. Peoples' actions, decisions, and language speak volumes about their values; especially in circumstances where people vocalize one ideal and behave in ways counter to that.

The values of the individuals in the organization vary greatly. One of the staff members noted that because staff members are unlikely to be terminated, and there are few administrative sanctions, it is necessary to have a certain professionalism and personal commitment to the organization and the target population. This staff member reported feeling frustrated because she felt that many people within the organization do the bare minimum because the bare minimum is required and expected. There is a large generational gap between the staff members, and many of the younger staff members reported negative feelings toward the "baby-boomers" who they reported are working more for pension and benefits than for the residents. Many members of the organization, young and old alike, report feeling hardened and cynical about the system and the residents. Many staff reported feeling that many of the systems barriers make efforts to create change futile, and that advocating for the residents often falls on deaf years. This is a sentiment that is supported by decisions at the state level, including closing the facility, which many staff feel, despite the limitations of the facility, the center is needed by the residents.

Several members of the staff indicated an awareness of the needs of the target population in the independent living domain; however, there appears to be a lack of consensus regarding whose responsibility it is to meet those needs. Several staff members believe that it is the role of the school and teachers, and have vocalized that the residents are not held to a high enough standard and no “real” learning is taking place. The school program has been greatly criticized for not meeting the educational or independent living needs of the residents. Some of the staff have been considered unqualified to perform various functions; for example, staff members at the school administer educational assessments without training in educational assessment. Conversely, many members of the educational staff have indicated that while there is a role for the school in teaching these skills, the program cannot exist only in the school and be carried out only by the educational staff members that are not at the facility 24 hours a day, 7 days a week. Many staff members spoke a lot about what is not being done, with no indications of what they would like to see done in order to better meet the needs of the residents. Among the staff members that this consultant encountered that were interested in creating change to better address the needs of the target population, the feeling seemed to be that those changes were not supported by the organizational leaders.

Many staff members were initially very willing to work alongside this consultant. They noticed the needs of the residents, and perceived that not enough was being done to address their needs, and seemed to welcome the presence of anyone willing to come in and initiate change to support the residents. However, the project got off to a very slow start, and in that time, the state made the decision to close the facility. Given the impending closure of the RTC, many staff became concerned with self-preservation and

were consumed by the imminent threat of job loss and were attempting to find ways to reconcile their ideas about what the closing would mean for them. Further, fewer staff recognized the benefit that this project could have for the residents despite the facility closing and as a result have expressed reluctance regarding participating in its development.

Ideas of the organizational members about the situation.

Through observation and comments made regarding the project as well as the way in which staff responded to this consultant's solicitation for information I gained valuable information regarding the ideas of members of the residential treatment center about the current situation.

There is little clarity about the task. Many people don't conceptualize the independent living skills and vocational skills as comprehensive and able to be addressed through the program in each of the departments; such that, it is an organizational rather than individual effort to address the needs. Further, many people would argue that the residents are getting independent living skills because it is state mandated to be a part of the program; however, it is not happening in a way that ensures that all the residents are exposed to independent living skills. Additionally, given my limited presence at the facility not all of the staff members have been made aware of the current task. Lastly, since the facility is closing many staff members were unclear about the relevance of the current task.

Much of the staff in the organization agreed that the members of the target population are not getting the services that they need; however, many people view the services as futile. There is a lot of tension between the staff and the organization and the

larger system including the Division of Children and Families and the state government. Many of the staff report feeling helpless to address the needs of the target population because they feel that the people in a position to affect change and positively impact the residents, are unwilling to do so. There is an heir of apathy and learned helplessness toward the current circumstances of the target population at the individual and organizational levels.

Circumstances that relate to the structure and direction.

The previous CEO informed this consultant that he would be leaving the RTC in January, 2011 to pursue an alternative position. However, the CEO from another treatment center would be replacing him. Last year another facility was closed and many of the staff within the DYFS system were moved around once the governor was able to lay-off state employees (January 1st, 2011). As a result, in January, 2011 the “bumping” process, whereby staff with greater seniority can take the position of staff with less seniority rather than be terminated began. Thus, the center experienced large changes in staff; particularly, within the resident-life department. Within 3 days of accepting positions and beginning to work at the current RTC, staff members were told of the facilities closure. Many staff members were angered because they relocated in order to take positions at a center that they were told was closing once they arrived.

During the process of obtaining permission from the Institutional Review Board, this consultant was informed that this center, along with one other would be closing as of July 1st, 2011. This announcement created a tremendous amount of uncertainty for staff, with regard to employment and livelihood, and for residents’ uncertainty with regard to placement. The organization has experienced a shift from emphasis on the residents and

striving to improve service delivery for the residents, to preparing to disband and shut-down. Thus, rather than focus on meeting the needs of the residents while they remain at the center the emphasis has been on finding placements for the remaining and residents, and completing the steps needed in order to prepare for closure.

Timing.

Local newspaper articles, interviews with the CEO, staff at the center, and staff that work for the state Department of Children and Families provided information regarding the timing of the human service project.

The timing of the project is not ideal. Currently, there is a trend in the state to decrease the number of residential treatment sites and focus on maintaining the children/adolescents in their communities. Community settings are considered least restrictive and provide the adolescents with opportunities to attend public schools, interact with peers, and have en-vivo exposure. A recent news article referenced literature that suggested that children fare better when in smaller community settings as compared to larger, group settings, and that trends across the country support closing residential facilities in favor of smaller community based settings. The target population at the RTC is representative of adolescents in out of home care on many dimensions; however, by virtue of their placement in a residential treatment center, one can hypothesize that their need is greater. Presumably, they have fewer family supports, and more limited knowledge, skills, and abilities to facilitate their participation in community settings, and have as a result been placed in residential settings. However, given the severity of the needs, and their impending thrust into situations where the current residents will have greater independence and autonomy than they did in residential sites it appears that now

more than ever, it is important to understand the independent living needs of the residents, and develop methods and procedures to address their needs.

Obligation.

At present, the educational department is charged with addressing the independent living needs of the residents. However, the goal of the needs assessment and subsequent program was to integrate the departments such that there would be an intensive team approach to addressing the needs. Considering the recent news, that the center is closing, despite having roles and responsibilities to perform related to the residents, it appears as though priorities have shifted and the major concern at present is closing down the center, redistributing staff throughout the Division of Children and Families, and finding alternative placements for the remaining residents. Until the center closes, the educational staff will continue to be responsible for providing educational services to the students which include independent living skills training, and the resident life staff will continue to be responsible for taking the residents on shopping and other trips. There are not any staff obligated to participate in the current needs assessment and program design.

Resistance.

Prior to the center closing, resistance was anticipated from the resident life department. Addressing independent living skills needs rests heavily on the resident life department since they are the direct care staff, and their willingness to incorporate teaching and skill building into many of the activities and responsibilities that they currently perform. Resident life staff members are currently responsible for taking residents out on shopping trips, monitoring and addressing their room care, and taking them on other trips where independent living could be incorporated. Addressing

independent living skills outside of the classroom places additional roles and responsibilities on the staff in that rather than simply transporting them to and from places, or reporting to the treatment team about their room care, staff will be responsible for teaching and monitoring their progress in the independent living domain. Many of the resident life staff members report feeling like “glorified babysitters” and do not feel valued by the other departments; thus, adding to their responsibilities was assumed to be met with resistance; however, it is possible that giving additional responsibilities may empower the staff members and contribute to their feeling like a more integral component of the overall program at the treatment center.

Resistance was also anticipated from the teachers because given that they are already delivering an independent living program, their perception of an outsider coming in declaring that their needs to be a program may be recognized as a lack of acknowledgement of what they are currently doing. As a result it was important to frame the project to the educational staff as an opportunity to gather support from the other departments so that in addition to the education department, all the departments would be involved in delivering independent living skills.

Finally, resistance was anticipated from the residents. Many of the residents believe that they are mature enough and old enough to live independently without any support, and many vocalize an interest in “signing out” of DYFS and living independently. Given that they believe they already have these skills, their perception of adults trying to teach them something they already believe they know, might be perceived as annoying or useless, which can lead to disengagement and disinterest in providing information on their needs and opinions on programming efforts.

Perceived yield or benefit.

Through discussions with staff it appears that many recognize that independent living skills is a domain that is largely unaddressed within the current program, and most of the staff believe that if independent living skills can be addressed at the treatment center it will be beneficial to the residents. Prior to the closing, discussions with staff across departments, from secretaries to psychiatrists revealed that most view the program as a benefit to the residents who participate in the program at the treatment center. However, upon the announcement of the program closing, many staff do not believe that in the short time that the residents still remain at the center, a project such as this will be beneficial to them.

Summary

The target population for this program includes all the current residents of the Residential Treatment Center. During the data collection process the number of residents decreased from 16 to 13. The mean age of the residents at the time of data collection was 15.5 years. The majority of the residents are from ethnic minority backgrounds. All of the residents and their families are involved with the Division of Children and Families, Division of Youth and Family Services, and for many this placement is one of many. The residents are significantly below grade level academically, and also have significant trauma histories and mental health challenges.

A needs assessment was designed and conducted to explore the needs of the residents in the independent living domain. This domain was segmented into 6 specific areas of independent living, and needs assessment questions were developed to assess the degree to which knowledge, skills, and abilities in the content areas were relevant to the

residents. Based on the results of the needs assessment, the greatest area of strength for the residents is the self-care domain. Many of the residents are knowledgeable and able to perform tasks associated with self care. The greatest area of deficit for the residents was the housing and money management domain, where many of the residents lacked not only knowledge but also skills.

An exploration of the relevant contextual factors was conducted using the AVICOTORY framework. Results of this assessment highlighted significant obstacles to the program design process such as the timing, the circumstances, and the yield or perceived benefit.

CHAPTER V

Program Design

Abstract

This chapter details the program designed to address the independent living needs of the residents. The information obtained during the Clarification Phase informed the design of the program. The Design Phase is the second phase of Maher's (2000) program planning and evaluation framework. Elements of the design phase include the program purpose and goals, eligibility criteria, policies and procedures, budget, personnel, and a program evaluation plan. Each component of the program will be detailed in this chapter.

Statement of Purpose

Adolescents age 13-18 that participate in the residential program at the Residential Treatment Center will participate in an Independent Living Skills Program. The students will participate in an educational curriculum that address independent living skills, group counseling aimed at teaching anger management and social skills, which are skills necessary to gain independence and function independently in the community, and the residents will practice the skills learned in the classroom and group counseling through the resident life/recreation departments which will provide trips and real world opportunities to hone one's skills. Through participation in this independent living skills program, residents will be prepared to transfer to less restrictive environments.

Goals

The goals that were selected were based on the information obtained during the needs assessment. Not all six of the domains were selected. Based on the data obtained during the needs assessment the domains selected included career planning, housing and money management and social relationships. Housing and money management was selected because per both self-report and staff report; it consistently emerged as an area of weakness. Career planning was selected because although the data did not highlight career planning as a deficit for the residents, anecdotal reports from clinical and resident life staff indicated that the adolescents at the center do have ideas about careers that they would like to pursue but they do not have an understanding of the steps necessary to pursue their careers of interest. Finally, given that social relationships and self care emerged as relative strengths for the majority of the residents, an approach that utilizes their strengths to advance their knowledge, skills, and abilities in areas of deficit will be employed.

Career planning.

Residents will identify two careers of interest and the training/educational requirements that need to be fulfilled to pursue those careers. It is anticipated that within 2 months of career exploration residents will gain knowledge about their career interests, and be able to set relevant and realistic goals to help them continue to explore/pursue their careers of interest. The resident's knowledge of information about the careers of interest and pursuit of those careers will be measured by their formulation of a career plan (Appendix C: Career Plan Guide).

Housing and money management.

Residents will learn to utilize a bank ledger system to keep track of their spending and personal savings. (Appendix D: Bank Ledger). It is anticipated that within 3 months residents will demonstrate greater financial awareness, and more conservative spending. This will be evidenced by financial decisions made during shopping outings and other trips in the community where residents will begin to display the ability to compare prices and make informed spending decisions. By discharge, it is anticipated that the residents will develop an awareness of their expenses and costs associated with such expenses, and have at least \$75.00 saved. Residents will develop an understanding of the costs associated with living independently. These expenses include rent, electricity, heating, water, and others. This will be evidenced by the completion of an independent living budget plan. It is anticipated that upon completion of the independent living budget plan residents will develop an awareness of how to secure housing and the costs associated with housing and living independently and plan for them monthly.

Work life.

Residents will be able to use the newspaper/internet to find jobs of interest and subsequently complete job applications. It is anticipated that within 6 months of participation in the program at the RTC residents will identify and complete applications for jobs in the community. Residents will demonstrate behaviors required of a good employee; these behaviors include accepting criticism/feedback, arriving on time, managing time to complete tasks, getting along with co-workers, asking for assistance when needed. These behaviors will be measured via rating forms (Appendix I: Supervisor Rating Form) to be completed by work/volunteer supervisors subsequent to volunteer

work, work on site, or jobs in the community. It is anticipated that after 4 months of work/volunteer experiences the residents will demonstrate a 10% increase in their supervisor rating scores.

Social relationships.

Residents will demonstrate insight into their social relationships including those they can count on for support, as well as develop skills necessary to maintain interpersonal relationships. These skills include the ability to employ problem solving techniques, manage their anger, demonstrate the difference between aggressiveness and assertiveness, and share their thoughts and feelings with their friends and family members. It is anticipated that within 3 months of participation in the group counseling curriculum residents will demonstrate greater social skills and social insights. Their progress in the above skill areas will be measured via the group counseling progress monitoring forms (Appendix E: Counseling Group Evaluation Forms) which will be completed at the conclusion of each session.

Eligibility Standards and Criteria

All residents at the Ewing Residential Treatment Center will be eligible to participate in the independent living skills program. However, the degree of their participation may vary depending on their age, behavior level and privileges earned.

Policies and Procedures

Banking.

1. Upon admission the residents' personal money and clothing check will be entered into the resident's bank book. The deposit will be co-signed by both the admitting staff member and the resident
2. Within 72 hours of admission, residents will be trained on the banking system, and acknowledge their participation in the training by signing and dating their book along with their trainer.
3. If residents are being taken on shopping trips, prior to the trip they must complete the inventory and withdraw the anticipated amount of money, by deducting it from their total and signing next to it. If it is a recreation trip they can withdraw money without an accompanying inventory sheet.
4. Upon return from a trip residents must put their receipts in their book, record their actual spending, and their new balance. This must be signed by the resident and co-signed by a resident life/recreation department staff member.

Work/volunteer experience.

1. Prior to any trip off-site a memo must be distributed to the center staff detailing which residents will be off-site, for how long, and for what purpose.
2. Once residents have attained level 2 and are permitted to go on trips off-site, they can begin their volunteer experience
3. Resident life staff can accompany a maximum of 4 residents to a volunteer site

4. Once at the site, resident life staff will accompany the residents to meet with the site director to receive their assignments and discuss the sites expectations for their volunteers.
5. During the volunteer session, resident life staff will monitor each resident
6. Upon return to the center, resident life staff will complete the supervisor rating form, and then schedule meetings to review the resident's performance with the resident.
7. Once residents attain level 6, they are eligible to work in the community.
8. However, once they have maintained level 5 for two weeks, they can begin applying to jobs in community settings.
9. Residents will work with resident life staff to complete job applications in person and online.
10. Once an interview has been scheduled, the resident will participate in a mock interview with a member of their treatment team.
11. Residents will be transported and accompanied to interviews by their caseworkers, or resident life staff at the facility.
12. Residents will be transported to and from work by the resident life staff
13. Whoever supervises the resident on-site will be responsible for completing the supervisor's work evaluation one time per month.
14. The resident life staff that retrieves the resident at the conclusion of their shift will be responsible for obtaining the evaluation form.

Workshops/visitors to the site.

1. Resident life, educational, and recreation staff will be responsible for reaching out to members of the community and other groups to bring in volunteers to discuss their work experiences, create career fairs, and describe the programs offered by various community agencies.
2. Once a visitor or group is scheduled to come in, the staff member responsible for bringing him/her in will ensure that that upon arrival the visitors sign in at the front desk.
3. Once signed in the receptionist will call the staff member who invited the visitor
4. The visitor will be met in the front office by the staff member responsible for inviting them, and be escorted to the room where the program will take place.
5. Visitors at the center are responsible for maintaining the confidentiality and anonymity of the adolescents at the center
6. Visitors will sign out upon their departure

Methods, Techniques, and Procedures

This program will have three distinct components. There will be a counseling component where the students will acquire the pro-social skills necessary to function in the community. These skills include social skills training, communication training, and anger management. There will also be an educational component of the program which will include a curriculum aimed at addressing career planning, housing and money management, and research aimed at finding programs or community resources to support their independence. In order to provide opportunities for practice, reinforcement, and modeling a third component of the program will include real-life opportunities. These skills will be taught via the resident life and recreation department, and community partnerships where residents can volunteer and work for pay in order to emphasize and foster the use of the skills taught during the counseling sessions and the educational curriculum.

Counseling component.

Methods, techniques, & procedures.

A group counseling curriculum aimed at teaching social skills, communication skills and anger management will be employed. Through the use of discussions and psycho-education as well as modeling, role plays and other activities the residents will have the opportunity to model, practice, provide feedback, and reinforce the skills being taught in group, as well as discuss barriers to utilizing the skills.

○ Procedures:

- Residents will participate in group one time per week
- Check in with all of the students and see how the week went

- Psycho-education
- Present the skill
- Practice the skill through role play, videos, art activities or other multi-sensory activities
- Provide feedback to those who role played the skill
- Homework

Educational component.

Methods, techniques, & procedures.

The educational staff will engage the students in lessons and class projects that align with the core curriculum content standards but also address the residents' independent living needs in the vocational and financial domains. The teachers will also partner with community agencies and other professionals in the community. The educational staff will assist the residents as they use the internet to conduct research, and complete class projects that mimic real life responsibilities, and provide knowledge, teach skills, and develop abilities that will be necessary for the residents to function independently. Partnerships with community agencies and community professionals will provide the residents' opportunities to build relationships, learn about community agencies that provide support, explore careers, meet people in those careers, and learn about educational opportunities.

○ Procedures:

- Teachers will determine which areas in personal finance and career they will address in their classes; ensuring that all areas are covered.

- With regard to finance lessons will include money and income, budgeting and planning, banks and banking, credit and bankruptcy, saving and investing, protecting assets/insurance and taxes.
- With regard to career, lessons will address career goals, developing a resume, completing job applications, job searching, interviewing skills, and employer expectations/professionalism

*Content areas may overlap in different subject areas as long as all areas are addressed

- Teachers will then submit lesson plans that address finance and career from different subject area perspectives, and include assignments that require fantasy or real-life application of the content.
- 2 times per year (once in the fall and once in the spring) the educational staff will organize a career/education exploration day where representatives come in to discuss college and other educational opportunities. Professionals that represent various careers can discuss their work and career path, and answer any questions the residents may have.

Resident life/recreation component.

Methods, techniques, & procedures.

The resident life/recreation department will organize trips that provide opportunities for the residents to practice the skills learned in the educational and counseling settings. Through trips and activities on-site and in the community setting the residents will be guided through the implementation and practice of the skills discussed and practiced within the confines of the group counseling and classroom setting. The resident life staff will employ questioning techniques, visual and verbal prompting, coaching and modeling in order to facilitate the practice of skills.

○ Procedures:

Shopping:

- Residents on level 2 will be selected to attend trips/activities with the resident life staff
- Residents will be invited on the trip in the morning, and told what time the trip will be leaving
- Residents need to inventory their items and develop a shopping list
- Prior to the trip residents will withdraw money from their bank account to shop with
- Once residents arrive at the destination, they will compare prices, sizes, brands, etc for the items needed
- Upon return residents will balance their bank books and a resident life member will sign their book indicating that it was balanced.

Volunteer Work:

- Resident life staff will set up a service trip one time per month
- Residents on level 2 and beyond will be notified one day prior to the trip regarding time of departure, purpose, and expectations (attire, activities, etc)
- Transportation will be secured
- Residents along with resident life staff will arrive at volunteer site and perform duties delineated
- Resident life staff will rate the resident's performance and provide feedback

*Materials, Forms, and Checklists**Counseling component.*

- Posters- present the various acronyms, phrases, and skills
 - i. Each week a different skill will be emphasized. Some of the skills have acronyms that accompany them or catch phrase which will be posted in the counseling room by the group leader
 - ii. Residents will create posters to be laminated with the acronym or catch phrase to be hung in the counseling room
 - iii. Poster is used that week to introduce the skill but is hung in the counseling room as a reminder for the residents
- Chalk board or dry erase board
 - i. The group facilitators will use the chalkboard to write down the ideas that residents have during the group
 - ii. Frequency- used every week during each session to write down brainstorming ideas and thoughts that the students have, or important components or points for emphasis during the psycho-education segment of group
- DVD/Video Player/Videos/DVD's
 - i. The residents will watch 5 minute video clips one time per week during the counseling sessions that either show negative or positive models of the skills they are attempting to master.
 - ii. It is expected that the residents will analyze the videos in order to discuss what the characters are doing and how they are performing

given their growing knowledge base regarding communication, social skills, and anger management.'

- Journals
 - i. The residents will be given journals where they can complete their weekly homework assignments. The journals will facilitate organization and provide the residents with an opportunity to reflect on group discussions and their exposure to novel knowledge, skills, and abilities.
- Appendix F: Counseling Homework Sheet
 - i. Each week the residents will be given homework, when the homework requires practicing a skill, the residents will be required to track what they did and the outcome. As a result of completing the form residents will become cognizant of times when they are using the skill and they will be able to attribute outcomes to the utilization of the skills that they are learning. Further, the group facilitators will be responsible for completing an evaluation form (Appendix E: Group Evaluation Form) at the conclusion of each session. They will evaluate the group members on cooperation with group rules, participation in group, interest and motivation, and display of knowledge and skills.

Educational component.

- Art /School Supplies

- The residents will require pencils, pens, markers, glue, calculators and other art/school supplies to complete their career plans, budget project, and job applications.
- Muriel F. Siebert Foundation Personal Finance Program
 - Includes sample lessons for teachers to address the content areas covered by the program
 - The educational program is employing this curriculum at present.
- Binders
 - The residents will be utilizing the internet to conduct research to complete their projects and the data and information gathered regarding prospective jobs, requirements, applications, social service agencies, etc. which will be organized in a binder so that they can access the information readily if in the future

Resident life/recreation component.

- Appendix D: Money Management Form, bank ledger form
 - Residents will complete a money management form that will serve as a bank ledger to monitor their spending and saving. Resident life staff will review and co-sign the form.
 - Prior to each trip residents will set a budget, withdraw money, and then record actual spending and deductions on their money management form. Resident life staff will be available to provide assistance when completing the form, to review form for accuracy, and to facilitate proper completion of the form.

- This form is expected to provide information to the residents regarding their spending and saving.
- Appendix H: Shopping Inventory Form
 - Residents will complete an inventory of their personal hygiene, grocery, and other shopping needs.
 - Prior to attending a shopping trip residents will inventory their needs and set a budget for the trip. Resident life staff will assist the residents with completing the forms, and co-sign the inventory forms to ensure that they are completed fully and accurately.
 - It is expected that residents will engage in purposeful spending and attend to cost, size, brand, etc. prior to making a purchase
- Appendix I: Work/Volunteer Performance Rating
 - Resident life staff that participate in volunteer activities, on-site work supervisors, or off-site work supervisors will complete the performance rating for the residents that they supervise
 - At the end of each month on-site work/volunteer experience, supervisors will be given a performance rating that assesses the resident's professional behavior. The domains assessed include accepting criticism/feedback, arriving on time, managing time to complete tasks, getting along with co-workers, asking for assistance when needed. The supervisors will meet with the residents at minimum one time per month to review their ratings and provide the residents with feedback.

- It is expected that this form will provide a measure of assessing goal attainment with regard to work life and the resident's development and display of professional behavior.

Equipment and Tools

Counseling component.

- a.** Magazines
- b.** Scissors
- c.** Glue
- d.** Other art supplies (pencils, colored pencils, markers, stencils)
- e.** Copy Machine
- f.** Poster board- create posters to hang around the room to remind the students of the skills and concepts they have learned
- g.** Board Games
- h.** Cards
- i.** Reinforcers- Food, candy, snacks, toiletries, and other items to reinforce participation in group and utilization of skills learned in group

Educational component.

- a.** Computer with Internet Access- for the projects that need to be completed in accordance with the independent living skills program, the residents will need access to computers with internet in order to conduct research. Research will include searching for jobs, careers/ career requirements, housing, education, community resources, and others.
- b.** Telephones- To be used to inquire about jobs and as a point of contact when it is necessary to contact outside agencies, employers, and other activities.

Resident life component.

- a. Vans- State vehicles will be utilized by resident life staff to transport the residents to and from activities off-site.

Personnel

Counseling component.

Role.

Group facilitators will provide psycho-education about feelings, anger/impulse control, aggression, assertiveness, problem-solving, and communication and then teach the skills through modeling and providing feedback in contrived situations.

Responsibilities.

At the initiation of each group the facilitators should collect and review the previous week's homework, and distribute homework at the conclusion of each session. The group facilitators are also responsible for providing tangible and non tangible reinforcement for the utilization and application of knowledge and skills both within and outside the group setting.

Relationships.

Communication between the facilitators and the classroom teachers, resident life staff, and other members of the treatment team will be essential in keeping the staff who interact with the students daily informed about the skills that the students should be practicing and demonstrating throughout the week. This will assist in determining if the group is accomplishing what it is attempting to do. The accomplishments include educating the participants and teaching them skills to deal with their anger and aggressive behaviors, teaching social skills, communication and problem solving skills. Further, the facilitators will also provide feedback to the program participants on their progress and performance in counseling.

Education component.

Roles.

The role of the principal/school administrator is to monitor submission of lesson plans and ensure that career and finance are being addressed in the educational curriculum. The role of the school administrator is also to serve as a liaison between the school and the community. The role of the teachers and classroom assistants is to educate the residents about work, work place etiquette, education, and educational options, budgeting, housing, health, and other independent living skills. Further, they will facilitate the acquisition of skills such as the functional ability to read, write, use the internet to conduct research, and use the newspaper to conduct research in order to obtain information on housing, jobs, community programs and other resources. Teachers will be direct service providers.

Responsibilities.

The school administrators will be responsible for ensuring that the teachers are implementing career and finance lessons. They are also responsible for completing paperwork, providing documentation to outside agencies, and coordinating with DYFS so that students can become involved in real-life career opportunities. The school administrator will be responsible for obtaining working papers, obtaining resources such as driving manuals and others to support the independent living curriculum, setting up Behind the Wheel drivers training courses and engaging in other activities to ensure that procedures are adhered to so that the residents can access resources in the community and participate in community activities. The teachers will be responsible for designing lesson plans in their content areas that address major independent living domains such as money

management, career planning, work life, housing and community. They will also be responsible for assigning long-term projects that necessitate the use of the internet to explore jobs, consider budgets, search for housing, and community resources, and compile the information obtained into a meaningful and accessible project. Finally, the teachers will also be responsible for reaching out to community agencies in order to obtain guest speakers to provide information on educational opportunities, career opportunities, housing, and community resources. These partnerships will be utilized to organize career/educational seminars twice a year (once in the spring and once in the fall).

Relationships.

The school administrator needs to develop relationships with members of the community and community agencies in order to facilitate en-vivo learning for the residents. Further, the administrators need to coordinate with the social workers for the residents so that they are aware of any specific limitations or hindrances that would affect a student's participation in the curriculum. Because the teachers function in a direct service capacity it is essential that they develop relationships with the residents. The purpose of this relationship is to facilitate the provision and acceptance of constructive criticism, and help grow the residents socially, vocationally, and academically. It is also necessary that the teachers formulate relationships with members of community agencies in order to develop partnerships that enable the participants to access information in the classroom via lectures or presentation, or obtain real-life, en-vivo learning opportunities through off-site participation in community programs. Further, teachers should communicate with the other treatment team members who may be privy to additional

services offered through the Division of Children and Families who may offer transition programs and seminars, and other independent living programs and seminars that the residents may benefit from attending.

Resident life component.

Role.

The role of the resident life supervisor is to oversee the funds and appropriation of funds for each resident.

Responsibility.

The resident life supervisors will ensure that the forms for shopping including inventory forms and ledger forms are completed and that withdrawals and deposits into each resident's account accurately reflect their personal money as well as the money they receive from DYFS for clothing, personal items, and others. Further, they will monitor allowance, and ensure that each residents allowance is deposited into their account, and accurately reflected in their ledger balance.

Relationships.

The supervisors need to form relationships with their supervisees in order to communicate with them about each resident's funds, privileges, and any financial discrepancies that may occur. The supervisors also need to communicate with the case managers for each resident in order to ensure that their DYFS workers deliver their clothing and allowance checks.

*Resident life /recreation staff component.**Role.*

The role of the resident life staff is to provide direct service to the residents via monitoring them in the cottages, on trips, and facilitating evening activities once the regular programming has ended for the day. The staff also serves an evaluative role and evaluates progress in the work life domain.

Responsibilities.

Responsibilities of the resident life staff include providing reinforcement and feedback to their residents about their behavior on-site, self care, social relationships, and work behavior. Further, resident life staff is responsible for monitoring and maintaining a safe environment both on-site and off-site ensuring that residents are complying with rules and behaving in an appropriate and acceptable manner. Finally, the resident life and recreation staff are responsible for organizing and leading trips off-site, and evaluating the residents' behavior when off-site, providing feedback, and monitoring their level and progress through the behavior modification system.

Relationships.

It is important for the resident life and recreation staff to develop relationships with the residents so that residents are willing to accept re-direction and feedback from them. It is also necessary that the resident life staff communicate with the treatment team, as they are with the residents 24/7 and have a significant amount of information regarding the residents' performance in the self care, work life, social relationships, and daily living skills domains.

Facilities and other Resources

Counseling component.

- a. Classroom or recreation room large enough to fit 4 students and two group facilitators
- b. Co-facilitator with mental health interest and expertise

School already has facilities- own building, with a classroom for each teacher

- c. Classrooms large enough to fit 5-6 students
 - i. 1 for each subject area

Resident Life already has facilities-Cottages where residents reside, washers/dryers, gym, etc.

- d. Office where the staff can meet with residents privately in the evening to go over performance and evaluations

Sequence of Program Components or Phases

This program will have three distinct components. There will be a counseling component where the students will learn social skills, problem solving skills, and receive anger management training, in order to develop coping skills and behavior management skills that will help them to navigate their communities, educational environments, and work environments. In order to provide opportunities for practice, reinforcement, and modeling a second component of the program will be an educational component that teaches explicitly about personal finance and career/vocational skills. Finally, in order to obtain real-life practice, there will also be a resident life/recreation component where trips will be aimed at providing opportunities for the residents to practice their skills in real-life situations such as shopping trips and volunteer activities.

Counseling component.

Sequence of the program.

1. The group facilitators will review existing social skills programs, problem solving programs, and anger management programs in order to develop lesson plans and activities to guide their groups. Appendix G: Outline of Counseling Group Content Areas
2. The group facilitators will provide teachers with a schedule that includes who is in each group and the time at which those group members will be pulled from.
3. The program facilitators will meet with the students and discuss the new group that will be starting. Introduce the group (what it hopes to accomplish, the what's in it for me [WIIFM] factor for participants, link between group, classroom activities, and resident life activities).

4. The program facilitators will meet weekly with the students for 60 minutes in the designated group meeting room to deliver the counseling program
5. Subsequent to each meeting the group facilitators will distribute a homework assignment whereby students are expected to practice the skill introduced and complete the assignment sheets.
6. Prior to each session the facilitators will check in with the treatment team to review resident progress and be informed about any problems or challenges that need to be addressed in counseling

Education component.

Sequence of the program.

1. Teachers will meet to discuss which contents of the personal finance program and career/vocational program that they will address in their content area
2. Administrators and teachers will discuss ideas for community partnerships and begin to reach out to organizations to create volunteer opportunities and solicit volunteers to speak at the career exposition
3. Once they have determined which content area they will address the teachers will develop lesson plans and activities to teach information and assignments that will provide structured, supportive opportunities to practice.
4. Teachers will provide feedback to students in order to facilitate completion of the assignments and ensure that the students are able to obtain maximum benefit from the lessons and activities
5. Teachers will submit grades for the students based on the existing grading rubric for the subject area in which the independent living content is addressed

Resident life/recreation program.

Sequence of the program.

Shopping and other mandatory trips.

1. Staff will determine who is permitted to attend the trip
2. Staff will designate a time and place for the trip
3. Staff will secure a vehicle to transport residents to the trip
4. Staff will send out a memo to the facility staff to alert them that certain residents will be off-grounds
5. Staff will notify the residents of the time and place of the trip- at least 24 hours notice
6. Residents will complete inventory and budget forms for shopping trips
7. Supervisors in charge of the residents finances will distribute money to the staff for each resident for the trip
8. Upon arrival staff will distribute money to the residents
9. Upon return from the trip residents will balance their bank ledgers
10. Staff will double check the residents bank ledgers

Volunteer/work opportunities.

1. Staff will work with other facility personnel to determine on-site work opportunities and discuss off-site work/volunteer opportunities
2. Staff will determine who is permitted to work on-site and will collaborate with the on-site supervisors to determine a work schedule
3. Residents that are permitted to work on-site will be retrieved in the afternoon to engage in work on-site under the direction of an on-site supervisor

- a. Residents who are permitted to work/volunteer off-site will be transported to their site for work
 - b. The morning that the resident is expected to be off-site a memo will be distributed to staff
- 4. The supervisor and residents will log their hours so that the resident may be paid for their work
- 5. Once per month the supervisor will complete an evaluation form
- 6. Once per month the supervisors will meet with the residents that work under them to conduct a performance evaluation

Workshops, community agencies, educational institutions and other trips/activities.

- 1. Staff will consult with DYFS, educational institutions and other community agencies about programs offered throughout the year that the residents may benefit from
- 2. Staff will schedule trips to attend community programs
- 3. Prior to the trips staff will consult with the treatment team to determine which residents are good candidates for the trip
- 4. At least 24 hours prior to the trip staff will notify residents invited on the trip of the trip
- 5. The morning of the trip staff will send out a memo alerting all facility staff that certain residents will be off grounds
- 6. A state vehicle will be secured to transport residents to and from the trip

Table 14
Budget

Resource	Clarification Phase	Development/Design Phase	Implementation Phase	Evaluation Phase
Personnel /Salaries	Resident Life Workers (6) to complete 5 10 minute surveys Department Directors (Resident Life, Recreation, Education, Clinical Director) 1hr, 1 time meeting	Department Directors (Resident Life, Recreation, Education, Clinical Director)- 1 hour 3 times (develop policies and procedures, discuss services provided through each department, 1.5 hours with each department head and other representatives within the department (recreation staff, teachers, social workers, psychologists, and resident life staff) to provide training on roles, responsibilities)	Clinical Staff (5 hours per week)- design lesson plans for group, run group Social Workers- 5 hours per week (coordinating with DYFS case workers and community agencies to identify programs, speakers, and other resources to support the program Teachers- 8 hours per week School Administrator- 5 hours per week Resident Life Staff- 20 hours per week (completing paperwork, reviewing daily living/self-care skills, organizing trips, attending trips, evaluating performance) Resident Life Supervisor- 5 hours a week- monitoring compliance with policies and procedures, allow withdrawals of residents' personal money	Teachers- 8 hours per week (working with students on assignments, grading assignments) School Administrator- 5 hours per week (reviewing write ups, adjusting levels) Resident Life Supervisor- 3 hours (review personal accounts for residents) Resident Life Staff- 5 hours (evaluate and log self-care and common area chores) Group Faciliators- 1 hour (completing evaluation forms)

Table 14 Continued

	Printer Copy Machine Electricity and heat -10 hours (Meet with staff, review files, collect surveys) Box of Envelops- Mail consent forms 20 Stamps- send consent forms and self addressed envelope with postage for return	Electricity/heat- 4 hours per week Copy Machine Printer Telephone Computer E-mail Access Construction Paper- \$10.00 Markers – \$5.00 Border- \$ 5.00 Poster Board - \$2.00 Pens- \$7.00 Other art supplies \$600.00 2 large binders- containing residents money tracking and inventory sheets	Printer Copy Machine Telephone Computers E-mail Access School Supplies (pen, pencils, binders, scissors, highlighters, paper, notebooks, etc)-\$200.00 Art Supplies (markers, crayons, construction paper, glue, tape, poster board, etc)-\$100.00 Gas for the vans-	Printer Copy Machine Grade books Pens
Printing and Reproduction	1 ink cartridge- \$30.00 3 packages of paper - \$30.00	1 ink cartridge- \$30.00 5 packages of paper-\$50.00	3 ink cartridges- \$100.00 5 packages of paper- \$50.00 Photo copies of hand outs (.10 per copy)- \$100.00	2 ink cartridges- 60.00 8 packages of paper- 80.00
Training Expenses		Personnel needed for training is that included in personnel or in training expense category? Facility/Conference room for training		
Meals and Travel Expenses	Lunch/Snacks for 5 residents (during focus group)- \$40.00	Lunch/Snacks for training meetings (coffee, donuts, cold cuts, etc)-\$100.00	Food/Snacks (during groups or other programs)-\$200.00	

Incentives

Counseling component.

Residents.

1. Tangible
 - a. Artwork/activities/games that are included in counseling sessions
 - b. Food or other reinforcers that group facilitators may provide
2. Non-Tangible
 - a. Acquisition of knowledge, skills, and abilities that will facilitate a more seamless transition to independent living
 - b. Escape from school
 - c. Positive reinforcement and feedback from group facilitators and peers
 - d. Opportunity to discuss frustration, anger, and other emotions that drive both adaptive and maladaptive behaviors

Facilitators.

1. Tangible
2. Non-Tangible
 - a. Internal gratification resulting from progress of group participants
 - b. Credit and accolades for the perceived success of the group

Education component.

Residents.

1. Tangible
 - a. Permanent products that result from classroom assignments
2. Non-Tangible

- a. Acquisition of knowledge, skills, and abilities that will facilitate a more seamless transition to independent living
- b. Meaningful curriculum as the information presented is presently applicable and reinforced in across other departments

Teachers.

- 1. Tangible
- 2. Non-Tangible
 - a. Internal gratification resulting from being able to present information to the residents that they perceive as valuable and useful
 - b. To the degree that residents engage in the lessons and activity, gratification in being able to engage residents majority of whom have been disinterested in school
 - c. Collaboration with other teachers since everyone is working to address different components of a larger domain within their subject area
 - d. Credit and accolades for the perceived success with helping the residents gain knowledge and practice skills
 - e. Community partnerships which can help incorporate school trips and guest speakers as another medium for teaching students

Resident life component.

Residents.

- 1. Tangible
 - a. Items purchased on shopping trips and other off-site trips
 - b. Earn money

2. Non-Tangible

- a. Opportunity to be taken off-site
- b. Practice skills that are learned in the classroom and counseling setting in real-time
- c. Networking with community agencies, employment settings, and others

Resident life staff.

1. Tangible

2. Non-Tangible

- a. Off-Site with a smaller number of residents
- b. Decision making power and greater autonomy (determine trips, evaluate residents)
- c. Build relationships with residents in a smaller group (spend one-on-one time with residents)
- d. Networking opportunities with community agencies, employment settings, and others

Program Evaluation Plan

Program evaluation questions.

1. To what extent are residents able to identify careers of interest and organize a plan to pursue those careers?
2. To what extent have residents developed financial awareness understanding about the costs associated with independent living?
3. To what extent are residents able to employ problem solving techniques, manage their anger, demonstrate the difference between aggressiveness and assertiveness, and share their thoughts and feelings with their friends and family members?

Data collection variables.

Question 1.

- Work Samples-Career plan document

Question 2.

- Independent Living budget plan
- Bank Ledger Book

Question 3.

- Disciplinary reports- specifically for fighting, disrespect to staff, intimidation
- Level of the residents
- Group counseling homework assignments

Data collection methods, instruments, and procedures.

Question 1.

Teachers will develop a grading rubric for each assignment. Upon each submission of an assignment for the career plan document, the teacher will review the residents' progress

and provide feedback to the resident via use of the grading rubric. A final grade will be assigned and recorded as an indicator of the degree to which the residents are able to identify and plan to pursue a career. The grade will also include participation and the degree to which the residents are able to discuss their career/vocational interests, and plans to pursue them.

Question 2.

Upon submission of the independent living budget plan, teachers will review the plans, evaluate the students and provide them feedback in the form of a letter grade for the assignment. Teachers will also provide the residents with written comments upon completion of the assignment. The bank ledgers will be reviewed each time the residents make a deposit or a withdrawal. Every time the residents make an adjustment to their personal money they will need to complete a ledger form, their forms will be checked against the money that is in their account. Revisions to their form will be co-signed by the resident life supervisor and the resident. The number of revisions will be tallied at the end of each month.

Question 3.

The school administrator maintains the levels of the students and makes adjustments based on disciplinary infractions, or consecutive days without any infractions. Further, whenever a resident receives a disciplinary write-up it is maintained in their file. Another copy is also placed on the tour for each day which includes all the write-ups from the previous evening. Infractions for fighting, disrespect, and intimidation will be calculated for each resident. Each month, the residents' levels will be recorded and reported at their

monthly treatment team meeting. Further, their performance in group will be evaluated at the conclusion of each group by the group facilitators.

Methods and procedures for data analysis and interpretation.

Question 1.

Once the grades for each assignment have been assigned and a subsequent final grade has been assigned the teacher will record frequencies for each letter grade obtained.

Improvement will be measured by comparing the grades on individual assignments to the final project grade and final grade in the class.

Question 2.

The assignments necessary to complete for the independent living plan will be graded on a rubric. Teachers will record the letter grade for each assignment and record frequencies with which the student obtained each letter grade. Additionally, the total number of errors on the bank ledgers will be tallied each month to determine if there is a decrease in the number of errors made across a 3 month period, and the difference from month to month will be recorded.

Question 3.

Disciplinary reports will be reviewed for each resident, and the number of sanctions for disrespect to staff, fighting, and intimidation will be recorded and reported monthly. At the end of the quarter, differences between each month will be calculated. Group performance will be evaluated at the end of each sessions, these evaluations will be aggregated for each resident at the end of the month, and mean scores will be reported for cooperation with rules, participation, interest and motivation, and display of knowledge and skills.

Program evaluation personnel and responsibilities.

Much of the program evaluation responsibility will fall on the teachers, given that the majority of the data will be derived from classroom assignments and projects. The classroom teachers will be responsible for developing grading rubrics, giving assignments, and evaluating performance on the assignments. In addition, currently at treatment team meetings a lot of the information required for the evaluation is presented; however, it will be the responsibility of the resident life department and clinical staff to organize the information to present at the meetings. In preparation for the meeting the school administrator should have recorded the residents' level, the offenses and total number of each type of offense. The resident life supervisor will also be involved in program evaluation and will need to record the number of errors on each resident's bank ledger, and communicate that information to a treatment team member so that the information can be presented at the meeting. Finally, the group facilitators will be responsible for aggregating the ratings for each group member each month and providing that information to the treatment team so that it to can be discussed at the meeting. A representative from each department will be responsible for attending treatment team meetings and in addition to presenting statistics for each resident also providing observational, anecdotal data.

Guidelines for communicating results.

Reporting descriptive statistics such as means, lends itself to presentation in graphical form. A single page worksheet for each resident will be created reporting the statistics that result from the evaluation. At the treatment team the statistical data and the anecdotal observational data will be presented in order to discuss the progress of

individual residents and the degree to which the program is addressing their needs. This information will be used to determine if any modifications to the existing program need to be discussed.

Summary

The program was designed based on information obtained during the clarification phase, which provided data on the target population, their needs in specified independent living domains, and relevant context information that determined factors that would support or limit program design. The goals and purpose of the program was to help the residents acquire knowledge, skills, and abilities in the independent living domain in order to improve their ability to be self-sustaining and have success once they exit the care of the Division of Children and Families, or move to less restrictive community settings.

CHAPTER VI

Summary and Conclusions about the Program

Abstract

This chapter provides a summary of the program planning and evaluation process. Conclusions are presented for the needs assessment and program design. Finally, constraints of the program design and recommendations for implementation of the program are included.

Needs Assessment

The needs assessment for this dissertation focused on the independent living domain, and specific sub-domains that were assessed by the Ansell-Casey Life Skills Assessment. The sub-domains included career planning, self-care, housing and money management, work life, communication, and social relationships. The needs assessment utilized results from a self-report rating scale, a caregiver report rating scale, and interviews with staff members from various departments. The goal of this process was to identify the degree to which the residents possessed knowledge, skills, and abilities in the 6 above areas.

The results of the needs assessment suggest that in many of the sub-domains, the residents did rate themselves as having knowledge, skills, and abilities, and the staff at the center also felt that the residents had knowledge in many of the areas; although, they were unsure about the degree to which the residents could apply their knowledge in practical, real-life situations. Most of the residents were knowledgeable about self-care,

and also able to perform the task associated with self-care which included knowledge about sexual health and physical health, ability to care for minor cuts and bruises and avoidance of peer pressure. Their reports of themselves were supported by caregiver Ansell-Casey results, and staff observation. Residents displayed similar patterns on the daily living domain. For many, this domain did not appear to be an area of greatest strength or greatest weakness. The staff at the center rated the residents highly on this domain. This suggests that the residents have the ability to clean, do laundry, and use household items, and while they do not always make healthy food choices, they are knowledgeable about the components of a balanced meal, and they do have knowledge about how to evaluate the nutritional content of items that they purchase; although, they may/do not put their knowledge into practice.

In the career planning domain only one resident's responses suggested that this was an area of deficit. This was lower than expected, and the caregiver-short rating form did not assess the residents in this domain. However, interviews with the educational and clinical staff indicate that while many residents have career goals for the future, they do not have knowledge about the steps that need to be taken to actualize their goals, and for a few of the residents their cognitive and educational limitations make actualizing these goals unlikely. The incongruence between the resident's rating of themselves and staff perception of the residents on this domain indicate that the residents could benefit from career exploration and planning, in addition to developing realistic expectations of their knowledge, skills, and abilities related to careers of interest versus the knowledge, skills, and abilities required to pursue such careers.

In the work life domain few residents noted it as either a strength or a weakness; however for those that did it was more often a strength than a weakness. Generally, residents indicated that they can accept constructive criticism, demonstrate behaviors required of a good employee, and ask for help if needed. The caretaker form assessed work life by examining the behaviors and attitudes that the residents expressed towards school. Overall, staff rated the residents positively with regard to attending school on time, completing assignments in a timely manner, and preparing for presentations and activities. While many of the residents did not demonstrate these behaviors in the community (truant from school, did not complete assignments, disrespectful to school staff), the results of this assessment and their behaviors at the center and at the school indicate that under certain conditions they can and will engage in the behaviors necessary to maintain employment.

With regard to social relationships, of the residents that reported social relationships as an area of either their greatest strength or greatest deficit, most residents reported this as an area of strength. Similarly, reports from the staff also indicate that social relationships are an area of strength for many of the residents. This was surprising given that many of the residents were placed at the center due to severe behavior and emotional challenges that made it difficult to maintain them in community settings. As a result, many of the residents have failed placements which include foster homes, group homes, and kinship care. Given their prior relationship patterns, it was surprising to find that not only the residents, but also the staff found that social relationships were an area of relative strength.

The final domain assessed was the housing and money management domain. This was an area of deficit for many of the residents as indicated by both self-report and staff report. For many of the residents, staff did not think that they could budget, secure housing, determine start up costs for new housing, etc. The results indicated that the residents were lacking knowledge and skills in this domain. Thus, the current program design sought to provide knowledge about money management and housing, in addition to providing opportunities for residents to practice the skills and concepts that they learned.

Challenges during the Needs Assessment Process

The needs assessment process was limited in several ways. Due to the center's impending closing, soon after IRB approval was obtained, and data collection was ready to begin, this consultant was informed that the residents would be discharged rapidly, and that all of the residents would be removed by April 1st, 2011. Obtaining parental consent is generally difficult when doing work with children that are involved with the Division of Children and Families. Many of the youth have minimal contact/involvement with their parents; and although the parents are invited to attend treatment team meetings few actually do due to issues of transportation, distance, time, anger/resentment, and other factors. Further, although the Division of Children and Families may have guardianship of the residents, but for many, DYFS does not have custody, and there are limitations to what they can consent for. As a result, while this consultant worked with the educational staff and the clinical staff to obtain parental consent, consent was unable to be obtained which resulted in this consultant having to forgo intended methods of collecting needs assessment data such as conducting a focus group with a sample of the residents. Another

way in which the center's impending closing affected the needs assessment was during the initial file review. There were 16 resident charts to review; however, when this consultant returned to have the staff complete the caregiver portion of the Ansell-Casey, the center was down to 13 residents; as a result, the sample of the target population changed throughout the needs assessment process. With each visit the sample of residents became smaller, resulting in a shrinking target population; further limiting the generalizability of the program.

Another needs assessment limitation that resulted from the center's closing and the closing of a similar center the year prior was staff turn-over and change. When this consultant first considered administering the caregiver portion of the assessment, before staff were bumped and moved, the staff at the center had been constant, and knew the residents fairly well. However, shortly after the new staff members arrived they were informed of the center's closing. One staff member who was transferred to the center commented "what is the point in developing a relationship with these kids, you have them open up to you, form a bond, and then leave a month later because they want to move them out so they can shut this place down." The sentiments of the staff suggest that although the staff came in and performed their duties, they were less invested in the center and residents, and as a result may not have had the depth and breadth of information needed to evaluate them accurately.

This consultant's prior relationship with the Chief Executive Officer served as a facilitator while conducting this project. The CEO provided this consultant with access to the resident's clinical files and access to the staff. He facilitated interviews between this consultant and staff members from the various departments. Because this consultant was

unable to access the Ansell-Casey Self-Report protocols, interviews with the staff provided pertinent information on the residents' independent living needs.

Program Design

The program design focused on the career planning domain, the housing and money management domain, and social relationships. The program consisted of three components; an educational component, a resident life component, and a group counseling component. Given that the residents are in residential care, there are continuous opportunities to teach and practice skills, and the goal of the needs assessment and program design was to identify the independent living needs and develop a program that would capitalize on the residential experience to provide consistent teaching, reinforcement, and practice of the knowledge and skills that the residents are developing.

At the onset of the project, the educational department was the only department addressing independent living needs in the areas of money management and work life. The school utilized the Muriel F. Siebert foundation's Personal Finance Program, which is a free curriculum aimed at teaching adolescents about money and income, budgeting and planning, banking, credit, savings, assets, and taxes. In addition to this program, the residents also ran a school store and worked at jobs onsite in the maintenance and other departments to develop skills related to appropriate work behavior. The principal expressed an interest in partnering with the other departments to reinforce the work being done in the school in these areas.

Given that housing and money management were areas of deficit for many of the residents, the current program design aimed to support the programming in the schools via the resident life department. The current program design also sought to incorporate

career planning into the school curriculum and resident life/recreation department given that residents seemed to lack information related to pursuing their careers of choice. The final area addressed by the program design was social relationships. While the resident and staff ratings did not indicate that this was an area of weakness, given that residents were experiencing success in this area, further developing these skills was thought to be necessary in order to help the residents navigate their workplaces, communities, and personal relationships.

In order to reinforce the money management skills addressed in the school, the current program design rested on support from the resident life.. The resident life department was responsible for taking the residents shopping, providing supervision while on trips and the resident life supervisor was responsible for tracking the residents personal money and ensuring that they received clothing and other checks from their case workers. In order to shift the responsibility of managing their money from the resident life staff to the residents the current program design aimed to teach the residents knowledge about money management and give them opportunities to practice by having the residents maintain a bank book; keep track of deposits and withdrawals, and also set budgets for their spending by taking inventory and determining the costs associated with meeting their needs and wants.

With regard to career planning, while at the center the residents complete vocational interest surveys and depending on the age of the residents discussions are held regarding their future goals; however, the goal of career planning in the current program design was to ensure that the residents could not only identify careers of interest, but also knew what it would take for them to pursue their career goals. In order to do this, the

current program relied on the support of the educational staff to utilize the internet to conduct research on careers of interest, and develop a guide book for pursuing their career of choice. Additionally, educational staff would be responsible for assisting the residents with finding interviewees and scheduling interviews with people in their careers of interest, and organizing a career fair or scheduling a trip to a career fair in the community.

Group counseling was incorporated into the program design in order to teach, model, and reinforce pro-social behavior that will be useful to the residents in their personal relationships, workplaces, and communities. The content areas of the group were determined by exploring skills necessary to navigate ones community in an appropriate and productive manner. This included teaching residents coping skills for dealing with anger, frustration, disappointment, and other negative feelings, teaching social skills so that the residents could appropriately introduce themselves, respect boundaries, deal with conflict, accept criticism, provide feedback, and develop other skills necessary to function independently in the community. With regard to anger management, and dealing with negative feelings much of the group content was taken from the Coping Power program which deals with anger and anger management. With regard to social skills training, the skills and methods employed were drawn from the literature on teaching social skills to children with autism spectrum disorders and aggression.

Challenges during the Program Design Process

During the program design process, this consultant worked closely with the supervisor of education, the Chief Executive Officer, the psychology pre-doctoral interns,

and the supervisor of resident life. Each department held the belief that their department was currently addressing the independent living needs of the residents, and felt that although their department and staff were working on it, the other departments and their staff were not. The reluctance of the staff to acknowledge the shortcomings of their department in the independent living domain made designing a program a challenging task, because the perception was that more was being added to their already expansive work responsibilities. For example, the supervisor of education was on-board with the project when it involved coordinating with other departments, but was more reluctant when the design created changes to the existing functioning of the educational department.

Staff morale was another factor that created a significant challenge during the design phase. Prior the announcement of the center's closing, many of the resident life staff reported feeling disempowered, insignificant, and irrelevant, with some staff members describing themselves as very "well-paid babysitters." Empowering the resident life staff to recognize the impact that they could have on the residents given the amount of time spent with them was challenging; in addition, to helping them to recognize the value that they brought to the treatment team. The poor staff morale and devaluation of the resident life role was a contributing factor to the variability in the degree to which trips and other programming with resident life staff were utilized as opportunities to teach the residents skills and promote the growth of the residents in the independent living domain.

Similar to the way in which the needs assessment was limited by the center's impending closing, so too was the program design. Initially, staff was willing to meet and

discuss various aspects of the design to evaluate the degree to which it was congruent, practical, and feasible within the overall programming of the center. However, once staff was informed that the center was closing, staff members were less invested in reviewing the program design and providing feedback to this consultant.

Constraints of the Investigation

The major constraint of the investigation was the timing of the project. Shortly after the project began, it was announced that the center would be closing. The closing of the center resulted in staff turnover, such as the CEO leaving and staff exploring and accepting offers at other facilities, resident discharge, lack of investment in the project, and resentment toward the Division of Children and Families. Due to the impending changes many people within the organization were concerned with self preservation (finding a new job, relocating their families, etc), and the residents needs became less of a priority. With the chaos related to the closing it was difficult for staff within the organization to spend their resources (time, energy, etc) with this examiner discussing the residents and their needs; particularly given that they would not be responsible for implementing the program and there would be no immediate benefit to the residents.

The timing also affected the methodology of the needs assessment data collection. This investigator initially wanted to review the Ansell-Casey protocols of the residents; however, these were maintained in the educational files of the residents which this consultant was not permitted to access without parental consent. Since parental consent was unable to be obtained, and only a summary of their performance was reported, the self-report needs assessment information was not as comprehensive as if the protocols could have been analyzed. In order to provide further detail about the needs of the

residents, and programming implications, this examiner also wanted to conduct a focus group with the residents but was unable to due to difficulties obtaining parental consent prior to resident discharge.

All of the data collection methods (interviews and survey report forms) provided a subjective assessment of the residents' knowledge, skills, and abilities, based on their perceptions and the perceptions of the staff at the center. These assessments were subject to response bias and other challenges of utilizing self-report data.

Recommendations

The current program if implemented would provide value to the target population since it addresses their current areas of deficit in the independent living domain, and provides the residents with knowledge, and teaches the residents skills to remediate the deficits in order to provide them with more resources to navigate their communities independently or with less support upon discharge. However, some considerations and alterations should be made.

The sample that the target population was drawn from started at 35 and then continued to shrink. Initially, when it was thought that data could be collected on all 35 residents, the goal was to also analyze the results based on age, discharge plans and other variables. Different tasks are more developmentally appropriate and necessary at different ages, and are more pertinent to various discharge plans. For example, residents leaving the residential treatment center to go to independent living programs may benefit more from a housing & money management program than residents leaving the center to go to a group home, and that are farther from the age of majority. The final sample consisted of 13 residents and there were so few in each age group that stratifying the

sample by age was thought to not yield rich information about the needs in certain age groups. Further assessment of the residents and their needs and the degree to which their needs vary by age and other variable would be important to assess in designing an independent living program for such a heterogeneous population.

The current program design is not time referenced. The goal was for the program to be infused throughout the daily functioning of the treatment center. However, for residents who are admitted to the center at various times throughout the year, they may miss crucial components of the program; particularly, the educational component. If the educational component begins at the onset of the school year, provisions needs to be made and incorporated into the program design to address residents who attend the school mid-year, or leave the Division of Children and Family School to attend schools in the community. One method for doing this may be to videotape trainings, workshops, and seminars such as the career fair, or to delineate a specific portion of one of the classes to be devoted to independent living where the residents can access the computer to obtain research and work on their career plans, at their own pace.

The mobility of the residents poses a significant challenge with regard to program implementation. Similar to the way in which new residents may begin at the center at any time, residents are also constantly leaving. Thus, in the counseling groups, the group members and group dynamics are constantly changing. A recommendation to address the constant state of change would be to make the groups time limited; the anger management component may run for 6 weeks, and residents can join any time in the first two weeks, otherwise, they will be provided with individual treatment until the next group cycle begins. Another recommendation to address the constant influx and

discharge of residents in counseling groups would be to devote a session specifically to bringing new group members up to speed, and discussing the knowledge and skills addressed thus far.

Given that there is minimal programming in the evening, another recommendation to address the constant change in residents would be to train the resident life staff on the career plan and the expectations for the career plan, and include resident life staff as co-facilitators in the groups such that in the evenings, the resident life staff can run analogous groups to teach new residents the information presented thus far, and also reinforce the information previously delivered to residents that have already participated in the group. This would serve multiple purposes, including empowering resident life staff to deliver services and programming to residents, providing the residents that have participated in the program additional learning opportunities, and orienting to new residents to the program.

Summary

The current dissertation focused on the needs assessment and subsequent program design of an independent living program for children in residential placements that had a history of child abuse and neglect. The needs assessment results indicated that the residents needed to be provided with more knowledge and needed to develop skills with regard to housing and money management, career planning, and social relationships. This is consistent with current literature that demonstrates a pattern of difficulties for adolescents who age out of out of home placements to secure and maintain housing, budget and save money, pursue careers, and have supportive relationships. The program design sought to build on the existing service delivery at the center to decrease variability

in program delivery and maximize the efficacy of the services provided. The residents are under the direction of the center 24 hours per day, and every moment should be a teachable one; rather than leaving a single department solely responsible for addressing independent living.

The assessment of needs and the design of the program was greatly affected by circumstances at the state level, which resulted in an announcement that the center would be closing mid-way through the project. Due to the impending closing it was challenging to access data on the resident's needs and engage staff in the program design process. This consultant was helped by prior relationships with the center's Chief Executive Officer, some of the clinical staff, and members of the resident life staff who worked collaboratively with this consultant throughout the program planning process.

Despite challenges to the needs assessment and program design process, at the conclusion of the process, this consultant was able to provide the organization with a program on paper. This consultant was able to collaborate with the organizational members to identify the needs, establish goals, and design a program aimed at addressing very specific needs and very specific goals so that services were not delivered in a haphazard fashion but were purposeful and helped the residents achieve specific, measureable, attainable, and time-referenced goals that will serve them once they leave the center.

REFERENCES

- Association for Children of New Jersey. (2007). Child protection data report.
<http://www.acnj.org>
- Association for Children of New Jersey. (2008). When adulthood must come early.
- Child Welfare League of America. (1989). Standards for independent living services.
 Washington, DC: Child Welfare League of America, Inc.
- Collins, M.E. (2004). Enhancing services to youth leaving foster care: Analysis of recent legislation and its potential impact. *Children and Youth Services Review*, 26, 1051-1065. doi:10.1016/j.childyouth.2004.08.005
- Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse and Neglect*, 31, 211-229.
 doi:10.1016/j.chiabu.2007.02.004
- Courtney, M.E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out of home care in the USA. *Child and Family Social Work*, 11, 209-219.
- Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: a longitudinal view of youth leaving care. *Child Welfare League of America*, 6, 685-717.
- DYFS Field Operations and Policy and Procedure Manual.
- English, D.J., Kouidou-Giles, S., & Plocke, M. (1994). Readiness for independence: A case study of youth in foster care. *Children and Youth Service Review*, 16, 147-158.

- Helfrich, C.A., & Fogg, L.F. (2007). Outcomes of a life skills intervention for homeless adults with mental illness. *Journal of Primary Prevention*, 28, 313-326.
- Johnson, L. K.(1988). Teaching independent living skills in Minnesota. *Children Today*, 17, 19-23.
- Kroner, M.J. & Mares, A.S. (2009). Lighthouse independent living program: Characteristics of youth served and their outcomes at discharge. *Children and Youth Services Review*, 31, 563-571. doi:10.1016/j.childyouth.2008.10.011
- Loman, L.A., & Siegel, G.L. (2000). A review on literature on independent living of youths in foster and residential care. *A Report of the Institute of Applied Research*. St. Louis, MI.
- Maher, C. A. (2000). Resource guide for planning and evaluating human service programs. Unpublished manuscript.
- Massinga, R., & Pecora, P.J. (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children*, 14, 150-173.
- McMillen, J. C., Rideout, G.B., Fisher, R.H., and Tucker, J. (1997). Independent-living services: The Views of Former Foster Youth. *Families in Society*, 78, 471-479.
- Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: The state of the evidence. *Children and Youth Services Review*, 28, 1435-1448. doi:10.1016/j.childyouth.2006.03.002
- Munson, M.R., Smalling, S.E., Spencer, R., Scott, L.D., & Tracy, E.M. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. *Children and Youth Services Review*, 32, 527-535.

- Nollan, K.A., Wolf, M., Ansell, D., Burns, J., Barr, L., Copeland, W., & Paddock, G. (2000). Ready or not: Assessing youths' preparedness for independent living. *Child Welfare League of America*, 79, 160-179.
- Osgood, D.W., Foster, E.M., & Courtney, M.E. (2010). Vulnerable populations and the transitions to adulthood. *The Future of Children*, 20, 209-229.
- Osterling, K.L., & Hines, A.M. (2006). Mentoring adolescent foster youth: promoting resilience during developmental transitions. *Child and Family Social Work*, 11, 242-253.
- Pecora, P.J., Kessler, R.C., O'Brien, K., Roller White, C., Williams, J., Hiripi, E.,...Herrick, M.A. (2006). *Children and Youth Services Review*, 28, 1459-1481. doi:10.1016/j.childyouth.2006.04.003
- Rhodes, J.E., Hiaght, W., L. & Briggs, E.C. (1999). The influence of mentoring on the peer relationships of foster youth in relative and non-relative care. *Journal of Research on Adolescence*, 9, 185-201.
- Samuels, G.M., & Pryce, J.M. (2008). "What doesn't kill you makes you stronger": Survivalist self reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review*, 30, 1198-1210.
- Scannapieco, M., Schagrin, J., & Scannapieco, T. (1995). Independent living programs: Do they make a difference? *Child and Adolescent Social Work Journal* 12, 381-389.
- Schulenberg, J.E., Bryant, A.L., & O'Malley, P.M. (2004). Taking hold of some kind of life: How developmental tasks relate to trajectories of well-being during the

transition to adulthood. *Development and Psychopathology*, 16, 1119-1140. DOI: 10.1017/S0954579404040167

Spencer, R., Collins, M.E., Ward, R., & Smashnaya, S., (2010). Mentoring for young people leaving foster care: Promise and potential pitfalls. *National Association of Social Workers*, 55, 225-234.

Stone, H. (1987). Ready, set, go: An agency guide to independent living. Washington, DC: Child Welfare League of America.

United States General Accounting Office (1999). Foster care: Effectiveness of independent living services unknown. Washington, DC: GAO Health, Education, and Human Services Division.

Webster-Stratton, C., Reid, J., Hammond, M. (2003). Social Skills and Problem-solving Training for Children with Early-onset Conduct Problems: Who Benefits? *Journal of Child Psychology and Psychiatry*, 42, 943-952.

Westat, (1991). A national evaluation of title IV-E foster care independent living programs for youth. Phase 2: final report. Rockville, MD: Westat, Inc.

APPENDIX A

Staff Interview Protocol for Needs Assessment

Interviewee/Department Information

- Please describe your role here at the center
- How long have you functioned in this role?
- What are the goals of your department?
 - What services does your department provide to meet its goals?

Residents Needs in Domains Addressed by the Department

- What are the residents strengths in the areas in which you interact with them?
- What are some of the limitations of the residents in the domain that your department addresses?
- What changes have you seen during your time here regarding the residents' needs in your domain, and the center's approach to addressing them?
- How do you think the residents would perform in the domain that your department addresses without the support provided by this facility and the Division of Children and Families?

APPENDIX B

Career Planning Guide Requirements

Guide Book:

1. Career of Interest:

2. What I hope to achieve by pursuing this career? Career Goals:

3. 3 Reasons to Pursue this Career:

- a.

- b.

- c.

4. Factors that would make me successful in this career?

5. Factors that would make pursuing this career challenging?

6. Requirements to pursue the career (education, training, physical ability, time/hours, etc).

7. Interview with someone in the career of interest (include reaction to information obtained in the interview)

APPENDIX C

Bank Ledger

[illegible]

APPENDIX D

Counseling Progress Form

Student's Name: _____

Rating Scale: 1= least...4= highest

Date of Session: _____

Session Number: _____

Cooperation with ground rules: 1 2 3 4

Participation (passive/active): 1 2 3 4

Interest/Motivation: 1 2 3 4

Display of skills and knowledge: 1 2 3 4

Comments:

Date of Session: _____

Session Number: _____

Cooperation with ground rules: 1 2 3 4

Participation (passive/active): 1 2 3 4

Interest/Motivation: 1 2 3 4

Display of skills and knowledge: 1 2 3 4

Comments:

APPENDIX E

Counseling Homework Sheet

Skill Taught: _____

Describe one time this week when you tried to use this skill:

Reflect on how the skill worked: What happened, how did others respond, would you try again?

APPENDIX F

Counseling Content Areas

1) Social Skills

- a. Initiating and maintaining conversation
- b. Joining others engaged in an activity
- c. Assertiveness training
- d. Conflict Resolution
- e. Resisting peer pressure

2) Anger Management

- a. Identifying Anger Triggers and Cues
- b. Physiological Response to Anger
- c. Anger Styles and Consequences
- d. Coping Methods for Managing Anger
- e. Problem Solving
- f. Decision Making

3) Communication

- a. Talking honestly
- b. Learning with others
- c. Sharing feelings
- d. Explaining what you want
- e. Listening- Active Response

APPENDIX G

Shopping Inventory

Personal Hygiene Products

Product	Need (place a check in the box if you need it)	Projected Cost	Actual Cost
Toothbrush			
Toothpaste			
Deodorant			
Body Soap			
Lotion			
Shampoo			
Conditioner			
Cologne			
Mouthwash			

Total Spending: _____

Clothing Inventory

Item	Projected Cost	Actual Cost

Total Spending: _____

APPENDIX H

On/Off Site Supervisor Rating Form

Date of Volunteer/Work Experience: _____

1. Well Groomed: 1 2 3 4
2. Enthusiastic/Takes Initiative: 1 2 3 4
3. Listens to and Follows Directions: 1 2 3 4
4. Follows Rules and Regulations: 1 2 3 4
5. Communicates Concerns or Problems to Supervisor: 1 2 3 4
6. Cooperates with Others: 1 2 3 4

Comments:

Date of Volunteer/Work Experience: _____

7. Well Groomed: 1 2 3 4
8. Enthusiastic/Takes Initiative: 1 2 3 4
9. Listens to and Follows Directions: 1 2 3 4
10. Follows Rules and Regulations: 1 2 3 4
11. Communicates Concerns or Problems to Supervisor: 1 2 3 4
12. Cooperates with Others: 1 2 3 4

Comments:
