

PROGRAM CLARIFICATION, DESIGN, AND PLAN FOR EVALUATION OF A  
WOMEN'S EMPOWERMENT PROGRAM WITHIN A CHURCH SETTING

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## ABSTRACT

This dissertation focuses on the process of clarifying, designing and planning for the evaluation of a Women's Empowerment Program for individuals who were members of, or affiliated with, a church in an urban community and were interested in self-improvement and growth. The program had been implemented initially by the First Lady of the church (the pastor's wife). She had requested this evaluation process to assess the needs of the participants and to re-design the program. Maher's (2000) program planning and evaluation framework was used to complete this process. Literature concerning working with African-American/Latina women and collaboration with faith-based organizations informed the design for the program. This dissertation was conducted with the intent to benefit the specific population of women involved in the program, to contribute to the literature, and to expand knowledge concerning mental health interventions in faith based organizations. Its intention was also to model reaching out to the community for resources in the treatment of diverse populations. Maher's program planning and evaluation framework consists of four phases: clarification, design, implementation and evaluation. The implementation phase was beyond the scope of this dissertation but an evaluation plan was developed to be utilized during a future implementation. During the Clarification Phase, an assessment of the women's needs and the relevant context was conducted. Results of the needs assessment revealed that women at the church had difficulties in the areas of (a) emotion-regulation; (b) problem-solving; (c) communication; and (d) spiritual growth, which had an impact on their daily living. The program was re-designed based on the needs identified in the Clarification Phase. The program was entitled the Women's Empowerment Program and consisted of

a monthly group designed to teach women skills to improve the identified needs.

Following the program design, a plan for evaluation was created in order to provide a documented process that would lead to determining whether the program had added value and benefited the participants. Constraints of the dissertation are noted and recommendations are provided for future implementation and evaluation of the program.

Implications for partnerships between faith-based organizations and mental health professionals are also provided.

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## **Chapter I**

### **Introduction and Overview**

This dissertation focuses on the clarification, re-design, and development of a plan for the evaluation of a previously implemented women's empowerment program (the "Women's Empowerment Program") offered to members of a church ("The Church") located in a northeastern city in the United States.<sup>1</sup> The Women's Empowerment Program was originally established by the First Lady of The Church (the pastor's wife) to address concerns that had come up repeatedly among the women congregants, most of whom were African-American or of Latino descent. The primary function of the class was to empower the whole woman, which included mental, spiritual, and physical components.

The First Lady, who served as the instructor, provided women with spiritual lessons from the Bible. The focus was on skill building in the areas of communication, problem-solving, emotion-regulation, and spirituality in order that the women who participated would experience greater psychological well-being, engage in healthy living, and be better able to form functional relationships with others, a particular concern for members who were single parents. Most members of the target population were of lower socioeconomic status. For them, the program aimed to break the cycle of unemployment, poverty, and reliance on public assistance.

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<sup>1</sup> In order to protect the confidentiality of the participants, the name and location of the church is not specified.

The program planning and evaluation framework developed by Maher (2000) was utilized to re-design this program. This chapter details the purpose of this dissertation, the relevance of its topic, an overview of the program planning and evaluation model, and a description of the dissertation process.

### **Purpose of this Dissertation**

The purpose of this project was to provide The Church with a structured program that could be implemented as designed, and a plan to assess the merit of the program. The program's intent was to address the "whole" person and help women to grow spiritually, mentally, and physically while they were being taught key skills, such as how to communicate effectively, manage emotions, and problem-solve through difficult life situations. The consultant was invited to come in and further clarify specific needs of the women, re-design the program, and plan for evaluation. The first phase was an information gathering process whereby the current needs of the group members were identified. Based on this feedback, the program would be re-designed and implemented. Lastly, a plan for evaluation was developed that would allow the program the flexibility to evolve in dynamic response to members' needs.

This dissertation will serve as a roadmap to guide future consultants in the process of creating a sustainable program customized to a particular population. In addition, it offers culturally appropriate methods of intervention and models how to reach out within a community for resources to meet the psychological needs of clients. It describes how delivery of psychological services to clients who would not otherwise seek mental health services may be achieved. This dissertation has particular relevance for faith-based organizations as they undertake to better the life circumstances of their members.

## **Overview of Program Clarification, Design, Implementation and Evaluation Framework**

The program clarification, design, implementation, and evaluation process of this dissertation utilized the framework presented in Maher's (2000) *Resource Guide for Planning and Evaluating Human Service Programs*. This model delineates four phases: the clarification phase, design phase, implementation phase, and evaluation phase. The clarification phase involves extensive research whereby the relevant characteristics of the client and target population are identified. It incorporates multiple assessments, including the needs of the target population and the context within which the client and target population function. The findings from the clarification phase comprise the basis from which a program design is generated. The program design is intended to be comprehensive and specific. Goals, components, staff participation, budgetary issues, and numerous other aspects are clearly documented. The implementation phase is directly facilitated based upon the program design.

The finalized program design is executed during the implementation phase. The implementation phase also contains a monitoring component with procedures that assess whether the program is adhering to the design properly and whether modifications are necessary. Lastly, the program is evaluated to determine whether it has added any value to the target population (Maher, 2000). The current study incorporates the clarification, program design, and evaluation phases. The implementation phase was beyond the scope of this project and thus is omitted from the dissertation.

## **Dissertation Process**

The wife of the pastor of The Church was a very strong participant in church activities. Known throughout the congregation as the "First Lady" (this term will be used

interchangeably with “pastor’s wife,” and “the client”), she had become very concerned that many of the women who attended The Church were strained and overwhelmed by their daily life experiences. She recognized that helping to address the unique needs of these women was within the purview of The Church and, as a result, she created, developed and facilitated a program that would assist them in managing their stress and difficulties through learning emotion-regulation, problem-solving, and communication skills. Her aim, and that of other relevant stakeholders (determined as the leaders of the congregation of The Church), was that these women be able to balance mind, body, and soul effectively. Her endeavor answered women’s real needs. However, preliminary discussions with relevant stakeholders revealed that there would likely be value in the formulation of a re-designed program which would incorporate a more clearly defined needs assessment so that the exact nature of the problem might be delineated.

To assess the needs of the population, Maher’s (2000) *Resource Guide for Planning and Evaluating Human Service Programs* was used, which defines a need as “the discrepancy between a current state of affairs (CSA) having to do with psychological or educational functioning of the target population and a desired state of affairs (DSA) pertinent to it” (p. 14). An interview was conducted with the client so that she could relate what she perceived to be the needs of the target population.

There were four main domains that were assessed through this process focusing on the psychological and educational needs of the women. The interview was far ranging and included a number of areas that would be incorporated into the program design. Additionally, surveys and interviews, concentrated on the four domains, were conducted with participants of the original Women’s Empowerment Program. Once the needs assessment was completed, the information resulting from those surveys and interviews

directly impacted the clarification of the problem and led to connecting the re-design of the program to the specific expressed needs of the population.

This dissertation will provide a description of The Church, as well as a review of the program design process at a faith-based organization. As discussed above, a plan for the evaluation of the re-designed Women's Empowerment Program was developed to aid the client in assessing whether the new program design had added value to the target population insofar as it was implemented correctly. The implementation phase was not included in the scope of this project. The consultant designed measures that were utilized to assess the effectiveness of the program as there were no valid and technically defensible pre-existing instruments available to evaluate such a unique program. Additionally included will be a discussion of the consultation process and the challenges faced while completing it.

Furthermore, the dissertation will include a review of the literature, an explanation of the process used in collaborating with The Church, a description of the target population and its needs, and the contexts surrounding the project. The dissertation will also include the program design and the evaluation plan as well as conclusions and recommendations about the program.

## **Summary**

This dissertation utilized the program planning and evaluation framework outlined in Maher's (2000) resource guide to clarify the needs of women in a church congregation whose daily life experiences and struggles challenged their ability to live as "whole women." The program was then re-designed to address such psycho-educational needs and a plan for evaluation was developed. Leaders within this organization, especially the pastor's wife, recognized that a program customized to these women's



needs would enhance their relationships with their families and allow them to function more effectively in their jobs, communities, and elsewhere. This dissertation used the program planning and evaluation framework in order to re-design and add value to the previously implemented Women's Empowerment Program so that current members and those who would participate in the future might benefit.

## **Chapter II**

### **Review of Literature**

The following literature review will explore and highlight gaps in community psychology interventions by identifying: (1) the lack of mental health services provided in faith-based organizations, (2) the increase in resources to provide these services in faith-based organizations, (3) the relevance of incorporating religion and spirituality in mental health well-being, evidence-based practices in faith-based organizations, and (4) challenges in collaborating with faith-based organizations. The theories, practices, and issues addressed in this chapter all influenced the clarification, program design, and plan for evaluation phases of this dissertation project.

#### **The Gap in Mental Health Services in Faith-Based Communities**

Behavioral health disorders, including mental health, substance abuse, and other addictions, are the most prevalent health problems in America today (DeKraai et al., 2011). These behavioral disorders have become more common than cancer, lung, and heart diseases combined, with statistics showing that over 20% of adults experience a diagnosable mental disorder annually. DeKraai et al. (2011) warned that untreated behavioral health disorders contribute to many negative life outcomes, such as lost productivity, homelessness, higher school drop-out rates, suicide, unemployment, and overcrowded jails and prisons.

As individuals exist, work, and play within social support networks, neighborhoods and communities, the quality of the social environment influences their overall behavioral health (DeKraai, Bulling, Shank, & Tomkins, 2011). Kloos and Moore (2000) argue that we have limited our work and the effectiveness of interventions

with regard to mental health by not reaching out into a range of community systems.

This view is rooted in Bronfenbrenner's (1979) ecological model of intersecting systems that are best understood and conceptualized in a dynamic network that have a hierarchical nature.

Kloos and Moore explain that the field of psychology historically has had blind spots as to who is studied and, beyond that, as to the larger communities and environments in which people are studied. Although psychology has evolved from a focus on working with individuals in their natural settings to include community psychology, studies have been restricted primarily to schools, workplaces, and hospital environments. Religious and spiritual settings have received scant attention. There is a marked lack of evidence-based research conducted with women for whom religion and spirituality play a central role in their lives—the specific target population for which this program is designed.

Miller and Thoresen (2003) identify spirituality and religion as important influences on human health and behavior and further describe its study as a true frontier for psychology, as religious resources are among the methods that people call on when coping with difficult life stressors and illness. In the past 50 years, the number of Americans that have professed a belief in God or a higher power has never dropped below 90% and many have stated that their faith is a central guiding force within their lives (Miller & Thoresen, 2003). In the general United States population, most adults claim a religious affiliation (94%) and seven in ten report that they are members of a church, synagogue, or mosque (Delaney, Miller, & Bisono, 2007). Religion has emerged as a defining factor in cultural diversity and thus has noteworthy importance in the current research and practice of psychology.

One complicating factor which may compromise the ability to engage and effectively treat religiously-oriented individuals is the continuing and widening religious gap between psychotherapists and the general public (Delaney et al., 2007). In a study surveying American psychologists about spirituality and religiosity, Delaney et al. (2007) found that psychologists were far less religious than the general population, two times more likely to claim no religion, three times more likely to describe religion as unimportant in their lives, and five times more likely to deny a belief in God. These statistics may place clinicians at risk for “undervaluing” the significance of religious and spiritual factors in professional practice. Despite the gap in personal beliefs of psychologists and the general public, the majority of psychologists (84%) reported a belief in a positive relationship between religion and mental health (Delaney et al., 2007).

Myers (2001) has identified the specific gap of documentation with regard to integrating research and measures into intervention planning and evaluation among faith-based organizations. Currently, the social work and medical perspectives lead other helping professions in this area, due in large part to the availability of funding attributable to Charitable Choice legislation and social programs (Myers, 2001); however, an intense need exists for a comprehensive framework to guide the planning of faith-based interventions that incorporate multiple theoretical and denominational perspectives. Such a framework would assist in bridging the theory and practice divide between faith-based organizations and the provision of mental health services (Myers, 2001).

### **Increased Resources for Faith-Based Organizations**

There has been a growing acknowledgment by the federal government of the effectiveness of faith-based organizations (FBOs) in the provision of diverse health, mental health, and social services (Ferguson, Wu, Spruijt-Metz, & Dyrness, 2006). As a

component of the Clinton administration's federal welfare reform law, Congress enacted the first charitable choice initiative in 1996. The subsequent Bush administration built on these efforts with its creation of the Compassion Capital Fund (CCF), established solely to assist FBOs. Through the CCF, faith-based and community-based organizations have been able to secure \$99.5 million in funds to provide services and increase their effectiveness in service delivery. Although initiatives to enlist FBOs in implementing public programs were strengthened during both Clinton and Bush administrations through executive action (Burke, Fossett, & Gais, 2004), difficult economic conditions in the country have made increasing future investments in FBOs less certain. This is unfortunate as Ferguson et al. (2006) examined the effectiveness of faith-based services through a systematic review method and found that participating in faith-based programs provided benefits to the population ranging from reducing homicide rates to attitudinal positive outcomes. (Consistent with the historical tradition in psychology, however, most evaluations of services provided by faith-based organizations are focused on individual outcomes and are limited in their exploration of community outcomes, such as volunteerism and civic engagement.)

Canning (2003) identified faith-based community organizations as valuable resources and contexts for involvement and partnerships of psychologists-of-faith. There have been discussions concerning training psychologists to work with faith-based organizations, although, as Canning described, the psychologist within an FBO is more likely to function in an administrative capacity (i.e., as a consultant, program developer or program evaluator), than engage in direct client service delivery as a therapist, or perform traditional psychological assessments. An administrative role may make for a more appropriate fit within communities that have a history of economic and social

disadvantage, as is commonly the case with many FBOs. In addition, individuals may hold cultural values that support distrust of professionals from traditional psychological perspectives (Boyd-Franklin, 2003). McMinn, Meek, Canning, and Pozzi (2001) also noted the gap between church and psychology. As a result, they developed the Center for Church-Psychology Collaboration (CCPC) as part of a doctoral training program in clinical psychology to teach students the value of partnerships with other professionals that functioned in a mutually beneficial and bidirectional manner. The CCPC acknowledged the lack of existing mental health structures in underserved areas as an impediment to psychologists, but recognized that religious communities serving people's psychological, emotional, and spiritual needs were present among all cultures and could provide an avenue for future psychologists (McMinn et al., 2001).

### **Relevance of Religion and Spirituality in Mental Health Well-Being**

Religion and spirituality, although sometimes identified as independent constructs and conceptualized differently throughout the research, represent related concepts and research in these areas has been evolving consistently. In simple terms, religion is considered public and related to an organized faith community, while spirituality is commonly interpreted as private and more personal to the individual (Fukui et al., 2012). For example, Hill and Pargament (2003) note that religion can be defined as “a fixed system of ideas or ideological commitments” (p. 64), while spirituality relates more to the “personal, subjective side of the religious experience” (p. 64). Spirituality has been explored through concepts such as the sacred, which involves concepts such as God, the divine, ultimate reality, and transcendence (Hill & Pargament, 2003). Due to the differences in the two constructs, an individual may adhere to spiritual principles and yet

maintain no religious involvement or participation in a faith-based organization (Boyd-Franklin, 2010).

Studies have examined the relationship of religion and its positive impact on stress reduction as well as enhancing coping abilities (Kloos & Moore, 2000). The majority of studies in the past quarter century examining the correlation between spirituality and religion and well-being has confirmed demonstrable benefits, such as decreased symptoms of anxiety, depression, and substance abuse (Fukui et al., 2012). In the authors' investigation of spiritual well-being among individuals with psychiatric disabilities, they found that people with mental illnesses, including chronic illnesses, acknowledged their desire for spiritual well-being as a way to make sense of life within the social restriction attributable to their illness. Furthermore, they found that spiritual well being was moderately related to psychological well-being, mostly in the perception of self-esteem, self-efficacy, and desired quality of life. Lastly, this particular study revealed that regardless of the severity of psychiatric symptoms, religious attendance, a larger social network size, and a sense of control were important for spiritual well-being.

Myers (2005) reached a similar result and found dominant theoretical constructs that link religion to well-being, such as religious involvement, religious coping, and spiritual well-being. There are many ways in which religion and spirituality moderate physical and psychological well-being, including regulation of individual lifestyles and health behaviors (i.e., considerable attention has been accorded the linkage between being religious and not engaging in substance abuse); the provision of social resources; the promotion of positive self-perceptions; the provision of specific coping resources; the generation of positive emotions; the promotion of healthy beliefs; and also hypothesized

mechanisms, such as the existence of a healing bio energy and the beneficial effect of hearing others' prayers (Myers, 2005).

Kloos and Moore (2000) noted the relevance of religion and spirituality for community psychology in the areas of prevention and well-being. The collaborative process of integrating interventions within religious settings allows psychologists to design interventions so that they are a better fit with the community. Dossett, Fuentes, Klap, and Wells (2005) found that 71% of their respondents sampled from faith-based organizations believed that there was a demand for mental health services in their communities, and 79% further believed that providing these services was an appropriate ministry. Campbell et al. (2007) recognized that, even from a socio-ecological perspective, churches as well as other religious organizations have the ability to influence members' behaviors at multiple levels of change. Boyd-Franklin (2010) found that individuals within African-American churches often function as an extended family. Being able to capitalize on the strengths and stability of faith-based organizations has become increasingly important given the fragility of other social organizations, such as the workplace.

The factors in these functional mechanisms further elucidate the ways in which religion and spirituality may play integral roles in the implementation of faith-based interventions. Equally important in the implementation of mental health services within faith-based organizations are the benefits to high-risk populations that have limited access to medical services but high rates of participation in religious organizations, such as recent immigrants (Dosset et al., 2005). In all, behavioral health systems provide an expertise in the treatment of problems, while faith-based organizations provide access to communities and promote healing as well as recovery (DeKraai et al., 2011). Hill and



Pargament (2003) recognized that researchers interested in physical and mental health had not paid enough attention to the influence of religion and spirituality. Furthermore, these constructs were typically add-on variables that were conceptualized through global indices such as church attendance, denominational affiliation, and self-rated religiousness. The research has recently identified links to physical and mental health through dimensions such as closeness to God, source of motivation, religious/spiritual support, and religious/spiritual struggle that measure and have implications for religious/spiritual functioning (Hill & Pargament, 2003).

### **The Importance of Religion and Spirituality in the African-American Community**

Research has shown that African-Americans comprise the highest percentage of any demographic group in reporting that religion was very important in their lives (Boyd-Franklin, 2010). Surveys conducted by the Pew Forum on Religion and Public Life (2009) revealed that 87% of African-Americans described themselves as belonging to a religious group. Carter and McGoldrick (2004) used a family life cycle framework to illustrate the importance of spirituality and religion throughout the entire adult life cycle of African-Americans. Spirituality has been found to contribute to the resilience of African-Americans in its ability to serve as a coping mechanism to address the psychological damage of racism, discrimination and oppression, as well as its ability to influence the healing and recovery from traumatic experiences. Many times, individuals from African-American backgrounds will express their pain and distress through the use of spiritual terms (Boyd-Franklin, 2010). In addition, African-Americans may use and quote biblical scriptures to inspire a message of hope and healing in times of loss and adversity.

Nye (1993) discussed six themes that were related to the roles that Black churches served in the lives of elderly African-Americans. The expressive function deals with one's deepest emotions, the status function serves as recognition, the meaning function is a source of understanding and order for one's life, the refuge function serves as a haven, the cathartic function allows an avenue of release for pent-up emotions, and the other worldly function guides the individual to see fulfillment in the next life. A social function as well as a child rearing and socialization function were added to these themes (Boyd-Franklin, 2010), so that the benefits of the African-American church could be acknowledged for other age groups. Social offerings of the church often include networking, youth groups, choirs, and connections for single parents. The community usually is aware that the churches contain resources such as tutoring, mentoring, day care, and financial assistance (Boyd-Franklin, 2010).

Reaching out to Black churches may be a crucial component in increasing the effectiveness of therapeutic interventions among African-Americans. More specifically, it may support the true social networks, values, and resources utilized by African-American clients (Boyd-Franklin, 2010). To further illustrate the depth of connection and belonging, Thomas (2001) found that many African-Americans refer to their churches as "church homes." Churches are a good foundation for mental health interventions as they are traditional sources of support in the community and have provided resources in times of disasters and have played a significant role following traumatic incidents, such as sudden death and violence (Boyd-Franklin, 2010). Embarking upon collaborative relationships with churches will be helpful to psychologists so that preexisting connections can be utilized in times of trauma.

## **Religion and Spirituality Among Latinos**

In accordance with the research on African-Americans, Latino theological literature describes religion and spirituality as playing an integral role among Latinos (Campesino & Schwartz, 2006). McGoldrick, Giordano, and Garcia-Preto (2005) illustrated the significance of considering these constructs in family therapy. Like many other cultures, there are a variety of practices and religions that are followed within the Latino community. Research has noted the use of religion as a source of support for many families of Dominican background (McGoldrick et al., 2005). Religiosidad popular Dominicana (popular Dominican religion) is a mixture of mystical African beliefs and the values of Catholicism. Misunderstandings of some of the ritual practices may lead those working with this population to misdiagnose clients under the assumption that some behaviors may be considered delusional (McGoldrick et al., 2005). Campesino and Schwartz (2006) found that most of the literature concerning spirituality and religiosity among Latinos has primarily focused on Mexican Americans. The investigations revealed that religion and spirituality serve as foundations of strength and are interwoven in their daily lives. Furthermore, many Latinos describe their faith as intimate and reciprocal relationships with God, family and community, while these same relationships also play a significant role in their psychological well-being (Campesino & Schwartz, 2006).

## **Evidence-Based Practices in Faith-Based Organizations**

While evidence-based practices and research supporting interventions targeted on the mental health of African-American and Latina women exist in the literature, much of this research does not cover the uniqueness of the population studied in this dissertation. Research reviewing church-based programs has been primarily in the area of health-

related outcomes and the studies regarding health and spirituality/religion has been focused predominantly on African-Americans and the Black church. Findings indicate that church-based health interventions can be successful with this population.

The literature concerning the relationship between health care and faith-based organizations has demonstrated that healthcare professionals understand that increasing access to primary and preventative healthcare is a complicated issue and identified a need to focus on the following areas: availability of services, geographic location, times and logistics of services, cultural competence, and linguistic competence (Bronheim, 2001). More specifically, focus was placed on the need for services to be available in the community; provided in settings that are welcoming and acceptable in terms of culture, race, ethnicity; and communicated in a language in which the population is proficient. Recent research has noted the importance of the church as a resource in meeting the needs of individuals, especially in the African-American community (Boyd-Franklin, 2010).

Particularly for African-American women, church-based health promotion (CBHP) interventions that incorporate culture and spirituality have been found effective (Campbell et al., 2007). This is consistent with findings of the 2001 American Religious Identification Survey that African-Americans, women, and older adults were more likely to report themselves as religious compared with other population segments. The Bureau of Primary Health Care (BPHC) has been very instrumental in recognizing the importance of collaborating with faith-based organizations (Bronheim, 2001). The Faith Partnership Initiative was designed to promote a unity between the two as both have demonstrated a legacy of caring for those whom they serve. The campaign, *100% Access and 0 Health Disparity*, identified that, for most of the world, physical health, emotional,

and spiritual well-being are intertwined (Bronheim, 2001). Furthermore, the medical approach to the delivery of health care services—an approach that excludes spirituality—is inappropriate for many culturally diverse groups.

Church-based health promotion interventions have become increasingly popular as they can reach broad populations and have the potential for reducing health disparities. The Black Churches United for Better Health (BCUBH) project (Campbell et al., 2000) implemented a health-initiative intervention at nine randomly selected churches of varying congregation sizes. The project showed significant improvements in fruit and vegetable consumption, in addition to psychosocial factors that were maintained during a two-year period. Interestingly, one of the study's findings was that members of small churches perceived a greater impact of the project's activities than members attending large churches.

Recent efforts have been made in addressing issues of physical health and developing church-based interventions in the area of exercise, diabetes management, and the like (Young & Stewart, 2006). There is a large amount of research backing the use of goal setting and social support in relation to weight management with African-American women. Overall, the literature has documented support for implementing programs within the church setting with positive effects for African-American women, particularly because the church is viewed as a supportive network that promotes positive well-being and a source that can facilitate change. Furthermore, the integration and perspective of spirituality as a form of strength, and coping mechanisms, such as prayer, can be further developed to assist in therapy and treatment (McNair, 1996).

These positive benefits may promote the future use of programs designed to incorporate social problem solving, which is supported by extensive research evidence

using cognitive and behavioral processes to identify effective strategies and techniques to cope with problematic situations (Kelly, 2006). Such skills can be taught and used by women in their daily living to reduce stress and cope with life problems. Another common method that has been documented to address a variety of problems ranging from anxiety, anger, and stress reduction is the relaxation technique.

It is important to consider integrating theory and culture when providing services to African-American women. McNair (1996) provides guidelines that promote the use of specific goal setting and reaching out to culturally relevant community resources of African-American women. Myers (2005) developed a compass guide that provides a framework for faith-based intervention planning and evaluation that is dynamic in nature. This framework begins with an inner core of the secular factors (representing the scientific structure upon which all interventions are based) and specific knowledge upon which the particular intervention is based. The outer core represents the faith-based predisposing, reinforcing, and enabling factors that support the secular core. Myers used the PRECEED (Predisposing, Reinforcers, Enabling Constructs in Educational/Ecological Diagnosis) model to develop the compass. The conceptualization of interventions through a compass model presumes that the ratios of factors on the compass are not fixed and thus can be used to analyze different types of faith-based interventions (Myers, 2005).

### **Challenges in Collaborating with Faith-Based Organizations**

While faith-based organizations may open up the range of access to certain underserved populations in terms of delivering services, there are inherent challenges as well. Continuing concerns about the separation of church and state constitutional issue create potential obstacles to faith-based community initiatives and the provision of

mental health services (Dossett et al., 2005). Furthermore, ethical issues may be raised when clergy members and health professionals have divergent views on morality and what is considered acceptable behavior. Approaching this venture must include a great deal of work in building trust while creating long-term community partnerships that are based upon community-based participatory research (Campbell et al., 2007). A balance must be established between the needs of the research study and the church congregation. Each entity must accept areas of commonality as well as differences in values, beliefs, and missions. Campbell et al. (2007) acknowledged the capacity of the church's strengths and expertise to facilitate sustainable interventions over time and recommended that it be utilized and empowered with regard to health promotion.

Dossett et al. (2005) investigated attitudes toward mental health services and obstacles in the implementation of such services within a faith-based health network to determine whether it was desirable, as well as feasible, to implement these services. Overall, most of their respondents from faith-based organizations expressed a strong interest in providing mental health services within their communities, and informal counseling seemed to be the most frequent service provided. Despite the interest in collaborations between mental health services and faith-based organizations, the investigation found significant barriers impeding this process, such as reluctance to partner with government agencies and lack of money, training, and personnel (Dossett et al., 2005). Fostering a relationship of trust with relevant stakeholders, providing access to funds, training, and the available staffing would facilitate a positive collaboration between faith-based organizations and their ability to provide mental health services.

## **Chapter III**

### **Methods**

This project utilized Maher's (2000) program planning and evaluation framework to assess the needs of the involved participants, re-design an existing program incorporating revisions indicated by the needs assessment, and, subsequently, develop a plan for evaluation of the revised program once implemented. Using this approach, Maher delineates a program as "resources organized in efforts to add value to an individual, group, or organization." In accordance, the methods of this project will lead to the identification of resources that are organized in a way that will add benefit to the women who will participate in the program in the future. Maher's framework involves four phases: the clarification phase, design phase, implementation phase, and evaluation phase. This particular investigation focused on the clarification, re-design, and evaluation phases. The implementation phase was not a part of this dissertation and will be implemented by the client at some point in the future.

#### **The Four Phases of the Program Planning and Evaluation Framework**

**Clarification phase.** The first phase of Maher's (2000) framework, the clarification phase, guides the consultant in a process to delineate relevant characteristics of the client and target population. Multiple areas are assessed, primarily concerning the needs of the target population and the context in which the client and target population function. There are three main goals involved in this phase: identifying the target population, determining the needs of the target population, and assessing the relevant context. The information gathered from this process is used to inform and generate the next phase in the framework—the program design.



**Program design phase.** The second phase of the process, the program design phase, is based on the information gathered during the clarification phase. Maher's (2000) framework states that a clear understanding of the program and its purpose is necessary in order to assess how well the program has been implemented and to what extent the program was able to add value to the target population. The purpose of the program design phase is to be able to identify the key elements of the design. According to the framework, the seven key elements to the program design include: purpose, goals and goal indicators; program components, phases and activities; personnel; development and implementation schedule, budget; program evaluation plan; and other relevant program design elements (Maher, 2000). In this dissertation, the design phase involved a re-design of the initial program, incorporating data gathered during the clarification phase, such as the needs assessment, and surveys and interviews with the women participants. The client, i.e., the pastor's wife and First Lady of The Church, and relevant stakeholders were closely involved in this process.

**Implementation phase.** The third phase of Maher's (2000) program planning and evaluation process is the implementation phase.<sup>2</sup> As the sole function of this phase is to ensure that the program is implemented according to the program design, it is imperative during this phase that the process is closely monitored and changes or modifications be made on an as-needed basis. The three major components of this phase include reviewing the program design and determining whether it has been developed and ready

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<sup>2</sup> As discussed above, the implementation phase was not a component of this dissertation project. It is described in this section for the purpose of clarifying Maher's model.

for implementation, facilitating program implementation, and monitoring the program process.

**Evaluation phase.** The final phase of the program planning and evaluation process is the evaluation phase. The purpose of this phase is to gather and analyze data to determine the value of the program. During this phase, a program evaluation plan is developed. As with a needs assessment, it must be practical, useful, proper, and technically defensible. The goal is to ensure that the evaluation leads to results that will aid in further development of the program. The activities that comprise the evaluation phase include: identifying the client, determining the client's need for program evaluation, placing the program in evaluable form, identifying program evaluation questions, specifying data collection variables for the questions, describing the data collection and analysis process, delineating program evaluation personnel and responsibilities, determining guidelines for communication of information gathered, creating program evaluation protocols, implementing the evaluation, and evaluating the program evaluation.

### **Current Study**

This study was conducted at The Church, a faith-based organization that serves a community located in a major city in the northeastern United States. The Church provides a variety of services ranging from Christian counseling, tutoring and mentoring services, and the Women's Empowerment Program. The Women's Empowerment Program was originally established by the First Lady of The Church to address concerns that had come up repeatedly among women congregants. The primary function of the class was to empower the whole woman, which included mental, spiritual, and physical components.

The goal of the class was to assist women in building upon their skills and progressing to become empowered individuals.

**Participants.** The Women's Empowerment Program consisted of 25 women who voluntarily joined the program and attended monthly meetings. Of these women, 7 completed the Target Population Survey of Needs (see Appendix B2) and 10 completed the Target Population Needs Interview (see Appendix B3). The minimum age requirement was 18, and the women ranged in age from 18 to their seventies. The current needs assessment and program design utilized data from the women participating in the program during the September 2010-2011 year. The sample was limited in gender as all members, consistent with the program's intent, are female; however, they do appear to match the population that attends The Church with regard to gender, age, and other variables.

A permanent product review was conducted to obtain previously documented needs assessment information completed by program participants. Additionally, information gained through participant interviews with the consultant were used to further clarify needs. Since this information was obtained anonymously, there is no way to connect specific demographic information with individual participants. However, certain general characteristics were true for most of the sample: the participants were primarily from African-American and Latino backgrounds and of low socioeconomic status with varying circumstances, i.e., some were unemployed, living with parents, and/or receiving public assistance, such as food stamps, etc.; many resided in public housing projects; and all lived within the tri-state area. At least one-third of the target population consisted of single mothers who averaged between 1-3 children. Lastly, each

woman valued her Christian faith and voluntarily decided to participate in this faith-based Women's Empowerment Program.

**Needs assessment measure.** Given the uniqueness of this population and their specific needs, there was no valid/reliable measure that could be used to assess the needs in a practical way. Thus, a needs assessment measure was created based upon the director of the program's perception of the population's needs, i.e., to improve in the areas of problem-solving, emotion regulation, communication, and spirituality. To address the client's concerns about the women that she was working with, the consultant drafted the measure, Target Population Survey of Needs (see Appendix B2). The measure was created to address the four perceived domains, first identified by the First Lady, in which the women evidenced the greatest psychological and educational needs. In addition, the consultant created a Target Population Interview (see Appendix B3) to follow up and obtain more specific information pertaining to the needs identified in the survey.

**Needs assessment.** A needs assessment was conducted in order to clarify the needs and customize a design of the Women's Empowerment Program. A primary interview between the consultant and client was conducted to identify the areas of concern for the target population. This information was used to establish the appropriate domains and structure of needs for the assessment protocol and guided the development of the Target Population Needs Survey and the Target Population Needs Interview administered to participants. Four domains were identified for the needs assessment: communication, emotion-regulation, problem-solving, and spirituality. The First Lady expressed her belief that the women would be best served by developing skills in those domains.

**Procedures.** As a result of a desire to re-design the Women's Empowerment Program so as to improve its quality, there was interest in assessing the specific needs of the women. As participation did not require that women complete assessment measures, a needs assessment was indicated in addressing the re-design of the program. Thus, one was conducted to gauge the women's current status in the following domains: problem-solving, emotion-regulation, communication, and spirituality. The information voluntarily obtained from the women would be used by the director of the program to make modifications and adjustments to the current program.

Surveys were distributed and the women were asked to return them back to the director once completed. Given that the assessment data was collected prior to the study, the primary investigator obtained permission from the Program Director to gain access to the files and consent from program participants in order to conduct a permanent product review to aggregate the data and obtain descriptive statistics.

#### **Measures and instruments.**

***Client survey of needs.*** The client agreed to meet with the consultant for an informal interview to identify domain areas that should be targeted with the women. She provided information concerning her perceptions of the target population's needs in the areas she identified. From this information, the consultant was able to obtain specific areas of need to focus on in gathering data from the target population.

***Target population survey of needs.*** Based on this particular target population's needs, it was determined that a questionnaire (see Appendix B2) would be the most appropriate preliminary method of data collection given the time, practicality, utility, and technical defensibility. Since the program met every third Saturday of the month, it was determined that the questionnaires would be distributed then to be filled out anonymously

by the women. The women were given the questionnaires at the start of the November session, accompanied by a cover letter (see Appendix B2) explaining the usefulness of accurately completing the questionnaire. Completed questionnaires were collected after a two week period.

***Target population needs interview.*** To obtain a more qualitative description of the participants' inner experience in the program, it was determined that a semi-structured interview would be conducted as a follow-up method of data collection. It was determined that the consultant would schedule interviews with the participants according to their availability to confirm that the data collection was timely and practical. Before the interview, the women were given IRB-approved informed consent forms (See Appendix C2) explaining the nature of the data collection and its uses.

#### **Methods and procedures for data analysis and interpretation.**

***Client survey of needs.*** In order to determine whether a need existed, the client's information from the informal interview was used to identify whether there was a discrepancy between the current state of affairs and desired state of affairs. The information was used to identify the client's perceptions of the women in each domain and then further reviewed with the client. Her responses were used to develop areas of investigation—any area the First Lady noted as a difficult domain for the target population was considered as a need.

***Target population survey of needs.*** The Target Population Survey of Needs was given to the women in the group. The responses for each of the areas of data collection were also recorded in an Excel file. Women's responses were scored in the four identified domain areas of communication, emotion-regulation, spirituality and problem-solving, and then coded. The results were presented to the client both visually through

charts and written descriptions, and orally. Furthermore, it was decided with the client how much information would be shared with the women. As per Maher's (2000) framework, a need was determined when a discrepancy between current and desired state was identified in the responses of the four domain areas.

***Target population needs interview.*** The data gathered through the interviews was used to obtain a qualitative view of each participant's experience in the program and identify areas of improvement in the target population and the skills to be learned necessary to address these areas. The interviews were transcribed, organized by domains, and also recorded in an Excel file. Additionally, the consultant compiled all of the answers from the interviewees and noted similarities and differences in the responses. Finally, the consultant identified, analyzed, and discussed themes throughout the interviews and their implications for program design. (See Appendix A1 for justification of needs assessment questions, data collection variables/instrumentation, and procedures for data analysis. See Appendices B2 and B3 for data collection instruments.)

**Guidelines for communication and use of needs assessment information.** The individual responses of the client and the women in the group were considered confidential and were not shared with any other members of The Church. The individual responses were used to calculate the group data. The group data was then used to determine whether a need existed in the target population. The results of the data were included in the final Needs Assessment to justify the determination of needs.

**Roles, responsibilities, and timelines.** The client was responsible for completing the survey by an agreed-to date preceding the target population's completion of the questionnaires. The consultant was responsible for transmitting the survey to the client through email and scoring the data. The client was also responsible for handing out the

questionnaires to the target population and submitting the completed surveys to the consultant for review and analysis. The consultant was responsible for scheduling and conducting interviews with participants, interpreting and analyzing results, and reporting results of the data to the client. To some extent, the consultant shared this information with the target population as well.

**Data analysis.** Surveys were distributed to the 25 members of the target population and 7 women handed in complete surveys. Analysis of the completed surveys followed and descriptive statistics were used and reported, such as averages, in identifying the most common areas of deficit and strength. The women identified their subjective perspectives of their current skills and desired skills in each domain area after which an average was computed based upon those self-reported responses for the variables. The difference of the averages between their current and desired skills in each domain was used to identify a discrepancy between their present state and desired state (Maher, 2000). This information was used to establish the overall need and potential goals. Since the data were obtained anonymously due to the size of the target population, the data were organized relative to characteristics of the target population generally. More specifically, the data were looked at with regard to general ethnic and value-based characteristics. Along with quantitative data, qualitative components regarding the needs of the women in the identified domains were collected through the surveys. The primary investigator used the developed Target Population Interview (see Appendix B3) to obtain additional qualitative information about the specific needs in the pre-determined domains. The data gathered through interviews were used to extrapolate themes and identify the inner experiences of the subjects involved in the program using the grounded theory method.



**Grounded theory.** Grounded theory is a specific method of qualitative research that was developed by Corbin and Strauss (2008). The basis of this methodology is that theory can be built from data. Grounded theory is meant to provide the theory upon which hypotheses for future research may be generated. Additionally, the qualitative analysis methods explained by Corbin and Strauss are useful whether the investigator is seeking a “grounded theory” or using it for the purpose of case study analysis. This present study’s research design incorporates a qualitative component for several reasons. According to Corbin and Strauss, qualitative research allows researchers to have a deeper understanding of the inner experiences of the subjects involved in the research. It further determines how meanings of different phenomena are developed within a culture or society. This theoretical framework informed the decision to use this method when analyzing the qualitative data, which analysis involved several steps in coding data from the interviews. The three steps include open coding, axial coding, and selective coding. Open coding examines the entire interview, and information is broken down to identify conceptual categories. This process provides a foundation for understanding the data and further coding procedures. The next level of coding, axial coding, involves collapsing the concept categories by finding connections and relationships between the different concepts obtained through open coding. The final step, selective coding, involves generating a core or central category based on all the responses and coding procedures (Corbin & Strauss, 2008). In the current study, responses from the interviews were broken down first by specific concepts. These concepts were then developed into more refined categories and, finally, themes were developed based on the categories of information provided by the women. A modified version of the grounded theory framework was utilized for the purposes of this study.

## **Chapter IV**

### **Clarification Phase**

This chapter delineates the process of the first phase of the program planning and evaluation framework, the clarification phase. Within this chapter, there are four main sections, which include: (1) Introductory Information, (2) Target Population, (3) Needs of the Target Population, and (4) Relevant Context (Maher, 2000). Through these components, a description of The Church, the population served in the program, an assessment of the needs of the target population, and a description of the relevant context of The Church will be outlined.

#### **Introductory Information**

**The client.** The client is a 52-year-old African-American woman whose professional experience and background had been as an insurance supervisor in corporate America. Nine years prior she made the decision to devote her life to working beside her husband, the pastor, to effectuate The Church's mission: serving the needs of the community. The client designed the Women's Empowerment Program 3 years previously; however, personal health matters delayed the implementation of the program. Once the health issues no longer presented a hindrance, the client resumed the program in the summer of 2011. (See Appendix A1 for justifications of working with this particular client.)

**The organization.** The organization identified for this project is The Church, located within an urban neighborhood currently undergoing various redevelopment projects. The Church serves a small population of about 100 congregants and is led by the pastor, the First Lady, an assistant pastor, and an overseer. As discussed above, the

pastor's wife created the Women's Empowerment Program with the goal of empowering the mind, body, and soul. In this initial phase, the program served about 20-25 women and met on the third Saturday of each month. The client, who was also the instructor, provided women with spiritual lessons from the Bible, problem-solving/self-management techniques, and also various gifts/strategies that would promote healthy living. The client was in the process of re-designing the program. (See Appendix A1 for justification of why the organization was described in the way reflected above.)

### **Target Population**

As indicated in the Method Chapter, the target population was the 25 women who participated in the initial Women's Empowerment Program. Of these women, 7 completed the survey and 10 completed the interview. This group of women consisted of individuals from ethnic minority backgrounds, more specifically, African-American and Latina. The target population ranged in age from 18 and over with a variable distributed range. Some of the women were from low socioeconomic status due to unemployment issues. Some relied on government assistance. Some did not have their own households and lived with relatives. Many of the women in the target population were mothers, most of whom had 1-3 children. The children also attended The Church. The target population's values were grounded in the Christian religious faith, which was a relevant cultural characteristic. The women frequently attended church services and viewed The Church as a place of support. (See Appendix A1 for justifications of why the target population was described in the way reflected above.)

## **Needs of Target Population**

Based on consultation with the client, the following section outlines the psychological and educational needs of the target population, which were described and presented within a discrepancy notion of need (Maher, 2000).

***Protocol I: Structure of needs.*** The structure of needs was identified using a series of domains. According to Maher's (2000) framework, structure of needs refers to the visual and written description of the discrepancy/need that exists in an identified domain with respect to the target population. Furthermore, Maher's framework defines domain as a set of behaviors or functions that can be grouped together and defined in relation to that group. The following domains were used in order to identify the needs of the population: Affective, Communication, and Spiritual. The affective domain reflects functions having to do with feelings, emotions, emotional control, and related characteristics. The communication domain involves functions of speaking, listening, writing, and other related dimensions. The spiritual domain involves the functions dealing with an individual's relationship and connection with God, religious practices, and the like. To structure the needs of the population, a discrepancy model was used. After the current state of affairs (CSA) and desired state of affairs (DSA) were identified for each domain, they were placed within a chart and labeled "Protocol I." The following domains were chosen based upon the First Lady's impressions of the needs of the target population.

Table 1

*Protocol I: Structure of Needs*

Domain	Needs Assessment Question	Current State of Affairs	Desired State of Affairs
Affective	To what extent does the target population show proficiency in controlling their own emotions?	Women are somewhat proficient in controlling their own emotions.	Women will be proficient in controlling their own emotions.
	To what extent are women proficient in recognizing their own emotions?	Women are somewhat proficient in recognizing their own emotions.	Women will be proficient in recognizing their own emotions.
	To what extent do women know how their emotions, thoughts, and behaviors interact?	Women do not understand the connection between their emotions, thoughts, and behaviors.	Women will understand the connection between their emotions, thoughts, and behaviors.
Cognitive	To what extent are the women able to communicate effectively with others?	Women are not able to communicate effectively with others.	Women will be able to communicate effectively with others.
	To what extent are the women proficient in social skills?	Women are somewhat proficient in social skills.	Women will be proficient in social skills.
	To what extent are the women able to use problem solving skills with regards to their own social problems?	Women do not utilize problem-solving skills in relation to their own social problems.	Women will utilize problem-solving skills in relation to their own social problems.
Spiritual	To what extent are women able to effectively pray for themselves and others?	Women are not able to effectively pray for themselves and others.	Women will be able to effectively pray for themselves and others.
	To what extent are women able to read and understand the Bible?	Women are somewhat able to read and understand the Bible.	Women will be able to read and understand the Bible.

Table 1 (continued).

*Protocol I: Structure of needs*

Domain	Needs Assessment Question	Current State of Affairs	Desired State of Affairs
	Are the women able to understand faith's role in their relationship with God?	Women are somewhat able to understand the relationship between faith and God.	Women will be able to understand the relationship between faith and God.

**Data collection variables.** In order to measure the gap between each Current State of Affairs (CSA) and Desired State of Affairs (DSA), data collection variables were identified to assist the PI in answering each domain question (Maher, 2000). Data collection variables are defined as any specific, measurable entity that can be codified or classified having to do with a need, whether it is actual or presumed. Based on each domain question, a protocol was developed that identifies data collection variables for each question (see Appendix B1).

**Relevant context.** The following provides information about the contextual factors that indicate readiness of The Church for a program and factors that may facilitate or inhibit program design, implementation, and evaluation. The AVICTORY framework (Maher, 2000) is a tool that was obtained through a Program Planning and Evaluation course and is used to assess the context in which the needs are embedded. The factors involved in assessing the context include A-Ability of the organization to commit resources, V-values of those within the organization, I-seek to understand ideas, C-determine the circumstances, T-judge the extent to which timing is appropriate, O-degree of obligation to assist population by addressing needs programmatically, R-judgment about resistance, and Y-assess the yield.

***Ability of organization to commit resources.*** Due to the current size of the program, it was able to proceed under the direction of the instructor, the pastor's wife, who has a deep commitment to serving this population. The instructor was able to establish positive relationships with the women in the program, was knowledgeable concerning their faith-based religion, and had personally used techniques and strategies that she shared with the population. In addition to the instructor being a major resource, The Church also provided Christian counseling as well as offering mentoring and tutoring services to their children. The program had an allotted space in the church for their meetings and was not competing with other programs.

***Values of those within organization.*** The overall value of The Church is to be "whole," which includes spiritually, physically, and mentally. The women in this organization view their faith as an integral part of their lives and also are committed to become better individuals. The underlying beliefs are as follows: spiritual growth is interconnected with physical and mental growth, which impacts how one is able to live well, give back to the community, and assist those in need. The instructor has been very responsive to the needs of the population and this is shown in her motivation to design and re-design the program to address their needs. Furthermore, if the needs of the population were left unaddressed, that might ultimately result in losing members in the larger organization, The Church.

***Seek to understand ideas.*** There may be a range of ideas about what others believe is occurring in The Church with respect to the target population and their needs. The entire organization may have a surface level of understanding that this program was developed for women and to strengthen and empower the women. The instructor would be the individual with the most clarity about what the goals of the program are and the

accomplishments that should follow. Others in the larger organization may be indifferent, as the Women's Empowerment Program currently serves only a segment of the population (25%). This may cause them to be unaware of the potential benefits of helping this population and how it will also impact them.

***Determine the circumstances.*** The present circumstances of The Church are conducive to this program, as the current leadership will remain in their positions. In addition, the mission of The Church will remain the same and the larger organization is stable.

***Judge the extent to which timing is appropriate.*** The timing of this program is also conducive to its development and implementation. The key stakeholder, the instructor, is willing to give of her own time and resources to work towards further developing and improving the program.

***Degree of obligation to assist population by addressing needs programmatically.*** The instructor has been the sole spear header of this program and felt the need to design the program. Furthermore, the leaders within The Church also supported the instructor in her efforts to address the target population's needs through a program.

***Judgment about resistance.*** Due to the supportive and empowering nature of the larger organization, one would not expect much resistance to the program. However, for future reference, budgetary constraints may become an area of resistance since the program is currently funded by the instructor's personal finances. Also, increased time commitment on part of the target population may become an area of resistance since the women have constraints in this area.

***Assess the yield (benefit).*** The benefits of the program for the target population would be empowerment among the women and their ability to face daily conflicts that



could be addressed and resolved. Furthermore, the benefits would be spiritual and physical, and offer mental growth. The benefits for the instructor of the program would be self-efficacy and a sense of commitment/accomplishment. The benefits for the larger organization would be that the target population would be able to further contribute their knowledge and skills with others and give back to The Church.

(See Appendix A1 for justifications as to why the relevant context was described in the manner above.)

**Summary.** The target population was a group of about 25 females who are members and/or affiliated with The Church. The group of women primarily consists of individuals from African-American and Latino backgrounds. The age of the target population ranges widely from 18 to mid-70s. Some women in the target population were unemployed, living with parents, receiving public assistance such as food stamps, and single parents. The majority of these women lived in public housing projects and all within the tri-state area. The needs of the target population identified by the client are in the areas of the affective, spiritual, and communication domain. More specifically, these needs involve the recognition, control, and interconnection between thoughts, behaviors, and emotions; communicative skills; problem-solving; social skills; and spiritual growth. These needs were assessed using questionnaires that were determined useful and meaningful to get information as to the above areas. Furthermore, the needs were additionally clarified by interviews conducted with the participants. From the responses, the most relevant needs, in the areas of emotion, communication, problem-solving, and spirituality, were identified as those to which a program will be re-designed. The context in which these needs are embedded have been assessed to be conducive to program planning and evaluation. According to the AVICTORY framework, The Church has the

ability to commit resources, the right circumstances, appropriate timing, substantial obligation to target population, a low degree of resistance, and valuable benefits.

## Chapter V

### Results

#### Needs Assessment Results

**Target population needs survey results.** Twenty client surveys were distributed and the target population was given two weeks to complete and return them to the instructor. After two weeks, a total of seven completed surveys were returned and used to represent a sample of the target population. Participants were asked to rate their current and desired skills in each domain on a scale of 1-10. Table 2 shows the average scores for participants in the specified domains of need. Discrepancies in scores between current and desired skills were calculated to determine whether or not a need existed within that domain (Maher, 2000).

Table 2

*Discrepancies between Current and Desired Skills*

Domain Area	Perceived Current Skills	Perceived Desired Skills	Discrepancy
Emotions	6.0	7.6	1.6
Communication	6.9	8.0	1.1
Problem-Solving	5.6	8.7	2.1
Spirituality			
Prayer	8.1	9.7	1.6
Bible Reading	7.3	9.4	2.1

**Target population needs interview results.** In this section, the responses of 10 participants will be outlined and used to represent a sample of the target population. The interview was structured into five major sections covering the components of the Women's Empowerment Program: overall class experience, problem-solving, emotion-

regulation, communication, and spirituality. There were several subsections under these major headings, which are explained in this section as well and used to clarify the target population's needs.

**Overall class experience.**

*Programmatic Impact.* Out of the 10 women interviewed, each woman (100%) responded that she believed that the Women's Empowerment Program helped her. Furthermore, 7 of the respondents (70%) expressed that they valued the strategies they were given during the class. One woman reported:

I do [think the program helped me], the strategies that were given set up a questionnaire for myself before reacting. [It] helps me to not just speak off the top of my head and figure out what I need to put into place before reacting and speaking to others. Also, with weight-loss—making time for ourselves to do what is necessary to make us healthy as can be (food plans, movement, etc.). [The class] went over commitment and how much time we could honestly commit. For example, walking a track and being able to implement plans.

In terms of specific strategies, women endorsed learning in areas related to health (20%), goals (20%), problem-solving (20%), communication (20%), broadening perspectives (20%), and coping with stress (20%). Women expressed their perceptions of the overall support and the helpfulness of the program by describing how the class was able to provide strategies and different ways of approaching situations. Another woman reported:

It opened [my] eyes to see things differently. I could see a topic in a narrow sighted/one-sided [way] but class would open it up to other areas...suggestions that you could use and may not have thought of it that way and you say, "Oh

yeah, I can try it that way, it may work.” It open[ed] it up in that way, in working situations out, and breaking down complex situations. It was very helpful that way.

*Positive Class Experience.* Of the 10 women interviewed, 7 (70%) endorsed having a positive experience and reported that they had learned throughout the class sessions. Only one of the respondents reported that she was nervous at first because she did not know what to expect from the class but, after coming, she felt more comfortable with the topics and discussions. Three (30%) of the respondents expressed that they enjoyed the interactive discussion within the classes and, of those that endorsed learning, they spoke more specifically on strategies taught within the class. One woman stated, “Very good [Women’s Empowerment Program experience]. Learned a lot of self-help tips, learned how to be more patient, learned how to check my inner self and see things that are going on inside me and not blame other people for my actions.”

*Mutual Support.* All of the respondents were able to identify what they liked most about the Women’s Empowerment Program. Of the women interviewed, 6 (60%) expressed that they enjoyed the degree of interactivity of the discussions in the class and being able to hear the different experiences of other women. Four (40%) of the 10 respondents endorsed a feeling of bonding with each other and mutual support. When asked what she liked most about the Women’s Empowerment Program, one of the women stated:

How interactive it was. It wasn’t a lecture; it was a conversation and a more intimate setting. Because it was in a church and we knew each other fairly well, it felt more like a gathering to relax and spend time together.

Another woman responded, “Camaraderie, gathering of women, hearing individual responses and knowing that we aren’t in this thing by ourselves and we have support.” The responses of being able to meet together and discuss experiences and problems that women face and supporting each other seemed to be a significant component of the program that positively affected the participants. Additional themes that presented in the women’s responses were that they liked the program’s ability not only to provide strategies, but that what they learned was applicable to their lives once the class was over.

*Potential Improvements/Self-Identified Areas of Need.* Out of the 10 women interviewed, 7 (70%) responded that there were things that they didn’t like about the program, which included the short length of class (40%), low frequency of class (10%), topics (20%), and the male (pastor’s) presence (10%). Most of the women expressed positive changes and improvements related to the future of the program, such as a longer and bigger class (30%) and topics that were chosen by the class, i.e., financial planning/counseling/single parenting. Others endorsed improvements and changes in the areas of having guest speakers, luncheons, online access to class, homework assignments, and more in-depth discussions of topics. Also, all of the women interviewed were able to identify areas in which they needed the most help. The majority of the respondents (40%) expressed that communication was an area in which they desired help. One woman stated, “Probably communication. As far as my ability to communicate with people how I am feeling and mostly in situations where I am upset.” Some of the other areas identified by the women were patience (20%), emotions (10%), health (10%), reading/reviewing lesson (10%), and understanding the Bible (10%). Another woman stated:

Patience and not trying to make everybody happy. [My] patience is shorter, is it age or just me? [I'm] not saying no enough and not giving [my]self enough time. Patience comes from my mouth. I need to listen more. [I] don't consider [my]self to be a people pleaser but it is nice to receive validation from others.

### **Emotions.**

*Programmatic Impact.* Out of the 10 women interviewed, 9 (90%) endorsed that the Women's Empowerment Program had helped them with their emotions. Out of those women, all (100%) expressed that the program helped by providing strategies through instruction and application. In one woman's response to the impact of the program, she stated, "Yes, [the program] taught me how to deal with hurt, how to let things go, move on, what scriptures to read, what to do, [and] how to pray." The one woman who reported that the program had not helped her with her emotions nonetheless identified areas of need by acknowledging frustration as an area of need in her life. Generally, the participants of the program expressed that they received help through the program with regard to their emotions by learning strategies (80%), getting spiritually deeper in their relationship with God (40%), being able to listen to real life examples from other women in the class (30%), and scriptures (30%). One of the women reported:

Yes [the program has helped me with my emotions], in the ways of...I shouldn't be able to say it [but] one of the participants in the program was talking about how they dealt with anger and the First Lady broke it down and how there are different ways to go but me, I would use that same concept but not with anger, more so for grief. It's okay to cry, it's okay to feel sad and just know that talking about it, finding your support group. So it helped that way.

Individually, the women were also able to provide unique methods in which the program helped them with their emotions, such as breathing, calming down, analyzing feelings, finding a solution, facing their fears, opening up communication, receiving encouragement, and overcoming hurt. Another woman stated:

Yes [the program helped me with my emotions]. The anger comes from, like I said me and my son but it helped me because I used to be really angry, I didn't care about [anything. I was] just an angry person. I wouldn't forgive or nothing so it has helped me a lot. [It helped me] through prayers and reading the word, [and] calling the mothers. First Lady will encourage you when she talks to you, she knows what to say.

*Difficult Emotions/Self-Identified Help.* All of the women interviewed were able to identify different emotions that they believed were difficult for them to experience. Four (40%) of the 10 women expressed that anger was a difficult emotion for them. One woman reported:

Anger is difficult for me because I honestly don't want to hurt anyone, so I have to check myself when I'm angry. I have to go down the line and single out what I'm really angry at. I guess sadness off the top of my head, when at funerals because I am a minister. I find myself going back and forth from duty to expressing that emotion. Trying to be strong as a minister for the family and not letting emotion get in that way but also wanting to feel that emotion.

Other common emotions that women endorsed were fear (30%), sadness (20%), grief (20%), and hurt (20%). The less common emotions that were identified as difficult were betrayal, frustration, happiness, disappointment, and rejection. Another woman said, "Getting my feelings hurt. I don't like having feelings hurt, especially when I'm trying to



help someone—don't like being betrayed. When you betray my friendship, it's hard to get over.”

After the women were asked to identify emotions that were difficult for them to experience, they were then asked which emotions they would like help with through the program. The responses were consistent with the pattern of endorsed difficult emotions, with 4 (40%) out of 10 women identifying anger and 2 (20%) expressing fear and sadness. Most women provided the same emotion for both questions; however, a few women also added emotions that they did not previously acknowledge, such as anxiety and dealing with depression as areas in which they would like help through the Women's Empowerment Program.

*Emotional Triggers.* Half of the women who were interviewed (50%) expressed that family was the main factor in triggering difficult emotions. One of the women stated:

Children, work, and family [trigger difficult emotions]. My children because, they are just disrespectful and all of the hard work that I have done for them it's like a slap in the face. My family just wants to run my life and tell me what to do/what not to do...work is just dealing with stupidity [and] people.

Other areas of concerns in terms of emotional triggers were tragedies (30%), work (20%), past memories (20%), people's comments (20%), and health-related issues (20%). All of the women were able to identify multiple factors that triggered their emotions. Other responses endorsed triggers such as fatigue, frustration, overwhelming/unfair circumstances, memories, and comments from other people. The women seemed to be very keenly in touch with the things that were directly connected to their emotional responses. One woman responded:

Tragedies trigger sadness, and sometimes fatigue and frustration will trigger the anger. Sadness, like if there is a loss in the family, mine or someone else....I lost an aunt and a cousin within a month of each other and then within 6 months I lost another aunt. Between all of that there were people that I lost that were not immediate family so all together that was about 7 people that I lost. Fatigue, when I don't make myself a priority at times and put others' needs before my own, I get fatigued and it comes out as anger. For example, when I'm overwhelmed, I find it hard to ask for help when I should say, "if it's not too much trouble, could you do that?" I wind up yelling or lashing out at someone who didn't deserve it. Also, when others are having problems and they seek me for advice, you can lead a horse to water but you can't make them drink, so it gets frustrating when you give advice but it isn't taken.

*Coping Responses.* Out of the 10 women, all were able to respond with ways that they cope with and respond to difficult emotions. The participants were able to provide clear, concise, and realistic responses of how they handle emotions. The majority, 8 (80%) of the women, endorsed responses that were spiritual in nature. Prayer came up as a significant response to difficult emotions and 70% of women expressed using it as a tool. In addition, women also reported reading scriptures (40%), talking with others (20%) and going to God (20%) during these times. Some of the less prevalent coping responses to manage emotions included crying, screaming, isolation, and holding emotions inside.

### **Communication.**

*Programmatic Impact.* Of the participants in the Women's Empowerment Program, 9 (90%) expressed that they believed the program helped them with their ability

to communicate. One of the most prevalent themes mentioned in the women's responses (50%) was how role-plays, skits, and examples helped to illustrate how to communicate. Two (20%) of the women reported the importance of learning perspective-taking when communicating with others and how the program helped with considering others' opinions. In addition, a few women (20%) also mentioned that the program helped with their self-confidence in the area of communication and some women (30%) expressed learning techniques in the class, such as not exploding, listening, and how to use your words. For example, one woman stated, "I think I'm able to communicate better with others, I'm not as fearful as I used to be." Another woman shared:

Yes, the program has really helped me to communicate with others in a great way.

I find now that it's not hard for me to communicate. [It helped me] by listening, by listening to others communicate, reading the scriptures that our teacher give us to read and that has helped me a lot to communicate.

Only one of the women interviewed reported that she did not think the program helped with her ability to communicate. In addition, another woman reported, "The program itself was helpful but it's up to me to use the help that was in it."

*Communication Struggles.* Of the women interviewed, 5 (50%) out of 10 expressed that other people made it difficult for them to communicate. For example, one woman said, "When I don't believe the other party is listening or hearing what I have to say. Also, if people are self-absorbed, it's all about them and they are close minded to seeing perspectives and things." Some of the other women identified a lack in skills and characteristics that were personal in nature and stemmed from being "shy," "introverted," and "not being sure of self." One woman expressed her family upbringing as the problem and stated:

How I was brought up, there was no communication in the home so it's hard for me to really communicate with anyone. Growing up my parents never, mostly my father, he never spoke to us. If he saw us in the street he wouldn't speak. If he wanted to get a point across, he would just yell [at] us instead of asking, so it's hard to communicate with others.

The results seem to indicate that the group of women interviewed in this study was split in half, with some women believing deficits in others caused the difficulties in communication, while others identified characteristics they possess as being an obstacle in their communication.

*Current Communication Techniques.* The women participating in the program expressed two major ways of communicating with others. The majority of the respondents shared that they liked to communicate through writing (60%). Just as prevalent as writing, 6 (60%) of the women also identified verbal communication as a way they best like to interact with others. Some of the responses given by the women endorsed communicating through a combination of verbal and written methods. A good sample of the women supported the use of directly speaking to the other person (30%), which also included phone calls and text messages. Some women preferred one method to another, and even fewer described the process in which they liked to communicate. For example, one woman stated, "I like to write....I like to find out [what] people are thinking first so I can kind of...I give them the floor first so I can comment afterwards."

### **Problem-Solving.**

*Programmatic Impact.* Out of the 10 women that were interviewed, all (100%) of them believed that the program had helped them with their ability to problem-solve. Of

the participants, 5 (50%) mentioned that the class had taught them problem-solving strategies and techniques. One woman reported:

It has helped me to think things through a little bit better...if I'm able to get to the point where I'm focused to think it through. If I'm trying to figure out a problem and I can think what can I do to solve this problem, I can use tools but if I'm too involved in the problem it doesn't work. [The tools are] different steps of identifying the problem, what are realistic options to solve it, [and] am I going to be able to solve it at this moment?

The women endorsed discussions using different scenarios (30%) and role-play (20%) to aid in the instruction of problem-solving as helpful. In addition to these common themes within their responses, women also reported that they would benefit from continuing to practice these skills with different scenarios and problems. Two (20%) of the women also identified that the program was useful in terms of helping with their ability to problem-solve, but that it was their responsibility to use the information and techniques given. The respondents also mentioned the importance of including aspects of self-esteem, trusting God, and going to scriptures as components that will or have helped them with life problems.

*Current Conflict Resolution Skills.* The women were asked to comment on what they normally do when trying to solve a conflict. Out of the 10 participants, 7 (70%) of the women replied that they would try to establish communication and work towards a resolution. Some of the more common techniques that the women endorsed included clarifying the conflict (30%), praying (30%), calming down (20%), and using problem-solving (20%). One woman stated:

I hear what the person is saying and try to listen to what they are saying before I give a comment on what they are saying. I hear them out first, listen while they are talking, and then talk on what we are talking about.” Some of the less common responses expressed by the women were walking away, trusting God, and using self-reflection.

*Difficult/Common Problems.* The participants were asked to think about their most common and difficult problems. Out of the 10 women interviewed, 4 (40%) expressed differences in views as the most common type of problems they experience. In addition, 3 women (30%) shared that family members were their most common problems, ranging from siblings to children. One woman reported:

Saying no, I take on more than I need to and have to set up boundaries to say no without feeling guilty. I think the reason that I don’t say no more often is because of people’s expectations of my abilities to do things well and efficiently. But I have to start putting up more boundaries.

Many women believed that there were frequent miscommunications and misunderstandings that cause problems because their view of a situation was different from someone else’s. Some of the other common problems expressed by the women were arguing, dealing with the attitude of others, worrying, and being critical. One of the women explained:

I’m very critical and meticulous about things I do and the way a person should carry themselves in certain situations so I have to check myself for that because it’s my opinion. It’s not my expectations, it’s what’s God’s [expectations].

When considering the most difficult conflicts that they experienced, all of the women were able to identify what they struggled with most. The women provided a

variety of responses that they identified as uniquely difficult for them. Two (20%) of the women interviewed shared that setting boundaries was the most difficult problem for them, since they were used to trying to please everyone around them. Parenting issues (20%) also presented as one of their most difficult problems. One of them stated:

It's with him [my son]...Me personally...I start yelling because I feel like trying to talk to him and communicate with him nicely without the argument and stuff, but he always has the wrong thing to say and pushes that button. I just feel like yelling so I have to learn when he gets like that how to walk away and just...that's where I need help more.

The responses ranged from parenting issues (lack of paternal involvement), raising awareness of others' problems, arguing with foolish people, worrying, health issues, and self-criticism. Another woman stated:

My most difficult problems are the ones that I cannot solve because they are not my problems. They are other people's issues that bother me. Example: My son's father and his lack of parenting that I cannot change no matter how hard I try because he has to do it, but it just annoys and bothers me.

### **Spiritual Relationship.**

*Programmatic Impact.* Almost all of the women (90%) interviewed expressed that the Women's Empowerment Program had helped them build upon their spiritual relationship with God. Half of the women interviewed reported that the program was able to help through providing information and knowledge using the Bible. Four (40%) shared that the program helped them to form a closer relationship with God and to trust more in this relationship. Three (30%) mentioned learning specific scriptures and prayer

as ways that the Women's Empowerment Program improved their spiritual relationship.

One of the women stated:

[It] gave me new areas in the Bible to read, showed me how much prayer and reading the Bible can change or influence all of the situations that people deal with in life and how it can help. Now that I know more scriptures, in some situations, I can actually think of a scripture that could help me and as before I couldn't think of any ones that could help me, so I couldn't help myself.

The women were also able to identify suggestions that would help the program make more of a difference in this area such as using a prayer chain, homework, and continuing to provide specific scriptures. Another participant responding about the help she received from the program and future suggestions stated:

Yes it has, let's us know that we need to make time for God. There is always going to be something that needs to be done but we have to schedule God in as well. Time management would be good if taught a little bit more. We would probably have a little bit more time to read our Bibles and meditate.

*Current Spiritual Relationship/Obstacles.* When asked to describe their current relationship with God, all of the women described positive and loving relationships. Seven (70%) of the 10 women specifically described their spiritual relationship with God as close. Additionally, women shared that the relationship was good (30%), trusting (20%), and committed (20%). Some (30%) of the women were able to identify that there had been an improvement in their current relationship. For example, one woman reported, "I got really close to God. ...I always believed, I always knew there was a God but I didn't come to church, pray or read the word, I do all of that now." Even though the women were able to describe these positive and passionate spiritual relationships, they



also were very clear in identifying areas in this same relationship that came up as obstacles.

Time was a significant obstacle that came up for 40% of the women in terms of having an influence on their spiritual relationship. In addition, two other common problem areas were people (30%) and distractions that get in the way of their spiritual relationship. One woman stated:

People [get in the way]. People interrupting me, like if I'm about to go in prayer; people calling, if someone's going through something [and] they need encouragement. Just the things around me that [are] happening, it's overwhelming and gets in the way of me spending more time with God, it's distracting me.

Individually, there were a variety of responses ranging from distractions, work, stress, laziness, patience, and faith. In terms of improvement, prayer (40%) was a significant factor that the women thought could be worked on. The other most commonly mentioned area in need of improvement for most women was reading the Bible. One woman commenting on areas in need of spiritual improvement said, "Reading the word of God, that definitely needs improvement, prayer time...that needs improvement and physical strength in order to [do] the things that would help build the spiritual."

## **Chapter VI**

### **Program Design Phase**

This chapter describes the re-design of a program to meet the needs of the target population identified in the clarification phase. The program design phase is the second phase in Maher's (2000) program planning and evaluation framework in which the data gathered during the clarification phase is used to inform the design of the program. This phase consists of several elements, such as: (1) goals and purpose, (2) eligibility criteria, (3) policies, (4) inventory and components of design, (5) budget, (6) personnel, and (7) program evaluation plan. The information included provides direction for program implementation and evaluation.

#### **Purpose and Smart Goals**

**Statement of purpose.** Women's Empowerment Program is a program aimed to empower women in The Church and community by further developing key skills.

Women in the re-designed program will be taught how to effectively communicate, manage emotions, and problem-solve through difficult life situations. The program will ultimately address the "whole" person and help women to grow spiritually, mentally, and physically. See Appendix A2 for justifications.

**SMART goal.** Women in the program will increase the average ratings (1-10 pt. scale) by 1 point in the areas of effective communication, managing emotion, problem-solving, and spiritual growth based upon the strategies and techniques taught to them within the class. Improvement will be measured every 6 months by asking the women in the program to complete a Skill Acquisition Survey (questionnaire that measures improvement in the four domains that were earlier assessed). (See Appendix B4.) It is

anticipated that for each group, at least 80% of women will have reached this improvement goal. (See Appendix A2 for justification.)

### **Eligibility Standards and Criteria**

***Program name.*** Women's Empowerment Program

An individual is eligible to participate in the program if she meets the following standards and criteria:

- The individual is a woman.
- The individual is at least of 18 years of age.
- The individual has a desire to improve/develop skills in the area of communication, management of emotions, problem-solving, and/or spiritual growth.

See Appendix A2 for justifications.

### **Policies and Procedures**

#### **Policies.**

- Women participating in the Women's Empowerment Program are committed to improving upon their skills in communication, management of emotions, problem-solving, and spiritual growth.
- Women participating in the Women's Empowerment Program will attend monthly meetings every third Saturday of the month.
- Women will complete surveys to provide information on current needs and progress toward goals.
- Instructor will design sessions to address specific needs evidenced by target population.

**Procedures.**

- Instructor will orient women to the program by giving them a copy of the mission/purpose and session's lecture.
- Women will be provided with personal Bible and journal to keep throughout participation in program.
- Instructor will hand out survey forms to women and ask them to complete within 2 weeks.
- Instructor will teach and model skills to address the identified needs within the monthly sessions as well as facilitate discussions.

See Appendix A2 for justifications.

**Methods and Techniques****Methods.**

- Using written handout to orient participants to the mission/purpose of the program, and follow along with lecture
- Lecture/Teaching
- Prayer
- Bible scriptures
- Journal writing
- Assessment and evaluation

**Techniques.**

- Individualized Action Plan (See Appendix B6.)
- Reflecting back to instructor on personal experiences and opinions
- Discussion of material, Questions and Answers
- Instructor will begin each session with prayer.

- Instructor will choose scripture from the Bible that relates to identified needs of target population and teach how lesson can be applicable to the woman's life.
- The women will use the journal to document their personal action plan and engage in goal-setting techniques. Each session women will have the opportunity to report back and share the contents of their journal.
- Instructor will model and teach Relaxation, Emotion Regulation, Communication (I-Messages), and Problem-Solving Techniques.
- Women will complete surveys to assess personal needs and evaluate progress toward goals.

See Appendix A2 for justification.

## **Materials and Forms**

### **Materials.**

- The Bible is to be given to all of the target population in order to follow along with the session's lesson. Furthermore, the women will use the Bible on their own time to read and increase their knowledge.
- A journal is to be given to each woman to track the daily/weekly progress of her action plan goals.

### **Forms.**

- The women are to be given a needs assessment form (Target Population Survey of needs) to identify specific areas of improvement (see Appendix B2).
- The women are to complete Skill Acquisition survey (see Appendix B4) to note progress on goals of program.

See Appendix A2 for justification.

### **Equipment**

- A white board will be used to assist the instructor in teaching and providing visual representation of specified material to the target population.
- Podium will be used for the instructor to place notes and the agenda for the session.

See Appendix A2 for justification.

### **Facilities**

- The target population will meet at The Church for the monthly meetings.

See Appendix A2 for justification.

### **Components, Phases, and Activities**

The Women's Empowerment Program incorporates three phases of activities within its session structure, which include customization of action plans, lecturing/teaching of lesson plans, and a skill building component.

**Customization of action plan.** Each woman, at the beginning of the starting session, will develop a goal and an action plan to achieve that personal goal. (See Appendix B6.) At the start of the following session, the women will have the opportunity to share their progress and receive feedback on their goals.

**Lecture.** During each session, the instructor will lecture on a topic that was previously designed to address the needs of the target population. The lesson will consist of a passage from the Bible, which the instructor will relate and from which she will draw possible solutions applicable to the target population's needs.

**Skill building.** After the lecture, the instructor will work on specific techniques that coincide with the lesson and needs of the women. The instructor will explain and model how the women can use the technique in their own lives.

See Appendix A2 for justification.

## **Budget**

The following information provides an estimate as to the funds necessary to address the needs of the target population. It should be noted that this is a recommendation for the future. In the first cycle of the Women's Empowerment Program, the pastor's wife played all of the roles including instructor and evaluator. In the costs listed below, payment is recommended for an instructor, assistant instructor, and a consultant/evaluator. It is also anticipated that, as the program grows, the pastor's wife might assume more of a director's role and train a new instructor for the program.

Table 3

### *Program Clarification Costs*

Cost	Total
Salaries <sup>a</sup>	\$ 7,176.00
Meals, Travel, Incidental Expenses <sup>b</sup>	\$ 212.91
Office Supplies and Expenses <sup>c</sup>	\$ 700.00
Printing and Reproduction <sup>d</sup>	\$ 35.00
Equipment Expenses <sup>e</sup>	\$ 36.99
Registration Fees <sup>f</sup>	\$ 450.00
Monetary Incentives	\$ 150.00
General Overhead Allocation	<i>To be determined</i>
Other Miscellaneous Costs	<i>To be determined</i>
<b>Total Clarification Costs</b>	<b>\$ 8,760.90</b>

*Note.* <sup>a</sup> Instructor, Assistant, Consultant/Evaluator for 3 months. <sup>b</sup> Dunkin Donuts catering for 3 months. <sup>c</sup> Computer and printer. <sup>d</sup> Paper and ink. <sup>e</sup> White board. <sup>f</sup> Fees for 30 participants for 3 months.

Table 4

*Program Design Costs*

Cost	Total
Salaries <sup>a</sup>	\$ 7,176.00
Meals, Travel, Incidental Expenses <sup>b</sup>	\$ 212.91
Printing and Reproduction <sup>c</sup>	\$ 35.00
Program Material and Supplies <sup>d</sup>	\$ 1,350.00
Registration Fees <sup>e</sup>	\$ 450.00
Monetary Incentives	\$ 150.00
Training	<i>To be determined</i>
General Overhead Allocation	<i>To be determined</i>
Other Miscellaneous Costs	<i>To be determined</i>
<b>Total Program Design Costs</b>	<b>\$ 9,373.91</b>

*Note.* <sup>a</sup> Instructor, Assistant, Consultant/Evaluator for 3 months. <sup>b</sup> Dunkin Donuts catering for 3 months. <sup>c</sup> Paper and ink. <sup>d</sup> Bible and journal for 30 participants. <sup>e</sup> Fees for 30 participants for 3 months.

Table 5

*Program Implementation Costs*

Cost	Total
Salaries <sup>a</sup>	\$ 7,176.00
Meals, Travel, Incidental Expenses <sup>b</sup>	\$ 212.91
Printing and Reproduction <sup>c</sup>	\$ 35.00
Registration Fees <sup>d</sup>	\$ 450.00
Monetary Incentives	\$ 150.00
General Overhead Allocation	<i>To be determined</i>
Other Miscellaneous Costs	<i>To be determined</i>
<b>Total Implementation Costs</b>	<b>\$ 8,023.91</b>

*Note.* <sup>a</sup> Instructor/Director, Assistant, Consultant/Evaluator for 3 months. <sup>b</sup> Dunkin Donuts catering for 3 months. <sup>c</sup> Paper and ink. <sup>d</sup> Fees for 30 participants.



Table 6

*Program Evaluation Costs*

Cost	Total
Salaries <sup>a</sup>	\$ 7,176.00
Meals, Travel, Incidental Expenses <sup>b</sup>	\$ 212.91
Printing and Reproduction <sup>c</sup>	\$ 35.00
Registration Fees <sup>d</sup>	\$ 450.00
Monetary Incentives	\$ 150.00
General Overhead Allocation	<i>To be determined</i>
Other Miscellaneous Costs	<i>To be determined</i>
Data Analysis <sup>e</sup>	\$ 200.00
<b>Total Evaluation Costs</b>	<b>\$ 8,223.91</b>

*Note.* <sup>a</sup> Instructor/Director, Assistant, Consultant/Evaluator for 3 months. <sup>b</sup> Dunkin Donuts catering for 3 months. <sup>c</sup> Paper and ink. <sup>d</sup> Fees for 30 participants. <sup>e</sup> SPSS software.

Table 7

*Total Program Costs<sup>a</sup>*

Cost	Total
Program Clarification	\$ 8,760.90
Program Design	\$ 9,373.91
Program Implementation	\$ 8,023.91
Program Evaluation	\$ 8,223.91
<b>Total Program Costs</b>	<b>\$ 34,382.63</b>

*Note.* <sup>a</sup> See Appendix A2 for justification.

**Personnel****Major Roles, Responsibilities, and Relationships.*****Roles.***

- Director – The director will oversee the Women’s Program.
- Assistant – The assistant will assist the director with the Women’s Program.
- Instructor – The instructor will provide direct services within the class component.

- Consultant – The consultant will assist personnel within the program.
- Evaluator – The evaluator will evaluate the worth of the program following implementation.

***Responsibilities.***

*Director.*

- Monitor participant recruitment and progress
- Monitor personnel performance
- Oversee program development

*Assistant.*

- Monitor and organize program participants' progress
- Schedule program meetings
- Responsible for program incentives component

*Instructor.*

- Lecture and teach women in class component
- Model and teach skill-building component
- Provide feedback to program participants on performance and progress

*Consultant.*

- Define/clarify problems and opportunities related to women's program
- Discuss programmatic concerns with program director
- Provide feedback to program director concerning results of consultation meetings

*Evaluator.*

- Create evaluative system for women's program
- Evaluate progress of program participants

- Evaluate progress of program personnel
- Evaluate merit of women's program

### ***Roles.***

- Director – Communicate with program personnel concerning programmatic concerns and issues.
- Assistant – Function as a mediator between program participants and program director.
- Instructor – Provide instruction to program participants in regards to lecture and modeling.
- Consultant – Communicate with program personnel concerning program design, implementation, and evaluation issues.
- Evaluator – Communicate with program personnel concerning the results of the evaluative system.

See Appendix A2 for justifications.

### **Incentives**

- The instructor will provide assorted baskets filled with trinkets and gift cards to various establishments valued at \$50 that will be given to randomly selected participants.
- The instructor will provide specific feedback and praise to women concerning their progress toward personal goals.

### **Program Evaluation Plan**

As part of the program re-design, a program evaluation plan—a clear, concise, written plan that aims to evaluate the program—was created. The evaluation plan allows the personnel within the program to gather data in regard to specific evaluation questions

and to use the information to judge the program's merit and inform future program planning decisions. The program evaluation plan for this study is described in the following chapter.

## **Chapter VII**

### **Plan for Future Program Evaluation**

This chapter outlines the development of a plan to evaluate the re-designed program following Maher's (2000) program planning and evaluation framework. Although the implementation phase of this model was out of the scope of this dissertation project, a plan was created to evaluate whether the program as designed, after future implementation, had addressed the needs of the target population. This chapter reviews previously gathered information, such as the client, relevant stakeholders, and organization. In addition, it explicates the client's program evaluation needs, the purpose of program evaluation and relevant context, a description of the new program to be evaluated, a list of program evaluation questions, program evaluation protocols, guidelines for communication and use of program evaluation information, and assessment of the program evaluation.

#### **Client, Relevant Stakeholders, and Organization**

The program to be evaluated, the Women's Empowerment Program, is headed by the client (the program director and First Lady of The Church). The members of the program evaluation team will be determined in future collaboration with the client. The relevant stakeholders include future women participants of the program and organization leaders, which include the pastor, First Lady, assistant pastor, and overseer.

The organization identified for this project is the Women's Empowerment Program, designed to be implemented in The Church. The program was developed to empower the mind, body, and soul of the women and address their psychological and educational needs. This program previously served approximately 20-25 women, but

future implementation will plan for an estimated 30 participants due to increased awareness of the program. For the purposes of this project, the consultant worked with the client in the formulation of an evaluation plan for the Women's Empowerment Program. This church-based program holds a meeting on the third Saturday of each month to provide women with spiritual lessons from the Bible, problem-solving/self-management techniques, and also various gifts/strategies that will promote healthy living. Justifications: See Appendix A3.

### **Client Program Evaluation Needs/Purpose of Program Evaluation**

**Client program evaluation needs.** The client would like to know whether or not the new, re-designed program is useful and effective for the intended population and whether it is addressing the participants' specific needs. This process also includes tracking the participants' progress.

**Purpose of the program evaluation.** The purpose of the program evaluation is to determine whether the designed program is meeting the specific needs of the intended population in accordance with the client's intention to be able to make judgments about the program and its merit for the target population. Furthermore, the purpose of program evaluation is to gauge the current effectiveness of the program and to be able to make modifications/adjustments to improve its usefulness.

### **Evaluation Plan**

The following provides information on the plan of evaluation for the Women's Empowerment Program:

**Program evaluation questions.** Evaluation questions will be developed in the following areas: attendance of participants and personnel, progress toward program goals, and fidelity of personnel to program design.

**Data collection variables.** Data collection variables with regard to the target population will be the same as identified by the needs assessment. Data will be collected in the spiritual, affective, and communication domains. Data will also be collected concerning attendance of program participants and personnel. Lastly, data will be collected to provide information as to whether program personnel are performing the task responsibilities of the program.

**Methods, instruments, procedures for data collection.**

***Skill acquisition survey.*** Based on the identified needs, the Skill Acquisition Survey is an instrument that will be developed to evaluate the specific needs that had been identified in the needs assessment. The Skill Acquisition Survey (see Appendix B4) is a closed-ended questionnaire monitoring the progress toward goal attainment and skill acquisition in the identified areas of needs. The women will receive a cover letter accompanying the questionnaires explaining the usefulness of accurately and anonymously completing the questionnaire. The survey will be handed out during class sessions and women will be asked to return the completed document within a week.

***Program implementation rating scale.*** The client has agreed to fill out a questionnaire to provide information of her perceptions of program fidelity. The evaluation form (see Appendix B5) was designed by the consultant to determine whether the program personnel are completing the outlined responsibilities delineated in the program design. The form will be complemented with a cover letter explaining the importance of obtaining the client's current perceptions concerning personnel performance. The survey will be sent out in an email attachment and completed within a week.

**Methods and procedures for data analysis and interpretation.**

***Skill acquisition survey.*** Every three months, the women in the program will be asked to complete the Skill Acquisition Survey (see Appendix B4) to assess the target population's progress toward identified goals. The responses for each of the areas of data collection will also be recorded in an Excel file. Women will be rated in the three identified areas of communication, spirituality, and affective domains. The women's responses will be coded. Interpretation of the results will be presented to the client visually (charts, written description) and orally. It will then be decided with the client how much information will be shared with the women.

***Program implementation rating scale.*** In order to evaluate whether the program is being implemented as delineated in the program design document, the client will fill out a questionnaire regarding the program personnel's fulfillment of responsibilities in order to evaluate their performance and fidelity to the program. This data will be recorded in an Excel file and the results will be discussed with the client and further discussed with program personnel. Any area that has been identified as a need based on discrepancy between personnel responsibilities and current performance will be considered an area in need of improvement/modification.

***Guidelines for communicating evaluation results.*** The results of the evaluation will be visually represented in PowerPoint and orally presented to the program director. After the presentation of the results, a meeting will be scheduled to discuss issues, concerns and, if needed, the method by which this information will be relayed to program participants.

***Program sites/location.*** The site for the program described above is located at The Church, in a city in the northeastern United States.



Justifications: See Appendix A3.

**List of program evaluation questions.** The following major questions about the program, if answered appropriately, were determined to address the evaluation needs of the client and the purpose of the program evaluation:

- To what extent is the Women's Empowerment Program addressing the specific needs of the target population?
- Are the women who are participating retaining the skills being taught in the program identified by the needs assessment results?
- Is the program being implemented as designed?

Justifications: See Appendix A3

**Program evaluation protocols.**

***Protocol I.***

*Program evaluation question.* To what extent is the Women's program addressing the specific needs of the participants?

*Data collection variables:*

- Extent
- Women's Program
- Needs
- Participants

*Data collection methods, instruments, and procedures.* The method for data generation on this variable will be an interview with the program director and relevant stakeholders. This format will be unstructured in the effort to gain information as to whether the Women's Empowerment Program is addressing the needs of the population.

This program review interview meeting will reveal qualitative responses that will be collected after program implementation has been completed.

*Methods and procedures for data analysis.* In order to determine whether the Women's Empowerment Program is addressing the target population's specific needs, the Evaluator will conduct unstructured interviews with the program participants. The data from these interviews will be analyzed. Information gained from the prior interview with the program director and relevant stakeholders will be considered and relevant themes will be discussed. Qualitative responses from interviewees will be used and summarized to interpret the program evaluation question.

*Program evaluation personnel, responsibilities, and timelines.* The client, relevant stakeholders, and the consultant are responsible for attending a program evaluation meeting, to be scheduled after the full implementation of the program, to discuss the extent to which the Women's Empowerment Program is addressing the specific needs of the target population. The consultant is responsible for recording the qualitative responses at this meeting, and discussing and summarizing the major themes that were identified in regard to answering this program evaluation question.

## ***Protocol II.***

*Program evaluation question.* Are the women who are participating retaining the skills being taught in the program identified by the needs assessment results?

*Data collection variables.*

- Women
- Retaining
- Skills
- Need assessment results

*Data collection methods, instruments, and procedures.* The method for data collection and the data source on these variables will be a survey given to the target population. The Target Population Perception of Needs Survey (see Appendix B2), previously used in the needs assessment, will now be drawn upon to show the progress that the women have made in the various domains. This instrument will yield a combination of quantitative and qualitative information concerning their progress and the program. Since the program is its own control, a time series procedure will be used where data will be collected prior to, during, and at the conclusion of the program.

*Methods and procedures for data analysis.* In order to determine skill retention, the data from the skills acquisition survey will be used to average the target population responses in the previously identified domains (spiritual, problem-solving, communication, and emotion regulation). Once these documented responses are averaged and recorded in an Excel file for data analysis, the information will be reviewed with the client and presented visually (through charts and graphs) and orally. Furthermore, the current data will be compared with previously obtained data to determine whether the target population's perceptions of their skills have increased.

*Program evaluation personnel, responsibilities, and timelines.* The client, program evaluator, and target population will all be involved in ascertaining whether the women are retaining the skills being taught in the program. The client is responsible for administering the surveys to the women and returning them to the program evaluator. The women are responsible for completing the Skill Acquisition Survey prior to, during, and after program implementation. The program evaluator is responsible for collecting the surveys and analyzing the data according to methods that will lead to useful information with regard to the program evaluation question.

See Appendix B4 for Skill Acquisition Survey.

***Protocol III.***

*Program evaluation question.* Is the program being implemented as designed?

*Data collection variables.*

- Women's Empowerment Program
- Implemented
- Design

*Data collection methods, instruments, and procedures.* The method for data collection and the source for which this data will be generated will be a checklist given to the program personnel. Such personnel will complete a monthly Program Implementation Rating Scale (see Appendix B5) which is designed to yield information that will answer the program evaluation question. This instrument will yield a combination of quantitative and qualitative information based upon the completion of program personnel having major roles and responsibilities concerning the implementation of the Women's Empowerment Program.

**Methods and procedures for data analysis.** In order to determine whether the program is being implemented as designed, data from the Implementation Rating Scale (see Appendix B5) will be used and analyzed to answer the program evaluation question. The responses of the rating scale will be averaged to give a representation of current program implementation. Furthermore, the information will be reviewed with the client and presented visually (charts and graphs) and orally.

*Program evaluation personnel, responsibilities, and timelines.* The client and program evaluator will be involved in answering whether the program is being implemented as designed. The client is responsible for completing the Implementation

Rating Scale (Appendix B5) and returning it to the program evaluator at the conclusion of program implementation. The program evaluator is responsible for analyzing the data according to methods that will lead to useful information for the client in regards to the program evaluation question.

*Justifications:* See Appendix A3.

**Guidelines for communication and use of program evaluation information**

***Audiences for program evaluation information.*** Client, Relevant Stakeholders, Program Personnel, and Target Population (if necessary)

***Formats for communication of program evaluation information.*** The program evaluation information will be presented according to practicality and usefulness in the following formats:

- Oral Presentation: Results of the program evaluations will be communicated orally to appropriate individuals.
- Visual PowerPoint Presentation: Program Evaluation information will also be communicated through a visual presentation including charts and graphs, where appropriate.

***Time periods for communication of program evaluation information.*** The program evaluation information will be communicated to the appropriate individuals within one month of the ending of program implementation, with the exception of target population progress in skill acquisition which will be communicated at the beginning, during, and after program implementation.

***Methods and procedures for involving audiences in the use of program evaluation information.***

*Program evaluation meetings.*

- Participants: Client, Program Personnel, and Relevant Stakeholders will be asked to participate in meeting when appropriate.
- Judgments: Judgments about the worth and merit of the program will be made based on evaluation information and feedback from included audiences.

*Justifications:* See Appendix A3.

### **Evaluation of the program**

***Procedure for program evaluation judgments.*** Judgments will be made about the program evaluation based upon the plan's ability to answer the program evaluation questions (Maher, 2000). The evaluation will be worthwhile from a program evaluation consultant perspective if it can meet the purpose of the client's needs for evaluation. The information obtained through carrying out the procedures established in the various protocols will be used to examine the outcomes of the program. After each protocol's implementation, the evaluation consultant will be in a position to decide whether or not each question was answered and to what capacity. If the questions and needs for evaluation have been answered, then the evaluation will be worthwhile. However, if they have not been answered, it will be determined to what extent the evaluation failed to be sufficiently comprehensive and changes/modifications in the plan will be made.

*Justifications:* See Appendix A3.

## **Chapter VIII**

### **Discussion and Conclusions**

This chapter presents a discussion of the results that emerged using the program planning and evaluation framework (Maher, 2000), and conclusions are presented for the findings of the needs assessment. Limitations of the study and recommendations for future implementation of the program are included within the chapter.

#### **Needs Assessment**

**Target population survey of needs.** The needs assessment conducted during the clarification phase of this dissertation was focused on four domains, including communication, emotion-regulation, problem-solving, and spirituality. These domains were further subdivided to assess current skills in the domains, self-identified struggles within the domains, and areas in need of improvement. Findings were determined through preliminary surveys, which generated quantitative data, and through interviews conducted with the participants. Several conclusions were drawn from the needs assessment surveys and interviews. The results indicated that there was a discrepancy in each domain concerning the women's current abilities and their desired skills in the same areas.

In particular, through the needs assessment surveys, the women had the most difficulty in the domain areas of emotion-regulation and problem-solving. The women rated themselves the lowest in the emotion-regulation domain when responding to their current control over emotions, being able to verbalize their emotions, reacting appropriately when experiencing intense emotion, and using methods to calm themselves down. These results indicated that the women were aware of their lack of skills in

balancing their emotions, and would benefit from specific skills and techniques that taught them how to communicate their emotions, as well as what to do when they were experiencing an intense emotional state. The largest discrepancy the women identified was in the problem-solving domain. The survey revealed that the women believed their current problem-solving skills fell short of what they thought they should be, and that they lacked an understanding of the problem-solving process. The women would benefit from being taught the problem-solving process to increase understanding of this method and their ability to apply it in difficult situations.

The survey questions in the spirituality domain revealed that there was a discrepancy between the women's current prayer and Bible reading skills and the skills they believed they should have. When looking into the spirituality domain more critically, the women rated themselves lowest in reading and understanding the Bible, how often they were able to pray, and their current prayer skills, respectively. It can be determined through this information that the program should concentrate on its ability to assist women in increasing time spent reading the Bible and praying. In addition, the program should also incorporate methods and strategies to increase the women's understanding of the Bible. In the domain area of communication, the women also identified a discrepancy between their ideal communication skills and their current communication skills. More specifically, the women's lowest scores related to voicing their opinions clearly and respectfully, providing feedback to others in an appropriate manner, and responding appropriately in social situations. These findings indicate that the women would benefit from instruction in specific social skills in communicating with others.



**Target Population Interviews.** The needs assessment results generated from the target population interviews revealed more qualitative and detailed information about the women's subjective experiences of the program. The results of the interviews were subdivided into five subsections relating to the overall programmatic experience, emotions, communication, problem-solving, and spirituality. With regard to the overall impact, all of the participants described the Women's Empowerment Program as having a positive effect on them and having a good experience. There were recurring themes of women appreciating the mutual support that the program provided as well as the instruction of different strategies to address daily life situations. Many women enjoyed being able to share and hear the opinions of other women through interactive discussion. These findings support the continued use of the specific program components, such as the instruction of strategies and interactive discussions. Women were able to provide detailed feedback on the areas in which they needed the most help and suggestions for overall programmatic improvements. Most of the women expressed the sentiment that the class needed to be of longer duration and greater frequency. In addition, they recommended that they have input as to the topics chosen for discussion, among those mentioned were financial counseling/planning and single parenting. From the women's responses in self-identified areas of need, the program should be able to address difficulties with communication and patience.

The results from the interviews indicated several conclusions in the domain of emotions. There were a variety of emotions that the women identified as difficult for them to experience and would like help with through the program. The most significant areas of need were related to feelings of anger, fear, and sadness. Furthermore, the women had insight as to what triggers these difficult emotions for them—half of them

explained that family was a huge factor in triggering these emotions. In addition, other common triggers were tragedies, work, and health-related issues. The results also indicated that most of the women rely only on coping responses that are spiritual in nature, such as praying, reading scriptures, and going to God. The behavioral coping responses included talking with others, crying, screaming, isolation, holding it in, and listening to music. It can be concluded from these results that the participants could benefit from positive behavioral techniques to increase their coping responses to difficult emotions to complement their spiritual coping responses. Furthermore, behavioral strategies should focus on addressing feelings of anger, fear, and sadness.

In the area of communication, the interviews revealed a number of conclusions about the women's struggles with communication, and their current use of communication techniques. The results indicated that the women were divided into two subgroups, with about half believing that others made it difficult to communicate, and the other half identifying that their difficulties developed from characteristics that were personal in nature. More specifically, the women's perceived difficulties included: being introverted, lacking self-confidence, and trying to communicate with people who lacked communication skills. The results indicated that the majority of women preferred to communicate through verbal interactions and writing. From these results, it can be concluded that the program could add to the women's communication skills through instruction on how to communicate with difficult people and building self-confidence/assertiveness in expressing personal opinions. Furthermore, the specific skills being taught should be customized to incorporate the woman's preference of communication method, such as talking directly with others or using writing.

The results generated from the interviews revealed some specific conclusions about the women in the domain area of problem-solving. The results were able to specifically identify their most difficult problems, as well as the women's most common conflicts. Many of the women indicated that misunderstandings, such as differences in perspectives, were the precursor to their conflicts, as well as arguing, worrying, and being critical. More specifically, many of these responses could be included in an overarching category of problems with family. In addition, the women explained that their difficult conflicts arose from setting boundaries and parenting issues. The majority of the women explained that they currently attempted to resolve conflicts through trying to establish communication and working towards a resolution. In particular, they employed strategies such as clarifying the conflict, praying, calming-down, and using problem-solving methods. From this information, it can be concluded that the women in the program are aware of the problem-solving method, but may benefit from further communication skills since most conflicts, as indicated by their responses, occur in the communication of their opinions to others. Furthermore, these skills should concentrate on conflicts that incorporate family elements, as this was identified as a common area of need.

There are several conclusions that can be drawn from the results of the interviews with regard to the area of spirituality. All of the women described relationships with God that were positive and loving by using descriptors such as "close," "good," "trusting," and "committed." Spirituality and a relationship with God were significant factors in their lives, but the women also recognized a need to improve upon this relationship. Two major aspects emerged as obstacles to building upon their spirituality: time and people. Women expressed that they needed to set aside more time to dedicate to their relationship with God and not let circumstances with others get in the way. In addition to identifying

obstacles, the women gave information about the areas that needed the most improvement in their spiritual relationship with God. The majority of the women expressed that they needed to improve their prayer life and spend more time reading the Bible. It can be concluded from these results that the program should continue to incorporate spirituality and build upon the women's ability to manage time, pray, read the Bible, and reduce others' ability to interfere with their personal relationships with God.

Overall, the results showed positive experiences and responses to the Women's Empowerment Program. Consistency in both the results from the surveys and interviews indicated that the program should concentrate in the areas of emotion-regulation and problem-solving, as these were the areas with the largest discrepancies between current and desired state of affairs. Also, when looking further into the women's problem-solving needs, there seemed to be an underlying deficiency of skills in communication, as many of the responses involved communication problems with others. The program should continue to focus on the same domain areas, while complementing the instruction of skills with spiritual components—a recurring factor throughout the women's responses. Such instruction should incorporate the process of application to those real life situations that consistently came up as struggles, such as those involving family, work, and health, and continue to use role-plays, scenarios, and discussion to portray these examples,

### **Program Design**

The newly re-designed program was developed to focus on the four domains based upon the clarification of needs: emotion-regulation, communication, problem-solving, and spirituality. The program consists of three components: the addition of customized individual action plans, continued lectures, and more specific skill-building.

Given the time restriction in that the women only meet once a month, the program incorporates a substantive amount of learning and skill building in each class. These components allow the program to meet the needs of the target population through various instructional methods. During the beginning of the program, it was re-designed so that each woman develops an individualized action plan (see Appendix B6), and is able to keep a record of goal setting and progress in their journal. Women report their progress to the group at each meeting. The instruction of specific material is delivered through practical examples within the context of the women's faith. The last element of the designed program incorporates a skill-building component, which allows the women to learn and practice new skills. To complement the faith-based strategies, the re-designed program also incorporates behavioral strategies, such as relaxation, communication and problem-solving techniques.

During the startup and first implementation of this program, there was no documented format as to topics to be covered, areas to address with regard to the women's needs, or how the information would be delivered. The new program design will focus more heavily on emotion-regulation and problem-solving, as these domains were identified as areas of need. To address each woman's unique needs, the customization of the action plan component provides women with the opportunity to set specific goals to achieve and improve upon. This gives the women a record of such commitment and documentation of their strengths and weaknesses during their change process. The women will be provided a segment in the beginning of each class to share with the group, get feedback, and further develop or modify these plans. Women who have utilized the journal will be able to request help with regard to obstacles and barriers,

as well as discuss successes that may benefit the group. This component was included in the program as the class only meets once a month.

The common factor among many of these women was the importance of their faith and spiritual relationship with God. At the start of the program, each woman will be given a Bible to take home and continue to use throughout the program. The Bible guides the lecturing component, since all of the women refer to this text to receive answers, make decisions, and as direction for their lives. Specific passages from the Bible would be utilized during the lessons to address topics in the identified areas of need, i.e., emotion-regulation, communication, problem-solving, and spirituality. The skill-building component will teach the women specific skills using techniques and strategies such as relaxation, the problem-solving method, I-messages, and much more. This skill-building component of the program will be organized in a way that addresses each domain thoroughly and allows the use of modeling, scenarios, and role-playing, all techniques which received positive responses from the women previously.

The program will also use the women's identification of a need for improvement in their spiritual relationship with God as the basis of the program components. The program design will continue to incorporate prayer within classes and will use passages from the Bible to convey information to participants. Scriptures cited within the class will act to spur discussion and further understanding of the text. The revised program is designed in a way that uses the culturally relevant aspect of faith to strengthen the women's understanding of their spirituality, and also teach how to apply specific skill sets using information from the Bible.

## **Plan for Evaluation**

A plan for evaluation was developed to determine whether or not the program as designed would be useful and effective for the women it serves. The research shows that there has been a lack of emphasis connecting mental health services and faith-based organizations (Dossett, Fuentes, Klap, & Wells, 2005). Thus, it was imperative that a plan be developed to evaluate the outcomes of the designed program and its implementation. Prior to the development of this plan, The Church had no system of documentation to determine whether the original program had added value to the women and succeeded in its intention to address the women's needs. In terms of conclusions, the process of collaborating with a client to develop a program evaluation plan is critical to its overall success.

The plan provides a detailed process for the method of information gathering that will allow the client to determine the merit of the program. The plan was developed to assist the client in preparing for future evaluations once the program is implemented as designed. This specific evaluation plan focused on three major questions related to whether: (1) the program addresses the target population's needs, (2) the participating women are retaining the skills being taught, and (3) the program is being implemented as it was designed. This plan allows the client to be able to make specific judgments and conclusions about the program and, thus, make further modifications to add value to its effectiveness.

## **Limitations**

A major constraint of this investigation is that the data collection instruments and methods relied on survey and interviews, which generated self-report data. These data were subjective and exposed to response bias and other factors related to self-report

measures. In addition, none of these measures are validated and reliable in the research community, as they were developed specifically for this target population. This is a constraint with regard to replication and adding to the body of research literature; however, it served as no obstacle to the program planning and evaluation framework, as the goal is to clarify, design, and evaluate according to the target population's needs (Maher, 2000). Timing arose as an additional constraint in this investigation. Although the surveys were given out immediately after the completion of the program, significant and unexpected delays were encountered before the interviews could be conducted, despite their being held at The Church to increase feasibility and ease scheduling conflicts. In fact, the interviews took place almost a year after the surveys had been completed.

An additional constraint that emerged in the program planning and evaluation process was the women's initial skepticism about the purpose of the interviews. A few were anxious about their potential responses in terms of saying the right things, remembering what took place, and what would be shared from their interviews. Each woman was reassured that her responses were confidential and would not be judged in any way. In addition to the written explanation contained in the informed consent form, the process of how this program planning and evaluation framework would be used for this investigation was informally explained to each interviewee to calm anxieties.

## **Recommendations**

If implemented as designed, the current program would provide value to the target population as it addresses their current areas of deficit in emotion-regulation, communication, problem-solving, and spirituality. In addition, if time and feasibility permits, the target population would benefit from more frequent meetings to facilitate



consistent follow-up and the retaining of the skills taught. The time commitments of the instructor limit classes to once a month. The program would increase its ability to reinforce the skills learned, however, through more frequent repetition. Furthermore, data gathered from the sample also support the lengthening of class and more frequent meetings.

The target population of the original program started from a size of 20 to 25 women. Ten women were drawn as a sample to represent the target population and provide information. It is likely that the size of the class will increase in the future due to the inclusive nature of the program, the positive experiences of the women, and their freedom to invite other women to join the process. In the future, it would be beneficial to incorporate more of the target population in the data gathering process and include all of the women, if possible, in the evaluation process. The small sample size prevented the data from being stratified by age, ethnicity, and differences in spirituality. If the target population was significantly increased, it might add value to be able to separate the data and examine these individual characteristics to evaluate their impact, if any, on the women's participation in the program.

### **Implications for Future Research**

Many churches already have systems and supports in place for the communities they serve. These churches, however, may have no programmatic way of evaluating the services they provide. Previous research has demonstrated the importance of connecting with faith-based organizations and providing services to individuals within the community. Future research should continue to study the impact of implementing mental health interventions within faith-based organizations. More specifically with regard to those churches that deliver community-based services and have implemented mental

health interventions, future research should focus on the factors that facilitate positive programmatic results. Additionally, future studies should determine what type of interventions and services are consistent with the values of faith-based organizations and are more likely to be used by the populations served.

**Implications for psychologists consulting to churches and other faith-based organizations.** Much research has supported the practice of psychologists reaching out into the community to find resources to help their clients (Kloos & Moore, 2000). In addition to meeting the needs of individuals in treatment, psychologists can also consider consulting with faith-based organizations to have more of a systemic impact. To the extent that faith-based organizations are already implementing programs and services to their surrounding communities, an infrastructure exists for psychologists to build working relationships and ensure maximum benefits. When consulting with faith-based organizations, it is important to understand the values and culture of the church. Such understanding of the context of faith-based organizations can facilitate the programmatic impact a psychologist may have. There may be times when organizations and the individuals within them distrust mental health professionals. This should be addressed in the process of collaborating, and methods, including informal conversations, joining in cultural activities, and consulting at an appropriate pace, should be tried. A psychologist must be able to conduct assessments, design and implement interventions, as well as evaluate outcomes in ways that are consistent with organizational beliefs.

Although churches may benefit from collaborating with mental health professionals serving as consultants in that current supports the church offers to the community might be augmented and additional resources accessed, some churches may have reservations about such partnerships. Hesitation primarily focuses upon two issues:

(a) concerns that resulting interventions will not match the needs of their particular communities, and (b) apprehension that interventions may be at odds with their religious beliefs. In addition, faith-based organizations may also be aware of the distrust that their members may hold. Churches understand the complexities and daily life struggles of the individuals and communities they serve. They are encouraged to perform their own assessment concerning those needs and have that guide their search in partnering with mental health professionals in a collaborative environment whereby the psychological well-being of individuals and the community may be increased.

## **Conclusion**

The current dissertation focused on the clarification, program design, and plan for evaluation of a program designed to empower women within a church-based setting. The clarification process determined that the women had needs in the area of emotion-regulation, communication, problem-solving, and spirituality. Thus, a program was designed to provide the women with knowledge and skills in those specific domain areas. A previously implemented program had been in effect that lacked any documentation regarding needs assessment, design, and evaluation. The program design was built on those components pre-existing the consultation process and its mission to empower the “whole woman.” The assessment of needs was affected by the women’s initial hesitation and anxiety concerning the nature of the interviews. The consultant took the time to talk with the women, explained the needs assessment process, and helped to calm their anxieties. Consultants working with faith-based organizations are encouraged to do this during the needs assessment and evaluation process. A plan for evaluation was also created so that the program, if implemented as designed, would be able to evaluate the value it has added to the target population. Despite challenges and constraints in this

investigation, the consultant was able to provide the client and the church organization with a documented program. Through collaboration with The Church, the client, and the target population, the consultant was able to identify their needs; design a program that would help the women achieve goals that are specific, measurable, attainable, relevant, and timely; and develop a plan for evaluation.

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## **Appendix A**

### **Justifications**

#### **A.1 Clarification Justifications**

1. The client was chosen for this project due to her high motivation level to make an impact on a subset of woman within her congregation. She is an extremely determined woman and also likes to work under structured plans. Her work style and confidence level to implement this program makes her a good client for program planning and evaluation services.

2. The organization was described in the way reflected in due to these characteristics being relevant and useful in determining the needs of the target population.

3. The racial composition of the target population was taken into consideration because it may have implications for the design/implementation of program used to address needs. Another relevant characteristic involves the age of the women since it may require the program to be flexible to address all ages or segmentation. Taking into consideration the context where these women live has implications for their attendance and possible obstacles in the living environment that may create unforeseen consequences. Another significant characteristic of the target population is their religious beliefs, because any program designed would have to be consistent and promote these values.

4. Using a close-ended survey is more useful to obtain a concrete picture of where the client perceives the women's current state of affairs is in the identified domains. A follow-up interview will complement the survey and provide a more detailed and subjective experience of the women involved in the program.

5. Due to consideration of utility, it was determined that it would be most beneficial to have both a combination of closed and open-ended questions for the target population as they may differ in responses and add depth to the understanding of their needs. While the survey is not technically reliable or valid, it seemed more appropriate than the utilization of a measure deemed reliable and valid due to the specific context of this population. The questionnaire as a preliminary method is considered to be a more reliable and valid means of assessment than techniques such as observations, and focus groups, which were not feasible due to time constraints. The follow-up interviews were conducted as they detailed the uniqueness of each woman's experience.

6. The data was analyzed as described to determine a discrepancy between the current state of affairs and desired state of affairs. Furthermore, the data was presented as indicated, both visually and orally, to reinforce understanding of the determined need of target population.

## **A.2 Program Design Justifications**

1 - The statement of purpose was written as indicated above due to the population being served, its original goals, and mission. The information provided above serves to describe whom the program is for, what the women felt the outcomes should be, and how these outcomes will be reached.

2 - The goals were developed in direct relationship with the results of the needs assessment to ensure that the program addresses the specific needs of the target population. Furthermore, the goal was described as above in accordance with the SMART Goals framework (Maher, 2000), which purports that goals be specific, measurable, attainable, relevant, and timely.

3 - The Eligibility Standards and Criteria were written as above due to the voluntary nature of the program. The Women's Empowerment Program does not require stringent criteria as its aim is to help any women of 18 years and older that would benefit from this resource.

4 - The policies and procedures were stated as above to generally state the premises of program implementation and what will be done with the target population. The policies and procedures do not require stringent or elaborate statements, as the program is voluntary.

5 - The inventory information was described as above due to the relevance of these components to the program. All of these items are key factors that will be used to address the needs of the target population.

6 - The information regarding program components was described as above due to the nature of the program, which focuses on teaching and the application of skills taught.

7 - The budgetary information provided above was calculated with respect to the target population's needs and what would be necessary to address those needs.

Furthermore, costs were based upon the average price of items and salaries were determined by calculating the amount of time spent working on this program based on the involved person's current salaries.

8 - This information was written as above due to the necessary roles, responsibilities, and relationships required to carry out the program design.

9 – This information was written as above due to evaluating the specific needs that were identified in the clarification report. Furthermore, evaluation of the program is also specific to whether the program is being implemented as designed to meet the target population's needs.

### **A.3 Plan for Evaluation Justifications**

1. The client was chosen for this project due to her high motivation level and strong desire to make an impact on a subset of woman within her congregation. She is an extremely determined woman and also likes to work under structured plans. Her work style and confidence level to implement this plan made her a good client for program planning and evaluation services. The relevant stakeholders were described as above due to their interest in the existence of this program as it personally impacts either themselves or their inclusion in the overarching organization.

The organization was identified as above due its relation with current efforts of the Women's Empowerment Program being implemented within its structure.

2. The needs for program evaluation information was described as above in collaboration with the client as she is the primary implementer of the program and would best know what the program evaluation should consist of. Furthermore, the needs of the relevant stakeholders were also identified using the client's perception of what they would identify. The client's (the First Lady's) perception was used due to her close relationship with the relevant stakeholders and her availability to meet concerning the program.

The AVICTORY framework (Maher, 2000) was chosen to assess the relevant context in which the needs are embedded because of its structured nature. Using, this framework, the context was assessed through observation and in collaboration with the client. Observation seemed the most appropriate method of assessment. In addition, information from client was included from previous conversations about the program.

3. The program's design was described as above due to the Program, Planning, and Evaluation framework (Maher, 2000) that identifies the mentioned

elements as important in program design. The program design was previously designed in collaboration with the client based upon the results of the clarification phase in efforts to create an evaluable program. The program as designed was ready for evaluation due to its:

1. Clarity – The written information describing the program elements did exist and was understood by myself, the client, and, to an appropriate extent, other stakeholders.
2. Compatibility – The program design elements appeared to be compatible and consistent with all of the other elements.
3. Developmental Status – The majority of the program design elements appeared to be sufficiently developed for successful implementation.

To make the determinations of the readiness of the program, a review of the documented design elements was taken into consideration in collaboration with the client.

4. The three major program evaluation questions were chosen in collaboration with the client to obtain relevant programmatic information. Consultation through a meeting was deemed appropriate by the client, as it was practical and timely. A decision was made to only include the client in the meeting because she would also be able to provide information on behalf of the relevant stakeholders due to their ongoing working relationship.

5. The data collection variables were specified as mentioned above in efforts to address how the three major evaluation questions could be answered. It was determined that operationalizing these variables would lead to valuable information about the merit of the program. The description of data collection methods, instruments, and procedures were identified as above to be consistent with the program evaluation

questions and to lead to answers that would provide useful information regarding the Women's Empowerment Program. The methods, instruments, and procedures were developed in collaboration with the client, and considered the following qualities: practical, useful, proper, and technically defensible. The description of methods and procedures for data analysis were identified as above to be consistent with the program evaluation questions and to lead to interpretation that will provide useful information regarding the Women's Empowerment Program. The methods and procedures took into consideration the time and effort of individuals associated with the program evaluation. The specifications of program evaluation personnel, responsibilities, and timelines were identified as above to be consistent with the program evaluation questions and to lead to clearly delineated guidelines that will aid in the answering of the program evaluation questions. The above-mentioned was agreed upon to be useful and practical in collaboration with the client.

6. The description of guidelines for communication and use of program evaluation information identified was done so to inform appropriate audiences concerning useful information obtained from program evaluation. The specifications outline who is to get what and when they are to receive that information to facilitate clarity and understanding.

7. The evaluation of the program evaluation is described as such to direct the program evaluation consultant in making clear decisions concerning the merit and value of the program evaluation. The specifications guide what is to be considered when making evaluations concerning the program and how. This method of evaluation is considered to be practical, useful, proper, and accurate in accordance with sound program evaluation and consulting practice.

## **Appendix B – Protocols/Instruments**

### **B. 1 Data Collection Variables**

#### **A. Affective Domain Questions**

- 1) To what extent should women be proficient in controlling their own emotions?
  - a. How are women able to control themselves and respond appropriately in front of others when experiencing an intense level of emotion?
  - b. How are women able to use methods to calm and regroup when experiencing these intense levels of emotion?
- 2) To what extent should women show proficiency in recognizing their own emotions?
  - a. How are women able to recognize through physiological changes when there are experiencing an intense emotion?
  - b. How are the women able to connect these physical symptoms with the onset of emotions?
  - c. How are the women able to verbalize that a particular emotion is being felt?
  - d. How are the women able to distinguish which emotions they are experiencing?
- 3) To what extent should women understand the connections between their emotions, thoughts, and behaviors?
  - a. How are the women able to understand that the emotions they experience may influence how they think?



- b. How are the women able to understand that the emotions they experience may influence how they act?

B. Communication Domain

- 1) To what extent should women be able to communicate effectively with others?
  - a. How are the women able to voice their opinion to others clearly and respectfully?
  - b. How are the women able to listen to others and provide feedback in an appropriate manner?
- 2) To what extent should women be proficient in social skills?
  - a. How are the women able to respond appropriately to others in a social situation?
  - b. How are the women able to recognize that there are key skills involved in creating positive interaction with others?
  - c. Do the women understand what social skills consist of?
- 3) To what extent should women utilize problem-solving skills with regard to their own social problems?
  - a. How are the women able to think through a set of skills rather than immediately react to a conflict?
  - b. How are the women able to understand that problem-solving is a process that one can use when dealing with difficult situations?

C. Spiritual Domain

- 1. To what extent should women be able to effectively pray for themselves and others?

- a. How are women able to pray and understand its process?
  - b. Do the women know and understand the factors that can hinder one's prayer?
2. To what extent should women be able to read and understand the Bible?
- a. Do the women own a Bible that is appropriate for their level of understanding?
  - b. How are the women able to apply what they are reading to their own lives?
3. Are the women able to understand faith's role in their relationship with God?
- a. Do the women understand what faith is and how it works?
  - b. Do the women understand how faith is interconnected with their relationship with God?

## **B.2 Target Population Perception of Needs Survey**

Date: November 20th, 2010

To Whom It May Concern:

Please fill out the attached questionnaire (5 pages) and return to the Program Director by the end of the class. The following will be useful in obtaining specific information about you and other women's perceptions in the areas of emotion, communication, problem-solving, and spirituality. The responses will be used to determine specific needs that will be addressed and further guide the development of a customized program to the identified needs. If you have any questions or concerns, you can contact Danielle Narkaus by phone at (\*\*\*) \*\*\*-\*\*\*\*, or by e-mail at [dnarkaus@gmail.com](mailto:dnarkaus@gmail.com). Thank you in advance for all of your help.

Please rate the following on a scale of 1-10, with 1 (Very low), 5 (Average), 10 (Very High)

1. How much control do you think you should have over your emotions?  
Rating \_\_\_\_\_
2. How good do you think you are in currently controlling your emotions?  
Rating \_\_\_\_\_
3. How often do you feel as though you are in control of your emotions?  
Rating \_\_\_\_\_
4. How good are you at responding appropriately in front of others when experiencing an intense level of emotion?  
Rating \_\_\_\_\_
5. How are you able to use methods to calm down and regroup when experiencing intense levels of emotion?  
Rating \_\_\_\_\_
6. How much should you be able to recognize your own emotions?  
Rating \_\_\_\_\_
7. How well are you able to recognize through physical changes (increased heart rate, heavy breathing, etc.) that you are experiencing an intense emotion?  
Rating \_\_\_\_\_
8. How well are you able to connect these physical symptoms to your emotions?  
Rating \_\_\_\_\_

9. How well are you able to verbalize that a particular emotion is being felt?

Rating \_\_\_\_\_

10. How good are you at knowing which emotions you are experiencing?

Rating \_\_\_\_\_

11. How good do you believe that you should be at understanding the connections between your emotions, thoughts, and behaviors?

Rating \_\_\_\_\_

12. How well do you understand that the emotions you experience influence your thoughts?

Rating \_\_\_\_\_

13. How well do you understand that the emotions you experience influence your actions?

Rating \_\_\_\_\_

14. What do you do when faced with difficult emotions?

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15. What triggers difficult emotions?

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16. What are your most difficult emotions?

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Any Additional Comments on Emotions?

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17. How good do you believe that you should be able to communicate effectively with others?  
Rating \_\_\_\_\_
18. How good are you currently able to communicate effectively with others?  
Rating \_\_\_\_\_
19. How good are you at voicing your opinions to others clearly and respectfully?  
Rating \_\_\_\_\_
20. How good are you able to listen and understand what others are trying to say to you?  
Rating \_\_\_\_\_
21. How good are you able to provide feedback to others in an appropriate manner?  
Rating \_\_\_\_\_
22. How good do you believe that you should be able to use social skills techniques?  
Rating \_\_\_\_\_
23. How good are you currently able to use social skills techniques?  
Rating \_\_\_\_\_
24. How good are you able to respond appropriately when in social situations?  
Rating \_\_\_\_\_

25. To what degree do you recognize that there are key skills involved in creating positive interactions with others?

Rating \_\_\_\_\_

26. How much do you understand what social skills consist of?

Rating \_\_\_\_\_

27. What kind of communication techniques do you use? Which are the most comfortable for you?

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28. What makes it difficult for you to communicate with others?

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Any additional comments on communication?

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29. To what extent do you believe that you should use problem-solving strategies with regard to your own social problems?

Rating \_\_\_\_\_

30. How often do you think through a set of skills rather than immediately react to a conflict?

Rating \_\_\_\_\_

31. How much do you understand the problem-solving process that one can use when dealing with difficult situations?

Rating \_\_\_\_\_

32. How often do you believe you have positive interactions with others?

Rating \_\_\_\_\_

33. What types of things do you do when you are trying to resolve a conflict?

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34. What are your most common types of conflicts?

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Any additional comments on problem-solving?

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35. How good do you believe that you should be at praying for yourself and others?

Rating \_\_\_\_\_

36. How good are you currently at praying for yourself and others?

Rating \_\_\_\_\_

37. How much are you able to pray?

Rating \_\_\_\_\_



38. How much do you understand the process of prayer?  
Rating \_\_\_\_\_
39. How much do you know about what types of things hinder prayers?  
Rating \_\_\_\_\_
40. How good do you believe you should be at reading and understanding the Bible?  
Rating \_\_\_\_\_
41. How good are you currently at reading and understanding the Bible?  
Rating \_\_\_\_\_
42. To what degree do you own a Bible that you are able to understand?  
Rating \_\_\_\_\_
43. How much are you able to apply what you have read in the Bible to your own life?  
Rating \_\_\_\_\_
44. How much do you believe you should understand how faith's role in your relationship with God?  
Rating \_\_\_\_\_
45. How much do you currently understand about faith's role in your relationship with God?  
Rating \_\_\_\_\_
46. How much do you know about faith and how it works?  
Rating \_\_\_\_\_
47. How much do you understand what having a relationship with God is?  
Rating \_\_\_\_\_

48. How would you describe your current relationship with God?

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49. What types of things do you believe get in the way of your prayers, understanding the Bible, and relationship with God?

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50. Are there any areas that you feel are weakness and in need of improvement? If so, describe.

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Any additional comments about spirituality?

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Please return questionnaire to the Program Director and once again, I appreciate your time and your thoughtful responses!

### **B.3 Target Population Interview Questions**

#### **Program Clarification, Design, and Plan for Evaluation of Women's Empowerment**

##### **Program within a Church-Setting**

###### **Interview Protocol**

- 1) What was your experience in the Women's Empowerment Program?
- 2) What did you like most about the program?
- 3) What didn't you like about the program?
- 4) What would you change or want more of in the program?
- 5) What suggestions do you have for the program's future?
- 6) In what areas do you need most help?
- 7) Do you feel that the program helped you?
  - a. In what areas?
- 8) What are the most difficult emotions for you?
- 9) What do you do when faced with difficult emotions?
- 10) What triggers difficult emotions for you?
- 11) What emotions would you like help with through the program?
- 12) Has the program helped you with your emotions?
  - a. How?
  - b. What would you like more of?
  - c. Were there any things in the program that weren't helpful?
- 13) What makes it difficult for you to communicate with others?
- 14) What ways do you best like to communicate with others?
  - a. What do you use?

- 15) Has the program helped you with your ability to communicate with others?
  - a. How?
  - b. What would you like more of?
- 16) What types of things do you do when you are trying to resolve a conflict?
- 17) What are your most common types of conflicts?
- 18) What are your most difficult problems?
- 19) Has the program helped you with your ability to problem-solve?
  - a. How?
  - b. What would you like more of?
- 20) How would you describe your current relationship with God?
- 21) What types of things do you believe get in the way of your prayers, understanding the Bible, and relationship with God?
- 22) Has the program helped you build upon your spiritual relationship with God?
  - a. How?
  - b. What would you like more of?
- 23) Are there any areas that you feel need improvement in your spiritual relationship?
- 24) Is there anything that I have not mentioned that you would like to add?
- 25) Is there anything about the program that you would like to give me feedback on?

**B.4 Skill Acquisition Survey – Adapted from Target Population Perception of  
Needs Survey**

Date: TBA

To Whom It May Concern:

Please fill out the attached questionnaire (3 pages) and return to the Program Director by the end of the class. The following will be useful in obtaining specific information about you and other women's perceptions in the areas of emotion, communication, and problem-solving. The responses will be used to determine if there have been any changes in the above-mentioned areas. If you have any questions or concerns, you can contact Danielle Narkaus by phone at (\*\*\*) \*\*\*-\*\*\*\*, or by e-mail at [dnarkaus@gmail.com](mailto:dnarkaus@gmail.com). Thank you in advance for all of your help.

Please rate the following on a scale of 1-10, with 1 (Very low), 5 (Average), 10 (Very High)

1. How good do you think you are in currently controlling your emotions?  
Rating \_\_\_\_\_
2. How often do you feel as though you are in control of your emotions?  
Rating \_\_\_\_\_
3. How good are you at responding appropriately in front of others when experiencing an intense level of emotion?  
Rating \_\_\_\_\_
4. How are you able to use methods to calm down and regroup when experiencing intense levels of emotion?  
Rating \_\_\_\_\_
5. How are you able to recognize through physical changes (increased heart rate, heavy breathing, etc.) that you are experiencing an intense emotion?  
Rating \_\_\_\_\_
6. How good are you able to connect these physical symptoms to your emotions?  
Rating \_\_\_\_\_
7. How good are you able to verbalize that a particular emotion is being felt?  
Rating \_\_\_\_\_
8. How good are you at knowing which emotions you are experiencing?  
Rating \_\_\_\_\_

9. How do you understand that the emotions you experience influence your thoughts?  
Rating \_\_\_\_\_
10. How do you understand that the emotions you experience influence your actions?  
Rating \_\_\_\_\_
11. How good are you currently able to communicate effectively with others?  
Rating \_\_\_\_\_
12. How good are you at voicing your opinions to others clearly and respectfully?  
Rating \_\_\_\_\_
13. How are you able to listen and understand what others are trying to say to you?  
Rating \_\_\_\_\_
14. How good are you able to provide feedback to others in an appropriate manner?  
Rating \_\_\_\_\_
15. How good are you currently able to use social skills techniques?  
Rating \_\_\_\_\_
16. How are you able to respond appropriately when in social situations?  
Rating \_\_\_\_\_
17. To what degree do you recognize that there are key skills involved in creating positive interactions with others?  
Rating \_\_\_\_\_

18. How much do you understand what social skills consist of?  
Rating \_\_\_\_\_
19. How often do you think through a set of skills rather than immediate react to a conflict?  
Rating \_\_\_\_\_
20. How much do you understand the problem-solving process that one can use when dealing with difficult situations?  
Rating \_\_\_\_\_
21. How often do you believe you have positive interactions with others?  
Rating \_\_\_\_\_
22. How good are you currently at praying for yourself and other?  
Rating \_\_\_\_\_
23. How much are you able to pray?  
Rating \_\_\_\_\_
24. How much do you understand the process of prayer?  
Rating \_\_\_\_\_
25. How much do you know about what types of things hinder prayers?  
Rating \_\_\_\_\_
26. How good are you currently at reading and understanding the Bible?  
Rating \_\_\_\_\_
27. To what extent do you understand the Bible you are currently using?  
Rating \_\_\_\_\_



28. How much are you able to apply what you have read in the Bible to your own life?

Rating \_\_\_\_\_

29. How much do you currently understand about faith's role in your relationship with God?

Rating \_\_\_\_\_

30. How much do you know about faith and how it works?

Rating \_\_\_\_\_

31. How much do you understand what having a relationship with God is?

Rating \_\_\_\_\_

Please return questionnaire to the 1st Lady and once again, I appreciate your time and your thoughtful responses!

## **B.5 Program Implementation Rating Scale**

Date: TBA

### **Program Implementation Rating Scale**

Please take a moment to complete the enclosed survey (2 pages) by your earliest convenience and return it to me, Danielle Narkaus. You can either provide me with a printed hard copy of your responses or complete responses electronically, attaching it to an email for me at [dnarkaus@gmail.com](mailto:dnarkaus@gmail.com). Your completed responses will be used in the determination of whether the Women's Empowerment Program is being implemented as designed. Furthermore, these results will be used in the enhancement or modification of the program based on the responses. If you have any further questions or concerns please feel free to contact me by phone, (\*\*\*) \*\*\*-\*\*\*\*, or e-mail.

Please provide a rating on a scale of 1-10 for each item, 1 (Very Low), 5 (Average), 10 (Very High). If you have any additional comments in response to the items, please include those responses as needed.

Please rate the following on a scale of 1-10, with 1 (Very low), 5 (Average), 10 (Very High)

1. How well has the director been able to monitor participant recruitment and progress?

\_\_\_\_\_

2. How well has the director been able to monitor program personnel performance?

\_\_\_\_\_

3. To what extent has the program director been able to oversee program development?

\_\_\_\_\_

4. How well has the program assistant been able to monitor and organize program participant's progress?

\_\_\_\_\_

5. To what extent has the program assistant been able to schedule program meetings in a time manner?

\_\_\_\_\_

6. How well has the program assistant fulfilled their responsibility for program incentives?

\_\_\_\_\_

7. How well has the program instructor been lecturing and teaching the participants in class according to program design?

\_\_\_\_\_

8. How well has the program instructor modeled and implemented skill-building component according to program design?  
\_\_\_\_\_
9. How well has the program instructor provided feedback to program participants on performance and progress?  
\_\_\_\_\_
10. How well has the program consultant been able to define and clarify problems and opportunities related to women's program?  
\_\_\_\_\_
11. How well has the program consultant been able to discuss programmatic concerns with program director?  
\_\_\_\_\_
12. How well has the program consultant provided feedback to the program director concerning the results of consultation meetings?  
\_\_\_\_\_
13. To what extent has the program evaluator created an evaluative system for the women's program?  
\_\_\_\_\_
14. How well has the program evaluator been able to evaluate the progress of program participants?  
\_\_\_\_\_
15. How well has the program evaluator been able to evaluate the progress of program personnel?  
\_\_\_\_\_

16. To what extent has the program evaluator been able to evaluate the merit of the women's program?

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## B.6 Sample Action Plan

### Individualized Action Plan

<b>My long term goal is:</b>		
	<b>To be achieved by:</b>	
<b>My short term goal is:</b>		
	<b>To be achieved by:</b>	
<b>What are the actions I need to take to achieve this?</b>		
<b>Tasks / stage involved</b>	<b>Resources / people who can help</b>	<b>Timescale</b>
1.		
2.		
3.		
4.		
5.....and so on		
<b>Are there any risks/obstacles to achieving your goal? YES/NO</b> If yes, how will you overcome these?		

Note. Adapted from Kumar, A. (2007) *Personal, academic and career development in higher education: SOARing to success*. New York: Routledge Taylor and Francis.

## **Appendix C – Consent**

### **C.1 - Letter to Prospective Organization**

Study of Program Clarification, Design, and Plan for Evaluation  
Graduate School of Applied and Professional Psychology  
Rutgers University  
152 Frelinghuysen  
Piscataway, NJ 08854

To whom this may concern:

My name is Danielle Narkaus and I am a doctoral candidate in the School Psychology program at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. I am working on my dissertation entitled, “Program Clarification, Design, and Plan for Evaluation of a Women’s Program within a Church-Setting.”

My interest in working with this program has increased my desired to participate in research in this area. Currently, there is a gap between community interventions being implemented within faith-based organizations.

Thus, to address this important gap in the field of mental health, I am interested in the process of documenting how to clarify, design, and plan to evaluation the Women’s Empowerment Program within your organization. I am looking to go through previously obtained information that was collected from your program participants anonymously. I am requesting to discuss the details of this process with you over the course of one meeting. We can meet wherever is most convenient for you—in your office, home, or in a private office at Rutgers University. There is no compensation for participating in this study and participation is voluntary.



The results of the study will be written up as my dissertation. However, all identifying information, such as your name, job placement, and other demographic information will be disguised or withheld. When the study is completed in the spring of 2012, I'll be happy to discuss it with you if you wish.

If you are interested in participating, please contact me at (\*\*\*) \*\*\*-\*\*\*\* or email me at [dnarkaus@gmail.com](mailto:dnarkaus@gmail.com). Please leave your name and phone number, and I will get back to you at my earliest convenience. I hope this project interests you and I look forward to talking to you further.

Sincerely,

Danielle Narkaus, Doctoral Candidate  
152 Frelinghuysen Road  
Piscataway, NJ 08854  
Email: [dnarkaus@gmail.com](mailto:dnarkaus@gmail.com)

## **C.2 – Informed Consent Agreement**

### **INFORMED CONSENT AGREEMENT**

#### **Program Clarification, Design, and Plan for Evaluation of Women's Program within a Church-Setting**

You are invited to participate in a research study. Before you agree to participate in this study, you should know enough about it to make an informed decision. If you have any questions, ask the investigator. You should be satisfied with the answers before you agree to be in the study.

#### **Purpose of the Study:**

This study proposes to use a program planning and evaluation approach to clarify, design, and plan for evaluation of a women's program within the setting of a church. This is relevant due to the benefits that could result from implementation of the program to the participants and other stakeholders. This information may guide future consultants in the process of creating a sustainable program for a unique population's needs. Furthermore, it will assist those with an interest in culturally appropriate methods of intervention and reaching out into the community for resources to address the psychological needs of clients. This will also be relevant for other faith-based organizations that have interest in developing programs for their various populations.

#### **Study Procedures:**

I will use the information previously obtained through consultation with the First Lady of The Church in the re-design of the program and will do this within a program planning and evaluation framework. From this consultation process and the results of the needs assessment, I will use this to design a specific program for the target population.

Through further consultation, I will determine in collaboration with the First Lady whether or not the needs are still the same and also what modifications are needed in the designed program. I will look through the all of the obtained information and further specify the design and detailed needs of the women. Through consultation, a plan for evaluation will be designed to determine the value of the program.

Risks: There are no known risks associated with your consent and participation in this research study and it relies on previously obtained information that was anonymously completed.

Benefits: Participation in this study may benefit you directly as the specific needs of participants have been collected and a program is being specifically designed and a plan for evaluation to address those needs.

Confidentiality: This research is confidential. This means that none of the research records will include specific information about you, including your age, gender, and job title. Your name will only appear on consent forms and will be kept separate from research records. I will keep this information confidential by limiting access to the research data and keeping it in a secure locked location. The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. Your responses will be grouped with other participants' responses and analyzed collectively.

Compensation: There is no compensation for participation in this study.

Contact: I understand that I may contact the investigator or the investigator's dissertation chairperson at any time at the addresses, telephone numbers or emails listed below if I have any questions, concerns or comments regarding my participation in this study.

Danielle Narkaus (Principal Investigator)  
Rutgers University, GSAPP  
152 Frelinghuysen Rd  
Piscataway, NJ 08854-8085

Telephone: (\*\*\*) \*\*\*-\*\*\*\*  
Email: dnarkaus@gmail.com

If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at:

Rutgers University, the State University of New Jersey  
Institutional Review Board for the Protection of Human Subjects  
Office of Research and Sponsored Programs  
3 Rutgers Plaza  
New Brunswick, NJ 08901-8559  
Tel: 732-932-0150 ext. 2104  
Email: humansubjects@orsp.rutgers.edu

Rights as a Participant: Participation in this study is VOLUNTARY; if you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled.

I have read and understood the contents of this consent form and have received a copy of it for my files. By signing below, I consent to participate in this research project.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_