

CHAPTER FOUR: METHODS

The first purpose of this study was to develop a method of evaluating a teen shelter to determine if they are meeting the needs of their clients. The second purpose of this study was to apply this evaluation process to a specific teen shelter. This chapter describes the research methods used.

Participants

The Alternative House Shelter is a private, nonprofit eight-bed emergency shelter that provides crisis intervention and counseling services for youth and families. The Alternative House shelter program strives to help teens by providing an easily accessible continuum of services that support and build upon the innate strengths and resiliencies of youth and families. There are five goals of the Alternative House program: reuniting young people with their families, when possible; stabilizing the situation or changing the behavior that brought the youth to the Emergency Shelter; strengthening family relationships through education and counseling; encouraging stable living conditions for youth; and helping teenagers learn about and choose constructive courses of action.

There were four groups of participants in this study: administrators of Alternative House (AH), staff at AH, teens who stay at the shelter, and their parents. Questionnaire data were collected from a sample of 4 administrators, 4 staff, 11 teens and 5 parents. Interview data were collected from two teens and two parents. Four of the six full-time staff at the shelter chose to complete questionnaires. The staff who participated included four Caucasian full time employees who work at least 40 hours a week as residential counselors at the shelter. Two staff members were males and two were females. They had worked a mean of 7.25 months at Alternative House, with a range of 1 to 12 months. They had a mean age of 25.3 years; all were between 24 and 27 years old.

Seventy teens used the shelter during the period of data collection. Due to problems with questionnaire distribution, many of the seventy teens were not offered the opportunity to complete a questionnaire. Of the teens offered the opportunity to complete the questionnaire, approximately 90% (11 teens) chose to participate. The 11 teens who completed questionnaires had a mean age of 14.36 years and were between the ages of 13 and 17, (see Table 1). To be included in this study, teens had to stay for at least two days

at the shelter. Teens had an average stay of 15.2 days at the shelter, with a range of 13 to 26 days. Most teens stayed the 14-day maximum, but one teen stayed past the maximum for a total of 26 days. Two teens were male and eight teens were female. One teen did not identify his/her gender. The majority of the teens were minorities; five were African-American, one was Asian, and two reported their ethnicity as some “other” minority. Three Caucasian teens comprised 27.3% of the sample. More than half of the teens (54.5%) reported they had used alcohol and 36.4% reported they had used drugs. The only drugs teens reported using were Marijuana and tobacco products. More than half of the teens (54.5%) reported running away from home at some point in their life; the mean number of times was 2. Just less than half of the teens (45.5%) reported staying at other placements such as psychiatric hospitals, group homes or the juvenile detention center. Two additional teens participated in verbal interviews. One was male and the other was female. One was Caucasian and the other was African-American. One interviewee had stayed the 14-day maximum. The other reported staying at Alternative House for a shorter period of time. Both of these teens were under 15 years of age.

All of the five parents who completed questionnaires were parents of teens who had chosen to complete questionnaires. One parent was male and four were female. Only one parent reported an age (46 years), so no mean age is available. Three of the parents were Caucasian, one was African-American and one was Hispanic. Two additional parents completed interviews. Both were middle-aged female guardians. One was Caucasian and the other was African-American.

Table 1

Teen Participant Demographics		
AGE	Mean	14.36
	Range	13 - 17
GENDER	Male	20% n=2
	Female	80% n=8
ETHNICITY	African-American	45.5% n=5
	Asian	9.1% n=1
	Caucasian	27.3% n=3
	Other	18.2% n=2
REPORTED SUBSTANCE USE	Drugs	36.4%
	Alcohol	54.5%
DAYS AT THE SHELTER	Mean	15.2
	Range	13 - 26
REPORTED RUNNING AWAY		54.5%
MEAN NUMBER OF TIMES RUN		2
REPORTED USING OTHER PLACEMENTS		45.5%

Procedures

The four key administrators of the program were asked to participate. After signing an informed consent, the key administrators each completed a questionnaire developed by me and my research advisor regarding program objectives, mission, interventions, and expectations of the program (see Appendix A). This information was used by me, my advisor and the administrators to develop a questionnaire for three participant groups: teens, parents, and staff. (see Appendixes B, C, and D). The

questionnaires were developed in a collaborative, recursive process using a total of five drafts.

Administrators communicated to staff their commitment to the study and encouraged the staff to cooperate and participate in the evaluation process. The questionnaires were then administered to staff, teens, and parents. The staff members were given a written statement during their shift explaining the purpose and procedures of the study and a number to call to contact the researcher with any questions (see Appendix E). Staff members were asked to sign a consent form explaining their role in the collection of data and concerning the confidentiality of the data collected. It also asked for their voluntary participation to provide feedback about the program. They were asked to fill out a questionnaire during a shift at the shelter, to seal their responses in the envelope provided, and to place the envelope in the box labeled "Research Data."

Leber et al. (1996) suggest incorporating the evaluation into the program routine to keep the study from being experienced as an interference, rather than a useful activity. To address this suggestion, upon discharge from the program, teens and parents were asked to complete the consent form and a written questionnaire given to them by the staff as part of the discharge packet. At the end of their stay, teens who participated in the shelter program, and their parents, were provided the same information the staff received regarding the purpose and procedures of the evaluation. The staff member administering the discharge read a prepared statement explaining the study. The statement included information regarding the purpose of the study, participant responsibilities, and confidentiality (see Appendix F). The staff also gave participants a chance to ask any questions they might have before participating. Clients were asked to complete the questionnaire at the shelter (to increase response rate) but were also given the option of taking it home and sending it back to me in a self-addressed, stamped envelope, which was provided.

No names appeared on the questionnaires. Questionnaires were coded only for the purpose of linking teen and parent responses. Teen questionnaires were given a number and the letter A, and parent questionnaires were given the same number and the letter B.

If participants could not read the questionnaire or were unable to write out responses, the staff members were available to read the questions to them and write their verbal responses. Teens and parents were asked to complete the surveys separately. They were asked to seal their responses in the enveloped provided. Sealed envelopes were given to the staff to be placed in the box marked "Research Data." If clients chose to fill out the questionnaire at home, they mailed it directly to me in the self-addressed, stamped envelope provided. I collected all sealed envelopes. My advisor and I were the only people to have access to participants' completed questionnaires. I saved the questionnaires in a locked file at home until the completion of the study. Informed consents were separated from the questionnaires and kept in a separate file so that there was no link between participants' names and completed questionnaires (see Appendixes G, H, I, and J for examples of the Informed Consents).

I regularly checked with the shelter staff to ensure the integrity of the data collection. I attended several staff meetings to speak with staff about the evaluation, thanking them for their assistance and encouraging continued efforts at collecting questionnaires. I contacted both the program director and the clinical director by telephone and in person to maintain an open line of communication about the evaluation process.

Data were collected at the shelter from February to August, 1999. When the census at the shelter was consistently low for several months, I met with my committee and with the clinical director of Alternative House to discuss additional methods of data collection. To supplement the data gathered from the limited number of questionnaires, we decided to conduct qualitative interviews with two teen clients and their parents.

Interviews were arranged with the help of the program director. They were conducted at the shelter in a private location to ensure confidentiality. The family therapist at the shelter monitored the interview with the teens, at-times physically present, to ensure the safety of both the client and the interviewer. Interviewees were asked to complete a consent form. The same level of confidentiality was used with the interviewees; no names were linked to the interviews. The interviews were audio-taped

and later transcribed and independently coded using the constant comparative method (Glaser & Strauss, 1967).

Finally, I provided the key administrators with a summary of the results of the staff and client questionnaires and the qualitative interviews. During a staff meeting, I asked the stakeholders for verbal feedback regarding the use of the data for program change and improvement.

After completion of the study, as stated in the informed consents, the client numbers were removed from the questionnaires and the then anonymous data were given to the key administrators at the shelter to keep for future research or to destroy.

Instruments

According to many researchers (Berk & Rossi, 1990; Hadley & Mitchell, 1995; Harinck et al., 1997; Heflinger, 1992; Pratt & Moreland, 1996; Weisz et al., 1992) the cooperation of key stakeholders in a program is essential for successful evaluation studies. I developed three questionnaires (staff, teen, and parent) in collaboration with Alternative House administrators and staff and my thesis committee. The survey was developed in collaboration with the key administrators at the shelter to have the best possible fit with the program objectives, as suggested by Isaac & Michael (1981). The survey contains descriptive demographic questions and open-ended and closed-ended questions regarding the following aspects of the program: overall helpfulness of the program; family therapy at the shelter; group therapy at the shelter; and atmosphere and accessibility of the program. The purpose of these questions was to assess staff and clients' (both teens' and parents') experience of the shelter in terms of what components they felt made an impact on them and which components did not and why (see Appendixes B, C, and D). The interview questions were based on the questionnaire format. Interviewees answered the same questions the other participants responded to, but were able to elaborate or segue into other related areas of discussion.

Design and Analysis

The design of this study was an evaluation process based on the logic model. It consists of two components: qualitative data collection and quantitative data collection. Miles and Huberman (1994) have found that because there are many diverse audiences

for evaluation findings, researchers are more inclined to gather both quantitative and qualitative data. Staff, parents and teens completed a questionnaire, consisting of both open-ended and closed-ended questions, in order to capture a more complete experience of the shelter. Qualitative interviews were also conducted to supplement and enrich the data collected from the surveys. I then coded and reported the qualitative and quantitative data to better understand the types of clients using the shelter and the experience of the staff and clients at the shelter.

The qualitative data collected was used to determine how the staff and participants experience the shelter, in terms of strengths and weaknesses, and effective and ineffective aspects of the program. I did not assume an expert stance. The staff and clients' language and the meaning it conveys was one unit of analysis. Consistent with phenomenology, I recognized that different participants will have different meanings for the same event. Finding themes across participant responses to different aspects of the shelter program allowed me to share information with program decision-makers that may lead to program improvement.

The Quantitative data collected were used to generate descriptive statistics. Quantitative data was entered into an SPSS program for statistical analysis. Qualitative data elicited from the questionnaires were coded independently by me and my advisor using the constant comparative method. The constant comparative method is defined by Schwandt (1997) as consisting of “comparing the empirical indicators...for similarities and differences. From these comparisons, the researcher identifies underlying uniformities in the indicators and produces a coded category or concept. Concepts are compared with more empirical indicators and with each other to sharpen the definition of the concept and to define its properties. Theories are formed from proposing plausible relationships among concepts and sets of concepts” (p. 60-61). After coding, the data were analyzed using contextual analysis methods. Contextual analysis is very similar to content analysis, “a quantitative oriented technique by which standardized measurements are applied to metrically defined units and these are used to characterize and compare data” (Denzin & Lincoln, 1994, p. 464). Because content analysis is unable to capture the context within which the data exists, contextual analysis involves examining the

experience of the participants in relation to the set of conditions within which the experience of the program took place. Schwandt (1997) describes context analysis as an emphasis on the “systemic, objective, quantitative description of content derived from researcher-developed categories” (p. 21). Thus, data were categorized and tallied to determine the prominent themes participants described during the written and verbal explanations of their shelter experiences.