Presentation purpose

- Discuss two instruments

- Organizational Social Context (OSC)
  - Measures climate/culture in a 105 question survey (Copyright 2000 University of Tennessee Children’s Mental Health Services Research Center)

- Current and intended action (CIA)
  - Measures pre, post and follow-up practice in a 25-30 question survey.

CARE practice model

- Establish itself as an evidence-based practice model for residential child care

- Components of any practice or intervention model
  - Unifying themes, values, principles, a theory of change visible through modeling, manuals, and/or training curriculum to guide daily practice and to address proximal and distal outcomes
  - Measure competencies
  - Measure fidelity
  - Measure organizational readiness
### What does the OSC survey measure?

**Culture**
- Rigidity Dimension
  - Centralization
  - Formalization
- Proficiency Dimension
  - Responsiveness
  - Competence
- Resistance Dimension
  - Apathy
  - Suppression

**Climate**
- Stress Dimension
  - Emotional Exhaustion
  - Role Conflict
  - Role Overload
- Engagement Dimension
  - Personalization
  - Personal Accomplishment
- Functionality Dimension
  - Growth & Advancement
  - Role Clarity
  - Cooperation

**Work, Attitudes**
- Morale
  - Job Satisfaction
  - Organizational commitment

### How do we use the OSC data?

- Consistent with Participatory Action Research strategies, scores are used for
  - organizational assessment
  - program evaluation

  - what can we learn about agency dynamics according to
    - job responsibilities
    - agency programs

### What have we learned?

- There is some “sabotage” or purposeful inaccuracies
- Agencies function in “work units” / programs & climate/culture scores can be vastly different
- Different scores for differing “job responsibilities” even in the same programs or units
- Organization’s culture and climate limits the use of the data in organizational assessment
- Need to develop a fidelity model to measure implementation
What does the Current and Intended Action (CIA) instrument measure?

- Pre-training congruence to CARE principles
- Post-training intended action
- Follow-up adherence to intended action
- Supervisory support and accountability

Intended action instruments

- Based on the theory of intended action
- Design a retrospective post training test
  - Asks participants their child care practices before the intervention as well as intended practices after the intervention
  - Reduced the risk of negatively impacting the intervention (training) by introducing concepts prior to the intervention that participants may not be ready for
  - Gives the training evaluator a baseline for periodic follow-up to measure long-term practice change
  - Measures supervisory & organizational support for incorporating training into practice

Example of intended action instrument

[Example table with before and after training comparisons]
How do we use the CIA data?
- Consistent with Participatory Action Research strategies, scores are used for
  - Assessment of practice
  - Adherence to intended use
  - Strength of supervisory support/accountability
  - Measure confidence vs. skill/knowledge
- All within job responsibilities & work units

What have we learned?
- It is an important vehicle for self-reflection, self-assessment & action
- We do get a picture of practice
- Prior to CARE training participants have a perception they already know and use the practice model
- Limits of knowledge based testing when we want participants to assess, apply, and act

Primary challenges to implementing a research-based/evidence driven practice model
- Diverse theoretical, program, treatment, organizational models, culture and climates
- Historical resistance to outcome driven care & use of instruments to assess baseline, progress & treatment outcome
- Infiltration of instruments for organizational & personal assessments as well as program evaluation
  - Administrative
  - Ethical
- Privacy issues
- Data volume & management
- Literacy and reading comprehension problems
- Resource limitations & long-term commitment to outcome focused work
Two Questions

- Do we provide organizational work to improve culture and climate prior to introducing training?
- Are the Mental Health Setting norms appropriate for our residential treatment center population?

Resources

Ten agencies T-scores

- The following histograms show the T-scores of 10 agencies analyzed. The T-scores are derived from a national sample of 99 mental health agencies.
- Percentile scores are assigned to each OCS dimension.
Morale scores for differing “job responsibilities” in one agency

<table>
<thead>
<tr>
<th>Job Responsibility</th>
<th>Score</th>
<th>Engagement</th>
<th>Functionality</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>National average</td>
<td>57.26</td>
<td>70.6</td>
<td>64.9</td>
<td>20</td>
</tr>
<tr>
<td>Direct Care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Supervision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clinical/ Medical</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RCCP climate profile

- Engagement: 58.9
- Functionality: 75.8
- Stress: 57.26
CARE practice model

- Provide the residential child care field with a unified practice model
  - Based on research & a valid theory of individual and organizational change, growth, and development
  - Consistent with safe and trauma sensitive environments & best interests of the children
  - Motivating to both children and staff
  - Sustaining for organizations

CARE practice model principles

- Engaged in a three year development process that resulted in
  - Standards and research-informed practice principles that lead to attachment & therapeutic alliance
    - Developmentally focused
    - Competency based
    - Family involved
    - Relationship based
    - Trauma informed
    - Ecologically oriented
### CARE practice model principles

In order for these principles to be integrated into practice, an agency’s leadership must
- support an organizational climate and culture that expects these principles to be integrated into practice, and
- develop learning and accountability systems to ensure their use on-the-job.

### CARE practice model

CARE organizational intervention strategies driven by
- child’s best interests
- research informed practice, training and organizational consultation
- reflection, assessment, action and learning
- child outcomes

### Evaluation approach

- Process evaluation (ex. fidelity, type, frequency/range of interventions)
- Quasi experimental design
- Use quantitative and qualitative data to measure climate, culture, morale, learning, performance & child outcome
- Aspects of participatory action strategies
- Maximize use of data already collected
### Residential Child Care Project

- The Residential Child Care Project provides training and organizational technical assistance to the residential child care treatment community to ensure the safety and development of children through research-informed outcome directed quality care.

### Background

- Established in 1980 through federal and state funds
- Maintained through contractual and fees for service with governments, non-governmental, for profit organizations in child welfare, mental health and juvenile corrections - $2-3 million
- International in program scope

### Administration and integration of instruments

- **Organizational assessment**
  - Competence survey (developer: Zimbardo, 2002)
  - Organizational climate/culture 105 question survey (Copyright 2000 University of Tennessee Children’s Mental Health Services Research Center)
  - Critical Incident Assessments - Baseline & a 12-18 month follow up
- **Training Assessment**
  - Knowledge assessment through multiple choice
    - Pre-training, post, post 1, post 2
- **Practice assessment**
  - Current practice and intended use of learning
    - Survey of current and intended practice
    - Observation, log reading and critical incident review
    - Pre-training, post, post 1, post 2
- **Child Outcomes**
  - Multiple instruments and domains
  - Static and at periodic intervals
Residential Child Care Project

Programs

Therapeutic Crisis Intervention System (TCI)

Institutional abuse prevention & investigation (IAB)

Children and Residential Experiences (CARE)

CARE Implementation strategies

- Tasks - CARE project
  - produce principle-based, research informed CARE practice model & competency-based curriculum; (completed)
  - Provide the agency specific training and technical assistance to support the utilization of the CARE practice model; (in process) and
  - Evaluate the intervention process, training effectiveness, organizational & child outcome impact (in process)
  - Multiple hypothesis testing (in process)

CARE practice model

- Implementation through
  - Organizational assessment
  - Individual assessment
  - Training
  - Supervisory support and accountability
  - Data gathering and analysis
Essential organizational commitment - Leadership, clinical, supervision, training, quality assurance

- All organizational levels committed to supporting
  - An agency mission that serves children’s best interests
  - Positive organizational culture / climate
  - Program models congruent with the best interests of children who are currently served
  - CARE practice model
  - Outcome & process evaluation
- All organizational levels congruent with the best interests of children who are currently served

Hypotheses
Interventions will have significant impact on
- Organizational climate factors such as lower rates of depersonalization, staff role conflict, role overload, emotional exhaustion, and staff turnover.
- Organizational congruence among leadership, supervision, caretakers and youth in care.
- Practice knowledge and skills of direct care workers and their supervisors.

Hypotheses
Also we want to see if we can test the following:
- Child care workers who exhibit higher levels of self-directed learning, problem-solving, creativity, tolerance for change and innovation tend to perform better in positive organizational climates.
- Positive organizational climates that have high congruence will have more positive child outcomes
- Child care workers with qualities of self-direction, flexibility, and creativity will have the lowest rates of turnover in positive organizational climates.
CARE Intervention - 1st phase
- Orientation meeting with top management & selected outside contacts
  - Commitment of organization to
  - Principles of CARE practice model
  - Congruence in the best interests of children
  - Strategies for managing change & ensuring sustainability
  - Outcome-centered treatment
    - Access to staff, and perhaps children
    - Measures organizational climate / culture
    - Measures child outcome
- Schedule organizational assessment & plan remainder of intervention

CARE Intervention - 2nd phase
- Organizational assessment & planning based on culture climate survey data & observation
- Preparing leaders, supervisors, clinical & quality assurance for implementation
- Combinations of train-the-trainer & direct training all staff

Intervention - 3rd phase
Sustainability
- Organizational assessment & planning based on follow-up culture climate survey data & observation
- Preparing leaders, supervisors, clinical, trainers & quality assurance for sustainability through participation centered strategies
<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>Respondent</th>
<th>Administration</th>
<th># of Items</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achenbach; Child Behavior Checklist (CBCL)</td>
<td>Assess a wide domain of problem behaviors of children</td>
<td>Parents/teachers of children 1½ to 18 years Youth self-report for ages 11-18</td>
<td>Self-report</td>
<td>Varies by form, test - 100</td>
<td>Yes</td>
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<tr>
<td>Revised Children’s Manifest Anxiety Scale (RCMAS)</td>
<td>Assess the level and nature of anxiety in children and adolescents</td>
<td>Youth ages 6 to 19</td>
<td>Self</td>
<td>28</td>
<td>None</td>
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<tr>
<td>Pediatric Quality of Life Inventory (PedsQL)</td>
<td>Measures health-related quality of life in healthy children and adolescents and those with chronic health conditions</td>
<td>Children ages 2 to 18 Parents</td>
<td>Self Proxy, Parent</td>
<td>28 w/ 4 subscales</td>
<td>Varies by form, test - 100</td>
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<tr>
<td>Children’s Global Assessment Scale (C-GAS)</td>
<td>Measures most impaired level of general functioning for specified time period describing functioning on a hypothetical continuum of health disorders</td>
<td>Mental health professional</td>
<td>Single rating</td>
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<td>Youth Coping Index (YCI)</td>
<td>Measures youth coping</td>
<td>Youths</td>
<td>Self</td>
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<td>Self-esteem Questionnaire (SEQ)</td>
<td>Youth ratings of self-esteem</td>
<td>Youths</td>
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<td>Hopelessness Scale for Children (HSC)</td>
<td>Measures hopelessness in children</td>
<td>Ages 7+</td>
<td>Self</td>
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Chronbach's Alpha and rwg for OSC Dimensions and component scales: All (Copyright 2000 University of Tennessee Children's Mental Health Services Research Center)

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<th>Domain</th>
<th>OSC Dimensions</th>
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<td>Resistance</td>
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Bibliography - Intended action


