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Growing Up FAST™ Program Modification as a Response to Formative Evaluation

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The primary objective of the Growing Up FAST program is to help families create and use a definition of successful adulthood as a means of helping young people mark their successful transition through adolescence. Formative program evaluation and consequent program modification were deemed to be essential prior to the institution of outcome evaluation of this program. Hence, the current study examines the initial design of the program in terms of its ability to be both generalized and perceived by participants as meeting its short-term objectives. Results support the notion that the program displays high generalizability across a number of individual and family demographic variables; however, the study also found inconsistent perceptions of effectiveness among the adolescents, mothers, and fathers who participated. Thus the data revealed a need for the program revision described in this paper.

Throughout the history of family programming, formal evaluation has been limited and, moreover, limited mostly to a concern with summative or outcome evaluation (Thomas, Schvaneveldt, & Young, 1993). A reexamination of the literature since Thomas et al.’s (1993) review reveals little change in this trend. However, some evaluators have emphasized the additional importance of formative program evaluation, or understanding program process prior to effective summative evaluation (Cronbach, 1982; Jacobs, 1988; Small, 1990; Whooley, 1987). These evaluators have suggested that formative evaluation is necessary in terms of both program and evaluation effectiveness. First, and more generally understood, is the link between formative evaluation data and early program modification; that is, what works and what doesn’t, and what has to change programmatically in order to better suit the needs of the target population? More subtle is the link between formative evaluation and outcome evaluation design; that is, what works with whom and under what circumstances? In this latter instance, information garnered from formative evaluation often reveals confounding variables that need to be controlled in order to make outcome evaluation more meaningful.

In the field of family program development and evaluation, literature documenting how formative data can be used to modify programs and design outcome-based evaluation is rare. The dearth of research in this area is unfortunate because family programs, by nature of the multiple perspectives they so readily afford, may provide some new clues to effective formative evaluation, especially in the arena of satisfaction studies. The reliability of these studies, notoriously biased toward satisfaction (Royse & Thyer, 1996), may be substantially increased when data can be collected from and matched among multiple family members.

This paper presents information about how satisfaction and achievement data, rendered more reliable through the use of matched responses among family members (i.e., triangulation), has provided substantive clues to both program modification and the outcome evaluation design of The Growing Up FAST: Families and Adolescents Surviving and Thriving™ program (Gavazzi, 1995). First, the program’s original intent and form is briefly reviewed (a more in-depth description can be found in Gavazzi, 1995), then the formative evaluation study is described. Finally, a detailed description of the revised program is given to demonstrate specifically how the research data were used to modify the program.

THE GROWING UP FAST PROGRAM

An initiative known as The Growing Up FAST: Families and Adolescents Surviving and Thriving program (Gavazzi, 1995; Gavazzi & Law, 1997) has been offered as a response to the need for families to take responsibility for the creation of transitional markers for their adolescents. Historically, societies played a major role in the delineation of a relatively rapid and distinct transition from childhood to adulthood (Eliade, 1958; Gennep, 1960; Turner, 1987). Contemporary society is viewed as being deficient in the provision of clear and distinct boundaries marking these different developmental stages (Campbell & Moyers, 1988). Hence, the period of adolescence is usually described (and often experienced) as an extended period of time with less than clear temporal boundaries (Blumenkrantz & Gavazzi, 1993). As western social institutions have reduced their formal role in providing distinct transition markers, the responsibility has fallen to families, many of whom are ill-prepared to assume this critical role (Gavazzi & Blumenkrantz, 1993).
Left to their own devices, young people often attempt to create their own transitional markers. They may establish community initiation processes to reinforce activities they have found to symbolize adulthood; those choices might include gang involvement, drug use, sexual intercourse, or smoking, to name a few of the many choices available to young people today (Quinn, Newfield, & Protinsky, 1985; Somé, 1993). Seldom, however, do such activities mark the transition to successful adulthood. Family therapists have discussed the merits of creating family rituals as strategies to help families with adolescents deal successfully with transition issues (Friedman, 1988; Kobak & Waters, 1984), and successful efforts to provide modern transitional guides for adolescents and their families are documented in the prevention literature (Blumenkrantz & Gavazzi, 1993; Gavazzi, Alford, & McKenry, 1996; Gavazzi & Blumenkrantz, 1993).

Although not a formal rite of passage program per se, the Growing Up FAST program was designed to strengthen the family’s ability to create markers that would allow its adolescent members to recognize their successful transition to adulthood; in turn, adult family members could conceptualize their parenting behaviors in terms of how they supported their adolescent’s transitioning process. As originally conceptualized, the program utilized a one-session format of approximately two hours duration to serve families made up of at least one adolescent and at least one parent/guardian. The creation of a one-session initiative rested on the notion that helping-professionals on average have one contact with their clientele (Talmon, 1990). Hence, the Growing Up FAST program was designed to respond to the notion that a program facilitator had only one opportunity to make a difference in the lives of a family seeking to strengthen its abilities to respond to the developmental needs of its adolescent members.

This is not to say that the program was created to become the “be all and end all” of the adolescent’s journey toward successful adulthood status. Also, it was not expected that this program would equip parents/guardians with all of the skills necessary to ensure that their offspring become a successful adult. Rather, in the spirit of the solution-focused perspective, the Growing Up FAST program was designed to give families the means by which they could build on present strengths and capabilities in order to chart their continued path toward greater adolescent developmental maturity. It was expected that the greatest amount of the work necessary to achieve successful adulthood status would occur in the months and years following program participation. Hence, the program experience is seen as one of a series of steps taken on the adolescent’s journey toward adulthood.

Together with a Growing Up FAST program facilitator, families are taken through five parts while participating in the program. First, families create their own unique definition of what it means to become a successful adult. Second, based on this definition, participating family members identify what the youth is doing already in order to meet, either partially or in full, each definitional component. Third, family members identify what the youth might begin to do with a bit more effort to further meet each definitional component. Fourth, family members identify what each parent/guardian is doing to help the young person meet each area of the definition, as well as what that parent/guardian might begin to do to further help the youth in each area. Finally, family members are helped to identify community resources that might be able to assist with any or all of the definitional components (Gavazzi, 1995).

The five-part program has three main objectives. The first involves helping family members establish and agree on a definition of the roles and responsibilities that comprise successful adulthood. Previous analysis of a collection of these family-created definitions has revealed that these lists of roles and responsibilities have generally included both common outcome roles of this transition period (e.g., good education, stable occupation, rewarding interpersonal relationships), as well as more process-oriented themes (e.g., achieving autonomous functioning, gaining a sense of identity, and having moral values or an ethical code by which to live; Law & Gavazzi, 1997). The second objective includes assisting family members in the recognition of those behaviors that count toward the adolescent’s transition into the role of a successful adult. The third objective involves helping families to identify resources outside the family that may further assist the adolescent’s quest to become a successful adult. The latter two portions of the program have been viewed as having important therapeutic implications, especially in those families having difficulty identifying success-oriented behaviors and/or having difficulty utilizing potential resources in their social support network (Gavazzi & Law, 1997).

**FORMATIVE EVALUATION DATA**

A five-tiered approach to the evaluation of family programs, as proposed by Jacobs (1988), was adopted here for purposes of generating information about the relative effectiveness of the Growing Up FAST program. Briefly, this evaluation model involves a necessary progression of evaluation from initial needs assessment through formative and finally to outcome evaluation. Each evaluation tier relies on the one beneath it; thus, final outcome or impact evaluation is dependent on careful formative evaluation. The evaluative pyramid, from bottom to top, includes (a) the preimplementation tier, concerned with an initial understanding of the fit between the needs of a population and a program designed to address those needs; (b) the accountability tier, which involves the documentation of the program’s initial utilization and saturation into the target population; (c) the program clarification tier, where the pilot data are used to introduce improvements in the program; (d) the progress-toward-objectives tier, concerned with the understanding of the revised program’s ability to meet short-term goals; and (e) the program impact tier, which includes a rigorous assessment of the program’s effectiveness in comparison to other related initiatives often within an experimental design (Jacobs, 1988).
While there is considerable debate among evaluators as to the degree to which programming should be considered process or product, and consequently about the need for process versus product-oriented evaluation (Cook, 1997), there is general consensus that successful program outcomes and outcome evaluation necessitate some amount of careful process-oriented, formative examination (Worthen, Sanders, & Fitzpatrick, 1997). Jacobs’ five-tiered approach, consonant with this generally accepted principal of evaluating process before product, has been discussed as being useful in development of family-strengthening initiatives in such domains as family life education (Hughes, 1994).

Currently, the development of the Growing Up FAST program is thought to be within the second and third tiers of the Jacobs’ evaluation model: the accountability and program clarification tiers, or what might also be referred to as formative tiers. Preimplementation (first-tier) issues involving the fit between the needs of a population and a program designed to address those needs were addressed in large part through the explicit utilization of quantitative assessment data on the needs and capabilities of families who participated in various pilot versions of the Growing Up FAST program. More specifically, analysis of data on family functioning levels and adolescent problematic behavior gathered from self-referred families in earlier versions of the program displayed a large range of functioning levels and contained adolescents with a wide variety of problem behaviors; such range and variety were thought to be consistent with the offering of a primary prevention program to an at-large group of families. Accountability (second-tier) issues, which involve the documentation of initial program utilization and target population saturation, are discussed in the next section of this paper. Program clarification (third-tier) issues are discussed throughout the remainder of the paper in terms of modifications that have been introduced as the result of pilot data analysis, including the development of a follow-up phase.

The cyclical nature of this evaluation effort (i.e., movement back and forth from each tier) is similar to the pilot-testing stage described in an alternative program evaluation model suggested by Dumka, Roosa, Michaels, and Suh (1995), whereby multiple versions of a program are piloted before progression to an advanced testing or outcome-evaluation stage. Within the formative tiers, evaluation of satisfaction levels and qualitative interviews of participants provide feedback that influences a program’s ongoing development (Jacobs, 1988; Royse & Thyer, 1996). Additionally, by identifying potential confounding variables, such evaluation provides information that will help ensure the accuracy of eventual outcome evaluation (Jacobs, 1988).

In the present effort, we chose to conduct postparticipation interviews with each family member to garner data about program satisfaction, perceived accomplishment, and generalizability. Information about program satisfaction and perceived accomplishment in and of itself would provide critical information about the degree to which participants experienced the program as helpful and the level of accomplishment they experienced at each program step. Further, because of the program’s family-based orientation, we were interested to see whether adolescent and parent/guardian participants would perceive the program to be equally as satisfying and whether they would experience equal sense-of-accomplishment levels at each of the program’s steps. Differences between adolescent and adult experiences would indicate a programmatic bias toward young people or parents/guardians, which would be antithetical to the systems approach upon which family programming is based.

As noted above, the Growing Up FAST program is based on the initial step of family members creating their own unique definition of successful adulthood. The fact that family members are put in this expert position, combined with the solution-focused notion that families know their own needs (i.e., developmental, socioeconomic, gender-specific), led us to believe that the program would not vary across three specific demographic variables (i.e., family income, adolescent age, and gender). More specifically, we predicted that the program would be equally satisfying to families regardless of their income level and the individual characteristics of their adolescent members (e.g., age and gender). However, since the program was designed to focus on strengths and capabilities (and not on problems), it was expected that families with adolescents exhibiting higher levels of problem behavior would experience less satisfaction with the program. Hence, we believed that scores on a measure of adolescent problem behavior (Child Behavior Checklist; Achenbach & Edelbrock, 1983) would be significantly related to reports of program satisfaction; that is, the program would be less satisfying to family members whose adolescents reported higher levels of problem behavior.

METHOD

SUBJECTS

The sample used in this study consisted of 53 families who had participated in the Growing Up FAST program as it was conducted on a large, midwestern university campus. Participants were made aware of the program through radio and television spots, posted flyers, and mailings to community agencies, family physicians, pediatricians, therapists, hospitals, and other health-related agencies and organizations. Information about the program indicated that it was designed to be a family-strengthening program that helped parents and teenagers deal with the normal and typical issues facing families with adolescent members. Further, the program was offered free of charge to family members in exchange for their supplying information about themselves and their experiences of the program. The resultant adolescent sample was composed of 27 males and 26 females ranging between the ages of 11 and 17 (\( \bar{x} = 13.9 \) years). There were 20 intact families (where the adolescent lived with both biological parents), 25 single-female parent-led households, 6 stepfamilies, and 2 families headed by a guardian who was not the biological parent of the adolescent. The ethnic composition of this sample was 47 Caucasian families and 6 families of minority background. Incomes of
these families ranged from $3,000 per year to $200,000 per year ($\times = $55,644 per year).

PROCEDURE AND INSTRUMENTS

Data collected prior to program participation included demographic information about family members (i.e., adolescent gender, ethnicity, age, and family income). Further, information about the level of problematic behaviors displayed by adolescents prior to their participation in this program was gathered through use of the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983). The CBCL is completed by parents/guardians with regard to their adolescent child’s problem behaviors. A total problem score was calculated from items that also represent internalizing (i.e., withdrawal, somatic complaints, anxiety/depression) and externalizing (i.e., delinquent behavior, aggression) syndrome scores, as well as problems concerning social difficulties, thought problems, and attention difficulties. For present purposes, raw CBCL scores were used in all analyses because of the normative nature of this sample (as is recommended by Achenbach, 1991). The CBCL’s reliability and validity evidence has been documented thoroughly, including its relationship to psychiatric diagnoses and other individual health and pathology indicators (Achenbach, 1991).

Postparticipation data was collected approximately two weeks following family involvement in the Growing Up FAST program. Here, a structured interview protocol was designed in order to generate responses from family members regarding their experiences of the program itself. Each participant was asked a series of questions that related to satisfaction and perceived effectiveness. Interviews, typically lasting between 10 to 15 minutes, were conducted on the telephone by a trained program staff member who did not serve in the capacity of program facilitator for the family members interviewed.

Overall level of satisfaction with the program was determined by a scale that ranged from 1 to 5, with 1 representing “very unsatisfied,” 3 representing “neutral,” and 5 representing “very satisfied.” We established an a priori level of 4.0 (mostly satisfied) as what we would consider an acceptable average overall satisfaction level. Average responses below this level would direct us toward program modification or revision. Because satisfaction studies typically render little variability, tending toward 100% satisfaction (Roys & Thyer, 1996), two questions that would triangulate family member responses were asked. It was believed that more variation might be elicited from questions about other family members’ satisfaction and that comparisons within families would enhance the depth of what might otherwise be a limited satisfaction study. Participants were asked what they believed were other family members’ current attitudes about participating in the program in terms of its helpfulness (range 1 to 3, with 1 indicating “not helpful at all” through “somewhat helpful” and 3 indicating “very helpful”) and whether or not this attitude reflected any change since the family first talked about participating in the program (range 1 to 3, with 1 indicating “more positive now” through “no change” and 3 indicating “more negative now”).

Individual overall satisfaction levels were supported by the triangulated information. For instance, fathers’ satisfaction was significantly related to mothers’ perception of their adolescent’s change in attitude toward the program’s helpfulness at the time of follow-up ($r = .45, p < .05$). Adolescents’ perception of amount of parental attitude change was significantly related to fathers’ satisfaction levels ($r = .58, p < .01$). Likewise, both mothers’ ($r = .31, p < .05$) and fathers’ ($r = .53, p < .05$) posttest perceptions of their adolescent’s change in attitude were associated with adolescent levels of satisfaction. Also, adolescent satisfaction level was supported by a significant correlation ($r = .45, p < .01$) with adolescents’ perception of parental attitude. At the same time mothers’ ($r = .45, p < .01$) and fathers’ ($r = .58, p < .01$) responses were significantly related to the amount of attitude change in their adolescent.

Sense-of-accomplishment questions elicited how well, by percentage, the respondent believed each of the program’s five steps was successfully accomplished. Our a priori acceptable sense of accomplishment level was set at 80%. Averages falling below this level would direct us to look toward program modifications and to examine the data for indicators of directions such program modifications might need to take.

Additional qualitative questions sought information concerning specific program parts that respondents found helpful and/or unhelpful and whether or not family members had any ideas about changes that might improve the quality of the program. The transcripts of participant answers to these additional qualitative questions were reviewed separately by the first two authors of this paper. Each answer to each individual question was placed into intuitively derived categories by the two authors. The authors then met to discuss these categories and their contents. Categories were then refined and modified. Only those themes developed from this process that were endorsed by at least 20% of the sample are reported below.

RESULTS

Both program satisfaction and sense-of-accomplishment mean scores were first examined for general trends. Mean scores of program satisfaction illustrated that all family members felt at least approximately somewhat satisfied with the program. However, both mothers’ and fathers’ mean scores fell below our predetermined acceptability score of 4.0 (see Table 1 for means, standard deviations, and ranges of goal achievement and satisfaction scores). Mothers’ and fathers’ average percentages of sense of accomplishment with each program step all fell below our preset acceptability score of 80%, although none were below 50%. Adolescents, however, felt a greater than 80% sense of accomplishment at
TABLE 1  
Means, standard deviations, and ranges for goal achievement and program satisfaction scores for adolescents, mothers, and fathers

<table>
<thead>
<tr>
<th>Goal</th>
<th>Adolescents (n = 53)</th>
<th>Mothers (n = 53)</th>
<th>Fathers (n = 26)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>Range</td>
</tr>
<tr>
<td>Goal 1: Family Definition</td>
<td>81.11</td>
<td>18.40</td>
<td>3-100</td>
</tr>
<tr>
<td>Goal 2: Youth Behavior</td>
<td>85.67</td>
<td>12.77</td>
<td>35-100</td>
</tr>
<tr>
<td>Goal 3: Future Behavior</td>
<td>78.80</td>
<td>16.09</td>
<td>30-100</td>
</tr>
<tr>
<td>Goal 4: Parent Behavior</td>
<td>87.89</td>
<td>13.14</td>
<td>40-100</td>
</tr>
<tr>
<td>Goal 5: Resources</td>
<td>81.09</td>
<td>14.62</td>
<td>40-100</td>
</tr>
<tr>
<td>Program Satisfaction</td>
<td>4.26</td>
<td>0.65</td>
<td>3-5</td>
</tr>
</tbody>
</table>

in step one (creating the definition of successful adulthood). In contrast, both mothers and fathers experienced greater achievement in step one than in step two.

There were no significant correlations between accomplishment ratings given by mothers, fathers, or adolescents and the demographic variables of family income and adolescent age. Further there were no t-test differences in satisfaction ratings by adolescent gender. We understood these results to suggest that the program may be generalizable across adolescent age, economic levels, and adolescent gender.

Finally, only mothers’ reports of program satisfaction were significantly related to scores on the CBCL ($r = -.31, p < .05$). Therefore, it appeared that mothers were more satisfied with the program if their adolescents demonstrated fewer behavior problems on the CBCL. Neither fathers’ nor adolescents’ levels of program satisfaction were significantly related to the CBCL scores.

Although the data supported the notion of program generalizability, the data demonstrated problems concerning the program’s effective implementation. We therefore turned to data gathered from the qualitative, open-ended queries. In 46 of the 49 comments received from program participants, three themes were represented: (a) program length; that is, the duration of the session was too long or, alternatively, more time was needed to accomplish all of the steps outlined (32.6%); (b) the family needed help with the practical application of the Growing Up FAST experience (e.g., employing the family definition when communicating about getting chores done; 23.9%); and (c) a follow-up session was suggested to practice using what was learned (43.5%).

SUMMARY OF STUDY FINDINGS RELATING TO PROGRAM MODIFICATION

Lower than anticipated satisfaction and sense-of-achievement levels led to concerns about how the program was being implemented. Therefore, the data were examined for indicators of how the program could be modified to increase satisfaction and sense-of-achievement scores. The descriptive data revealed that adolescents generally felt more satisfied than parents and had a higher sense of accomplishment than mothers, who felt a greater sense of accomplishment and satisfaction than fathers. One explanation for this finding is that fathers, and next mothers, may be more results-oriented and practically inclined (Newman & Newman, 1995) than adolescents and that the lower satisfaction levels reflected a parental need for more practical application within the program experience. In essence, parents (and especially fathers) may need to be given specific instructions on how to apply program knowledge in an instrumental fashion.

This explanation warranted attention when considered in conjunction with one other finding from the quantitative data discussed above. Specifically, mothers' reports of program satisfaction were significantly related to scores on the CBCL, such that mothers reported higher satisfaction scores if their adolescents demonstrated fewer behavior problems. An explanation for this finding may be
that mothers of adolescents who were experiencing greater behavioral difficulties were hoping for more help in dealing with these problems than was available in the original program format. For these reasons, we saw the need to strengthen the practical application of the program content, especially with regard to the need for more problem-solving instruction and more opportunity for practical application of the family definition and resources.

Given the three themes that emerged from the qualitative data (i.e., program length, practical application of the experience, and the need for more “practice” time) the program was revised with shorter durations for sessions, increased practical application of the definition, increased problem solving, and increased time for families to interact with the program.

**THE MODIFIED GROWING UP FAST PROGRAM**

As noted above, the Growing Up FAST program was modified in response to participant feedback that suggested adjustments to program length and the need for additional assistance in having the program’s content applied to the family’s daily interaction. In practice, the program was expanded from one to two sessions in order to assist family members in the expansion and extension of their definitions of successful adulthood and to focus on family competence in everyday problem solving and decision making (Waters & Lawrence, 1993). To address program length, the initial session was shortened by providing a social support network map (explained in more detail below) for family members to complete as homework prior to returning for their second session.

In order to provide more problem-solving applications of the family definition and resources, the second session now centers on developing skills for reframing family problems as core issues related to achieving successful adulthood. Briefly, the four parts of the second session are:

1. reviewing and further modifying the family’s definition of successful adulthood;
2. providing family members with instruction in needs assessment and decision-making skills;
3. training family members in the utilization of these skills through a specific focus on the family’s definition of successful adulthood; and
4. planning for the use of additional community resources to assist in further utilization of these skills.

The second session’s first part (i.e., review and modification of the family’s definition of successful adulthood) provides family members and the program facilitator with a sense of continuity in their work together, as well as a way to share their previous efforts at between-session change in family interaction patterns (O’Hanlon & Weiner-Davis, 1989). During the usual two-week period of time between the two sessions, family members typically have had the opportunity to observe themselves interacting around issues that both do and do not conform to the definition of successful adulthood they had constructed in the first session. Information about this degree of fit is solicited actively by the program facilitator and provides the basis for all further expansion and extension of the family’s definition of successful adulthood. Above all else, identification of existing family competence (Waters & Lawrence, 1993) as the vehicle of progression toward greater approximation of the family’s definition of successful adulthood is the key factor in the accomplishment of the remainder of the program steps.

In part two of the second session, family members are introduced to a six-step needs assessment and decision-making process. This six-step process borrows from the work of educators such as Ausubel (1968), who outlined a general series of problem-solving steps in service to skill-building exercises. The second session utilizes a version of Ausubel’s steps developed by Blumenkrantz (1992) for work with adolescent populations. The six-step needs assessment and decision-making process involves:

1. definition of the target: what is the need to be assessed and/or decision to be made?
2. exploration of alternative solutions: in what ways might the need be met and/or the decision be made?
3. evaluation of alternative solutions: what are the strengths and limitations of each possibility identified in the previous step?
4. choice of an alternative for implementation: which of the alternatives has the best benefit-cost ratio?
5. actual implementation of the chosen alternative; and
6. evaluation of the implementation.

These modified steps are taught in straightforward fashion by the program facilitator. Each step is introduced, often with the help of visual materials such as handouts or posters, and then discussed in detail.

Hatfield (1990) noted that the transfer of learning such skills is facilitated most effectively through various connections made to actual life experiences. Hence, the didactic experiences of family members are quickly put into practical use in the third part of the second session. Specifically, the program facilitator assists the family in selecting a current issue on which to focus and then directs family members through the six-step decision-making process regarding the selected issue.

The first decision-making step, identifying the target, is key to the program. Here the family learns to reframe the selected issue in terms of an aspect of the family’s definition of successful adulthood. For instance, an issue of getting a job might be reframed as “being financially self-sufficient” in one family or “contributing to family members’ well-being” in another. Reframing problems (Smith & Berg, 1987) has been shown to be a quickly taught and rapidly acquired self-help skill (Miller & Osmunson, 1989), as well as one that may interrupt the automatic information processing and consequent decision making that can stem
from a blaming schemata (Morris, Alexander, & Turner, 1991). Just as the actual
construction of the family’s definition of successful adulthood in the first session
is dependent on content chosen through the consensual agreement of all members
(Gavazzi, 1995), the substantive issues dealt with in this section of the follow-up
session also are contingent on family unanimity.

After identifying the issue and reframing it in terms of the family definition,
the family moves to the second decision-making step and brainstormst all possible
options for meeting the selected part of the definition. The issue around which the
decision-making session has centered becomes the first option on the list. Thus the
issue of contention becomes one option of many, rather than the point of focus.
In step three, after all options have been listed, the family evaluates the options
in terms of costs and benefits. In step four, the family selects the option with most
benefit and least cost and uses it to formulate a plan of action. Finally the
facilitator helps family members review their plan for how well it appears to
address the initial issue. This final step also involves helping family members see
that should problems arise with the plan, the members can review each of the
steps to see where they may need to make an adjustment, whether it be in finding
more options, reassigning costs and benefits, or reweighing them. In this way,
participating adolescents and their families experience problem solving in terms
of making decisions related to becoming a successful adult.

The fourth and final part of the follow-up session’s protocol involves work on
the family’s ability to access further resources in their community and is based on
a social support network map completed by family members at home during the
time between the two sessions. The map is laid out as a network with “my
family” in the middle with spaces for persons and organizations surrounding it.
For each person and organization, the family member writes what the resource
is currently doing to help the adolescent and what it might do if asked. Equally
important, the family member expands the network by recording potential
resources this resource may suggest. The program facilitator reviews with the
family how each resource might provide assistance in additional needs assessment
and decision-making work. Here, program facilitator efforts may go beyond
reliance on family members’ knowledge and perceptions of their formal and
informal resources. Based on the family’s stated desire for additional assistance
and/or the degree of distress expressed in dealing with current life events, the
program facilitator offers additional resources on an as-needed basis.

CASE EXAMPLE OF THE FOLLOW-UP PHASE IN USE

The description of programmatic work done with one family that contained an
adolescent member is presented to illustrate how the second phase of the Growing
Up FAST program may be utilized by youth-serving professionals.

The Adams family consisted of a 13-year-old daughter, Amanda, her mother,
Sara, and her stepfather, Raymond. The family made contact with the Growing
Up FAST project staff through a referral from Amanda’s middle school guidance
counselor. The referral was made following an altercation between Amanda and
her social studies teacher that resulted in a week of after-school detentions for
“mouthing off.” Amanda’s parents reported that this incident seemed to be an
isolated event in terms of typical behaviors. Nonetheless, they believed that the
timing was right to take advantage of a family-strengthening program.

In the first phase of the program, the Adams family generated six parts to its
definition of successful adulthood on which members were able to achieve
consensus. In their own words they were: (a) follow through on commitments, (b)
have a job, (c) respect authority, (d) be considerate of others’ feelings, (e) respect
own and others’ property, and (f) see what needs to be done and do it. Family
members were able to produce a variety of examples that indicated Amanda was
currently engaged in activities that supported each definitional component (work
related to part 2 of the first phase); similarly targeted behaviors were reported by
family members regarding parental support for these definitional components
(work related to part 4 of the first phase). Further, family members indicated that
there were several activities that both Amanda and her parents needed to begin to
incorporate in their lives to provide future support (work related to parts 3 and 4
of the first phase).

Four weeks after its initial program experience, the Adams family began
participation in the second phase. The review of their definitional components
(goal 1 of the second phase) generated one addition that both parents and Amanda
felt they overlooked: “doing well in school.” Hence, this new component was
added to the family’s list. The second phase’s didactic component (goal 2: teaching
the six steps of needs assessment and decision-making skills described above) was
uneventful. Family members indicated the commonsensical nature of these steps; here, Mrs. Adams stated that the program facilitator “gave words to
describe what we typically do anyway.”

To initiate work on the second phase’s third goal, family members were asked
to choose an issue from their current day-to-day experiences that could be
addressed through use of the needs assessment and decision-making steps. Almost
instantaneously, both mother and Amanda blurted out “curfew.” As might be
expected, Amanda wanted to have her weekend curfew extended (it was 11 p.m.,
and she had been pushing for a midnight curfew for the past six months). Her
mother asserted that the curfew seemed fine as it was. Before proceeding, the
stepfather was asked if he agreed to use this issue for this part of the program’s
work. He granted his assent, but noted his doubt that something could be done
about this (he reported that his wife and stepdaughter had their biggest fights
around this issue).

The program facilitator began by asking family members to determine which
component of their family’s definition of successful adulthood the issue of curfew
fit under. At first, the family was unable to place it anywhere. Both parents began
suggesting a new definitional component (heartily rejected by Amanda; as
expected, she wanted no part of a component that simply reinforced the status quo. The program facilitator asked out loud whether obeying a curfew had anything to do with "respecting authority," already one of the family's definitional components. Consensus was reached with family members about this (albeit reluctantly with Amanda, for she seemed suspicious that this was going to go in a direction she did not prefer).

With this agreement in hand, the program facilitator moved to assist family members in the creation of a precise definitional target for the needs assessment and decision-making process. It became worded in the following manner: "How might curfew be set in such a way as to allow Amanda to respect the authority of her parents?" Then the family generated a list of alternative solutions that included "doing nothing different," "allowing Amanda to come in whenever she wanted," "increasing curfew a half-hour every time Amanda turned one year older," and "tying later curfew to doing more chores." Next, each of the potential solutions was evaluated in terms of its relative benefits and costs. It was determined by all family members that the option displaying the most promise in terms of the benefit-cost ratio was the solution that linked increased privilege with increased responsibilities.

A great deal of negotiation ensued over what exactly this would mean in terms of actual behaviors and incremental time increases; however, after a rather lengthy discussion, a plan was worked out to the satisfaction of all family members. As a capstone to this decision-making process, family members were asked to determine what would constitute "success" in this plan, as well as to plan ahead for what members would do in the event that their plan was not successful. This evaluation step provided a bridge to the last part of this second phase, which asks family members to plan for the use of additional community resources. In preparation, the Adams family mapped out the rather impressive social support network available to them. Accordingly, family members agreed to utilize a nearby counseling facility in the event that they became "stuck" over the curfew plan or other related "growing up" difficulties. Reports solicited from the family members three months following their participation in the Growing Up FAST program's second phase indicated success in the implementation of their curfew strategy and overall satisfaction of member participation in the second phase.

SUMMARY AND CONCLUSION

Based on lower-than-expected satisfaction results of this formative evaluation, it appears that outcome evaluation prior to formative evaluation and consequent program modification may have prematurely terminated a potentially highly effective family-support program. Considered from the perspective of Jacobs' (1988) five-tiered model for program evaluation, careful examination of third-tier data provided indicators for program modification. These indicators directed a program modification that doubled the program's offering while shortening in duration the length of the initial session.

Formative evaluation also suggested that adolescent behavior may be a potential confounding variable to be controlled in future impact studies. More specifically, the negative relationship found between mothers' sense of satisfaction and their adolescent's CBCL scores will direct future outcome evaluation to control for levels of adolescent problem behavior. In other words, we will expect to find that programs serving more families experiencing higher levels of adolescent problem behavior may have a lower overall success rate (by whatever indicator is selected to measure outcome).

Finally, one of the more interesting by-products of this study was to document the use of multiple perspectives to triangulate and thereby strengthen the results of otherwise questionable satisfaction studies. This use of multiple perspectives is gaining increased attention in the family literature (Bartle-Haring & Gavazzi, 1996; Greenbaum, Dedrick, Prange, & Friedman, 1994; Martin & Cole, 1993) as researchers attempt to grapple with issues that involve the use of "relational family data" (Fisher, Kokes, Ransom, Phillips, & Rudd, 1985). Hence, future exploration of the use of multiple perspectives in family program evaluation may reveal some lucrative multiple-perspective methods that involve answering questions about how family-level processes affect and are affected by specific programmatic efforts.

NOTES

1. The second author has had previous experience in conducting postparticipation interviews (cf., Gavazzi, Alford, & McKenry, 1996).

2. The description of the family presented here has been altered in such a way as to protect member anonymity, including the use of names and family characteristics. Any resemblance to actual families or members living or deceased is coincidental.

3. Here, program facilitators encourage family members to "brainstorm out loud" anything that comes to mind, without thought to the effectiveness or practicality of the potential solution. Family members are taught that the ability to delay the evaluative process results in a greater number of alternatives from which to make final choices. Without such a separation of exploration and evaluation, families are often left with one (or no) choices, since all else seemingly has been eliminated from the family dialogue.

REFERENCES


