

Implementing a Sustainable Program Evaluation Component
at a Large University Counseling Center

by

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ABSTRACT

This action research dissertation study was undertaken to establish the foundation of a comprehensive evaluation component for the Turn-It-Around (TIA) workshop intervention program at Arizona State University (ASU), and was delivered in the form of a program development consultation. The study's intent was to enhance the ASU Counseling Service's departmental capacity to evaluate one of its important clinical services. The outcomes of this study included multiple assessments of TIA's evaluability and the fidelity of its implementation to its program design. The study products include a well-articulated program theory comprised of program goals, learning objectives, a detailed description of program activities, a logic model, and theoretical construct checklist documents articulating the behavioral science theory underlying the TIA intervention. In addition, instruments tailored to the Turn-It-Around intervention that are suitable for assessing program outcomes were developed and are implementation ready. TIA's clinical stakeholders were interviewed following the generation and delivery of the products and instruments mentioned above to determine whether they found the study's processes and products to be worthwhile and useful. In general, the clinicians reported that they were very satisfied with the benefits and outcomes of the program development consultation. As an action research dissertation, this study generated useful and usable collateral materials in the form of reports, documents, and models. These products are now at the disposal of TIA's institutional stakeholders for use in day-to-day business activities such as training new facilitators and liaisons, and giving presentations that describe the

usefulness of TIA as an intervention. Beyond the documents generated to form a program evaluation infrastructure for Turn-It-Around, the processes involved in crafting the documents served to engage relevant stakeholders in a cycle of action research that enriched and solidified their understandings of TIA and furnished them with insight into their counterparts' thinking about the intervention and its potential to benefit the college students they are responsible for helping.

Consistent with the intent of action research, the processes involved in accomplishing the objectives of this study surfaced new topics and questions that will be useful in subsequent cycles of program improvement.

DEDICATION

I dedicate this dissertation to all those in my family who have inspired me through words and example to achieve a college education, and convinced me I could reach for something higher: To my parents, *Bill and Sharon Robinson*, who talked about “going to college” throughout my childhood as though it were a given; to my uncle, *Dan Prichard*, who inspired and impressed me by earning his Masters’ degree in Social Work; to my aunt and namesake, *Dr. Sheila Prichard*, who inspired and impressed me by earning her Doctorate in Music despite multiple hardships encountered along the way; to my brother, *Sgt. Burt Robinson*, who though the youngest of four siblings was first to earn an undergraduate, and later a graduate degree, and who challenged me to do the same; to my daughter, *Jeanah Lacey*, who inspired me to continue my education while in my mid-30s and complete a college degree because *she’s my daughter, I must catch up with her*; and finally, to my husband and life’s partner, *Robert J. Lacey*, whose sacrifices and perennial support have always provided me with what I need to survive, to thrive, and to excel. I thank each of you for being who you are: you have helped make me who I am.

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The doctoral journey is a long one, and its pathway is arduous and often unsteady. Engaging the journey is a hazing. Making the journey is a transformation. Completing the journey is an endorsement, and represents a conquest: a triumph over oneself and the obstacles to be surmounted. The journey is a lonely one, but one that also “takes a village.” My village is extended, and without each of its members, I could not have achieved this significant life goal of earning a doctorate. I offer my gratitude and thanks to the following people who in different ways helped me along the way: To *Dr. Caroline Turner*, who encouraged me to apply to the Leadership for Changing Times doctoral program and accepting me into the cohort; to *Dr. Steve Golston* and *Dr. Barry Maid*, who both answered my email entitled “outrageous request” and furnished me with reference letters on less than a week’s notice; to *my family*, whose support, sacrifices, and prayers sustained me throughout this relentless journey; to *Holly Philbrick* and *Pauline Jewett*, who provided me with steadfast personal and professional support “on the job;” to my fabulous *cohort members*, who made this journey more personal and collegial; to all the *professors and advisors* involved in helping us matriculate the program, who engaged our passion and dedication to qualify for the next level of leadership in academe yet challenged our thinking, our flexibility, and the mettle of our intensions; to my *colleagues at ASU Counseling Services*, who went “above and beyond” in providing me a purpose, a setting, and extensive access to their time in agreeing to participate in a program development consultation as the subject of my action research

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CHAPTER 1

INTRODUCTION

Introduction and Context for Conducting a Program Evaluation Study

This doctoral action research study was undertaken to develop a comprehensive program evaluation model for Arizona State University (ASU) Counseling Services' *Turn-It-Around* (TIA) workshop intervention and to investigate the feasibility of the department sustaining an ongoing evaluation effort. My initial research plan was to orchestrate a pathway to shepherd the Turn-It-Around program through planning and formative evaluation activities culminating with the administration of a pilot to evaluate program impact. The intended outcome of the original research design included a turnkey program evaluation model equipped with the tools necessary to begin routine implementation of a web-based questionnaire informed by the results of pilot testing and input garnered from follow-up qualitative interviews. The final research plan was tailored to encompass planning and formative evaluation activities that assessed TIA's evaluability and implementation and laid the groundwork for evaluation of outcomes. Thus, the activities undertaken in this study have established the platform upon which a comprehensive program evaluation component for the Turn-It-Around workshop now can be implemented. That platform consists of a well-articulated program theory comprised of program goals, learning objectives, a detailed description of program activities, a logic model, and theoretical construct checklist documents articulating the behavioral science theory underlying the TIA intervention. In addition, instruments tailored

to the Turn-It-Around intervention that are suitable for assessing program outcomes were developed and are implementation ready.

Background and Organizational Setting

ASU Counseling Services (CS) is charged with supporting the University's academic mission by "providing mental health, consultation and outreach services that facilitate the student learning experience and student success in persistence and graduation" (Arizona State University, n.d.-a, para. 1). Counseling Services fulfills its comprehensive mission of educational support through a variety of service delivery modalities. First, CS provides services directly to students through individual and group counseling sessions, educational presentations and workshops, and facilitation of referrals to other campus or outside service agencies. Second, CS provides training and consultation to University personnel on topics ranging from facilitating student development, to dealing with difficult student behavior, to recognizing the warning signs of student distress. Third, CS participates in interdepartmental collaborations to help students succeed and persist at ASU, which includes fulfilling a central role within the institutional safety infrastructure.

Accrediting body expectations. Counseling Services' clinical services are accredited by the International Association of Counseling Services (IACS) (2010), the accrediting body for university and college counseling center services. To achieve IACS accreditation, a counseling center must demonstrate its ability to adequately fulfill four important professional service delivery roles for its institution: counseling and/or therapy regarding personal adjustment, vocational,

developmental, and/or psychological needs; preventive programming and activities to facilitate development of the competencies necessary to achieve educational and life goals; student development through consultation and outreach to the campus community; and contributions to campus safety.

ASU Counseling Services first achieved IACS accreditation in 1990. The re-accreditation process occurs every four years, which requires preparation of a comprehensive self-study document; an IACS site-visit is required every eight years. The re-accreditation process entails a detailed review and analysis of the counseling center's administrative operations and its service delivery practices as measured against the benchmarks established in the *IACS Standards for University and College Counseling Centers* document (International Association of Counseling Services, 2010), finalized by an accreditation report and recommendations. The IACS Standards include two levels of expectation—those that are mandatory for accreditation, denoted as a “must,” and those denoted as a “should” (International Association of Counseling Services, 2010, p. 1), which outline the goals counseling centers *should* be working toward if not yet achieved. The Standards cover the following nine program functions: counseling, crisis intervention, outreach, consultation, referral, research, program evaluation, professional development, and training programs.

Research and program evaluation: IACS and CS. The International Association of Counseling Services (2010) *Standards for University and College Counseling Centers* document states that conducting ongoing accountability research is an “integral responsibility” of IACS-accredited counseling centers to

determine effectiveness as well as to improve the quality of services (p. 5). Each center *should* contribute to campus level as well as national data collection efforts, *should* collaborate with researchers investigating student characteristics or “the influence of specific student development programs” (p. 5), and *should* participate in research and/or other scholarly endeavors that advance the development of psychology and related fields. Program evaluation is one of the mandatory *must* requirements: “there must be a regular review of the counseling service based on data from center evaluation efforts” (p. 5).

Counseling Services employs a multifaceted approach to the research and evaluation functions, with activities yielding the following categories: service measures contributing to campus and national-level data collection initiatives, clinical intake and termination summaries and evaluations, departmental quality assurance peer reviews, and client satisfaction surveys. CS collaborates with individuals requesting access to the counseling center population on an ad hoc basis. The research and evaluation efforts at CS described above are longstanding and have been established through two decades of ongoing management attention and refinement.

In addition to the counseling services evaluation activities, CS also engages in substantive evaluation processes connected to its three training programs: an American Psychological Association (APA) approved predoctoral internship program, an Association of Psychology Postdoctoral and Internship Centers (APPIC) postdoctoral fellowship program, and an advanced practicum training program for students in ASU counseling and social work programs.

Further, Counseling Services is the leading partner in ASU's Suicide Prevention Program funded by a grant from the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services. Evaluation for this program is led by a professional evaluator for the grant, and CS personnel participate in the data collection as well as analysis of programmatic outcomes.

Purpose and Scope of the Study

Despite the extensive activity described above to assess the functioning of numerous Counseling Services' processes, no structure has been instituted to evaluate individual clinical programs. To fulfill a gap identified in departmental capacity, this action research dissertation was conducted for the purpose of establishing a framework, including necessary groundwork, for ASU Counseling Services to develop and implement a sustainable, comprehensive evaluation component for one of its most important programs, the Turn-It-Around workshop series. TIA is a clinical service intervention that fulfills the two department goals of interdepartmental collaboration and institutional safety, and is an intervention primarily serving students referred to CS from Student Rights & Responsibilities (SRR), ASU's student conduct office responsible for administering the Arizona Board of Regents' (ABOR) Student Code of Conduct and Student Disciplinary Procedures (Arizona State University, n.d.-b). Implemented in the Fall 2008 semester for students having "made mistakes and who would benefit from learning from and changing their behavior," TIA has become a referral option

frequently selected by SRR conduct officers (A. Krasnow, personal communication, January 26, 2009; Lacey, 2009).

Stevens, Lawrenz, and Sharp (1993) point out that when conducting a program evaluation, it is important that evaluators are sensitive to the needs of respondents and “cause as little disruption as possible” (p. 23) to organizational operations. Past experience within the CS organization allowed me to conduct this dissertation research study from the dual perspective of an outside consultant with an “insider’s” viewpoint. As a former member of the management team and a principal creator of the agency’s business systems, my understanding of the counseling center’s functioning afforded me a unique vantage point from which to work with the CS management team members in the role of a third-party consultant facilitating an organizational development process. My insider understanding guided me in formulating an evaluation process that was amenable to the constraints of a team of clinical managers who rarely experience a day without an emergency schedule change in response to an urgent situation involving counseling, consultation, or coordination with clients, front-line clinical staff, or University administrators.

As noted by Donaldson and Lipsey (2006), there are many potential benefits to be gained from a program evaluation, which include increasing stakeholder capabilities in organizational decision-making; acquisition of knowledge, skills and evaluative thinking; continuous improvement and organizational learning; and program verification and accountability. In this study, the theory and practice of program evaluation is bounded by the disciplines

comprising the social sciences. Thus, the information presented and quoted throughout—such as the benefits of evaluation noted by Donaldson and Lipsey above—are derived from sources grounded in the scientific study of social programs with the intent of improving the “individual and collective well-being [of society] through the systematic creation and application of knowledge” (Rossi, Lipsey, & Freeman, 2004, p. 2).

Guiding Research Questions

Two overarching questions guided this research study in an effort to assess the TIA program’s evaluability and its implementation fidelity: 1. To what extent is the Turn-It-Around intervention suitably developed to be effectively evaluated? 2. To what extent is the Turn-It-Around workshop being implemented as designed?

Scope and Limitations

The scope of this dissertation research study is limited to assessments of the TIA program’s evaluability and implementation. As such, no summative assessment of the program’s impact is provided, though recommendations are suggested for future study that address this area of program evaluation. In addition, only institutional stakeholders of the program are represented, with no student participants furnishing input. An impact evaluation would solicit and furnish student input. The institutional stakeholders were limited to the clinical stakeholders who facilitate TIA and representatives from the Student Rights & Responsibilities office, which comprises the chief referral source for student participants into TIA. Other ASU offices such as University Housing and ASU

Athletics also refer students to TIA, but no staff from those offices provided input into this study. Finally, as a qualitative investigation, the outcomes of this program evaluation are limited to the setting and direct participants in the study, with no expectation of generalizing to other settings.

Definitions

This section defines terminology and key concepts and the manner in which they are used throughout this dissertation report and in the appendices presented in alphabetical order.

Conduct officer. The titles “conduct officer,” “judicial conduct officer,” “judicial hearing officer,” and “Student Rights & Responsibilities officer/official” are used interchangeably to refer to the staff at Arizona State University who hear and adjudicate the cases of students charged with violating the Student Code of Conduct.

Evaluation. Evaluation means “the process of determining the merit, worth, or value of something, or the product of that process” (Scriven, 1991); used interchangeably with “assessment” in this study.

Evaluability evaluation. Activities conducted for the purpose of assessing if a program is suitably developed to be evaluated for outcomes or impact (Rossi et al., 2004).

Evaluand. A generic term for whatever is being evaluated. In this paper, it refers to the Turn-It-Around workshop program (Scriven, 1991), and is interchangeably referred to as the Turn-It-Around (or TIA) “workshop,” “program,” or “intervention.”

Evaluation Theory. Theory that provides a general framework prescribing how to conduct an evaluation and what should be included (Donaldson & Lipsey, 2006).

Formative evaluation. Activities conducted for the purpose of program improvement. Types include implementation and progress evaluations (Rossi et al., 2004).

Impact evaluation. Activities conducted for the purpose of assessing program effects or outcomes (Rossi et al., 2004), one form of summative evaluation. In this paper, used interchangeably with the terms “outcome evaluation” and “summative evaluation.”

Implementation evaluation. Activities conducted for the purpose of assessing fidelity to the program’s plan, one form of formative evaluation (Stevens et al., 1993).

Judicial infraction. “Judicial infraction,” “infraction,” “offense,” and “conduct offense” are used interchangeably with one another and with the phrases “violation of the Student Code of Conduct,” and “offense against the Student Code of Conduct.”

Judicial sanction. A penalty that is imposed upon a student who has been found responsible for violating the Student Code of Conduct. Also, the act of imposing a particular activity upon a student found responsible for violating the Student Code of Conduct.

Markers of change. In the Transtheoretical Model, change is measured by an increase in the perceived positive aspects of change (pros of change)

coupled with a decrease in the perceived negative aspects of change (cons of change). Also, both the importance of change (importance indicator) and the confidence in ability to change (confidence indicator) increase as a person progresses forward through the stages of change (Velicer, DiClemente, Prochaska, & Brandenburg, 1985).

Motivational Interviewing (MI). “A collaborative, person-centered form of guiding to elicit and strengthen motivation to change” (Miller & Rollnick, 2009, p. 137).

Planning evaluation. Activities conducted for the purpose of understanding and clarifying a program’s purpose, goals, strategies, and objectives (Stevens et al., 1993).

Processes of change. The ten processes of change are the activities changers employ as they move from stage to stage. The five early processes are more cognitive and the five latter processes are more behavioral (Prochaska, Velicer, Guadagnoli, Rossi, & DiClemente, 1991).

Program evaluation. At its most fundamental level, program evaluation is “a search for and documentation of program quality” (Stake, 2004, p. 209). Dahler-Larson (2006) describes program evaluation as a mandate “to help society shape its own future in a qualified way through systematic, data-based feedback” (p. 143).

Program Theory. Defines the nature of the program being evaluated and describes the assumptions that guide the way programs are implemented and expect to effect change (Donaldson & Lipsey, 2006). “Program theory contains

specific strategies for achieving a goal or solving a social problem. It implies that something ought to be done in order to improve the current situation” (Chen, 1990, p. 41).

Program Impact Theory. The cause-and-effect sequence linking a program’s activities to expected outcomes, one component of program theory (Rossi et al., 2004).

Program Process Theory. A representation of the organizational plan (management plan for delivering services) and service utilization plan (how target population engages with the program) combined to present a description of a program’s assumptions, expectations, and flow of operations; a component of program theory (Rossi et al., 2004).

Progress evaluation. Activities conducted for the purpose of assessing progress toward meeting program goals, one form of formative evaluation (Stevens et al., 1993).

Social (or Behavioral) Science Theory. Theories of behavior underlying programs designed to prevent and overcome human and social problems (Donaldson & Lipsey, 2006). Social science research often is used by decision makers “as a basis for making sense of problems and pondering strategies of action” (Weiss & Bucuvalas, 1980, p. 312).

Stages of change (SOC). The central organizing construct of the Transtheoretical Model, which posits that people change by progressing through a series of stages over time (Prochaska & DiClemente, 1983).

Summative evaluation. Activities conducted for the purpose of assessing project or program success. Types include outcome and impact evaluations (Stevens et al., 1993).

Student Code of Conduct. A set of regulations that outlines prohibited student conduct at the three state universities. The Arizona Board of Regents (2006) is charged by Arizona statute to provide for “the control and supervision of the state universities and their properties and activities,” including “the maintenance of public order upon all property under its jurisdiction” (p. 1). In order to meet the terms of this responsibility, the Arizona Board of Regents (2006) has authored and maintains the Student Code of Conduct. The Student Code of Conduct and the Student Disciplinary Procedures are maintained as part of the *ABOR Policy Manual*.

Theory in use. The actual way an entity functions (Smith, 2001).

Theory of action. The way an entity is envisioned, or described, as functioning. Also called espoused theory (Smith, 2001).

Transtheoretical Model (TTM). A theory of behavior change developed by James O. Prochaska that incorporates and combines aspects of many different psychological theories of behavior change (Prochaska & DiClemente, 1983).

CHAPTER 2

REVIEW OF SUPPORTING SCHOLARLY LITERATURE

Introduction

The Turn-It-Around workshop was created to serve individuals who have violated the Student Code of Conduct (Arizona Board of Regents, 1983), often on more than one occasion. The curriculum for this four-session, six-hour workshop is designed to foster development of a higher degree of context-aware social behavior, with the desired outcome that TIA completers emerge more able to implement positive decisions in all life areas. An underlying assumption of TIA is that students who have made mistakes likely are at risk for additional behavioral problems, dropping out of ASU, or academic difficulties. The workshop thus prescribes ways for students to successfully re-connect with school and peers, with assignments structured to apply immediate action to new learning (A. Krasnow, personal communication, Jan. 26, 2009; Lacey, 2009).

The social science theories underpinning the TIA intervention include the Transtheoretical Model of Change and Motivational Interviewing. The TTM is the theory behind many successful interventions fostering positive behavioral change (A. Krasnow, personal communication, Oct. 14, 2010; Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; Prochaska & Velicer, 1997; Redding, Rossi, Rossi, Velicer, & Prochaska, 2000). The TTM depicts change as a process of progression through five stages of change (SOC) (Velicer, Prochaska, Fava, Norman, & Redding, 1998). TIA facilitators incorporate Motivational Interviewing techniques into their presentations and

interactions with students to enhance motivation for change and help participants advance to the next stage of change (A. Krasnow, personal communication, Oct. 14, 2010; Miller & Rollnick, 2009).

The program evaluation theory underpinning this dissertation study is program theory-driven evaluation science, an approach to evaluation that integrates the use of evaluation theory, social science theory, and program theory “to develop and improve programs and organizations dedicated to promoting health, well-being, human productivity, and achievement” (Donaldson, 2007, p. 3).

The Transtheoretical Model

The Transtheoretical Model of Change originated from the efforts of James O. Prochaska in the late 1970s to distill from the hundreds of extant theories a set of common principles underpinning the process of human change (Prochaska, Norcross, & DiClemente, 1994). The TTM posits that change occurs over time. Motivation and readiness to change play a central role in the TTM, which draws from motivational, cognitive, social learning, and relapse prevention theories (Harris & Cole, 2007). Studies have established that the stage dimension of change construct can be integrated with the core constructs of the processes of change, decision making, and self-efficacy (Prochaska & DiClemente, 1983; Prochaska, Norcross, & DiClemente, 1994; Velicer, DiClemente, Rossi, & Prochaska, 1990). Because the TTM integrates key constructs from other theories, it is an integrated model of change (Velicer et al., 1998). The TTM provides an intuitive framework for understanding intentional behavior change

and lays the foundation both for assessing an individual's readiness to change and for tailoring interventions to enhance the change desired. The dimensions of the TTM include stages, processes, and markers of change (Hall & Rossi, 2007; Nidecker, DiClemente, Bennett, & Bellack, 2008).

Stages of change. The TTM depicts change as progressing across a series of five stages, and can be measured by the University of Rhode Island Change Assessment (URICA). As the model's central organizing construct, these stages include precontemplation (no plans to change), contemplation (considering change within the next six months), preparation (anticipating change within a month), action (change implemented for less than six months), and maintenance (change implemented for six months or more). The stages are distinguished by their different motivations, concerns and intervention requirements; movement from one stage to the next, usually stepwise, is demarcated by specific task completion. People differentially engage the activities that comprise the change processes according to their stage, or readiness to change. In turn, the processes are differentially effective in different stages (Harris & Cole, 2007; Norcross, Krebs, & Prochaska, 2011; Prochaska & DiClemente, 1983).

Processes of change. Although the stages of change represent *when* people change, the processes represent *how* they change. The processes of change are the "covert and overt activities" (Prochaska & Velicer, 1997, p. 39). (i.e., the independent variables) changers employ as they move from stage to stage. The 10 processes most frequently utilized by changers can be divided into two categories expressed as the two higher-order clusters of *experiential* processes and

behavioral processes. The experiential processes of consciousness raising, dramatic relief, environmental reevaluation, social liberation, and self-reevaluation, reflect *internal* experience, and occur most often during the earlier stages of change. The behavioral processes of stimulus control, helping relationships, counter-conditioning, reinforcement management, and self-liberation reflect *external* activity and occur most often during the later stages of change (Norcross et al., 2011; Prochaska & DiClemente, 1983; Prochaska & Velicer, 1997; Redding et al., 2000). The experiential (or verbal) processes are critical variables leading up to the decision to change, whereas the behavioral (or action) processes are critical variables in implementing and maintaining change (Prochaska et al., 1991).

Markers of change. Methodologies that gauge change by applying a single univariate measure, such as a point prevalence measure for smoking cessation, have limited ability to detect the increments of progressive change. The TTM, in contrast, incorporates multivariate measures that track change across the various stages, employing “intertwined and interacting variables” (Prochaska et al., 1991, p. 84; Velicer et al., 1998). These variables include the stages and processes of change, and in addition, the decisional balance scale (the relative pros and cons of change) and the self-efficacy/temptation scales (relative confidence in one’s ability to change) (Nidecker et al., 2008; Prochaska & Velicer, 1997).

Decisional balance. The decisional balance scale is derived from the work of Janis and Mann (1977), who proposed that decision making could be

improved through constructing a “balance sheet” to weigh “all the potential positive and negative consequences of a decision” (Mann, 1972, p. 291). Velicer et al. (1985) later validated an orthogonal, two-factor decisional balance scale comprised of the pros and cons of implementing a decision. These researchers found that the pros and cons varied across the stages of change in patterns predicting movement from one stage to another, with the pros of change growing progressively until they overtake the cons by the preparation stage, enabling the action stage (Velicer et al., 1985). Further research established a mathematical relation between the pros and cons as changers move from precontemplation to action: the pros of change increase by one standard deviation, whereas the cons of change decrease by one half a standard deviation. Termed the “strong and weak principles,” (Prochaska, 1994, p. 47). These relations have been validated across 50 health-related behaviors (Hall & Rossi, 2007; Prochaska, 2008, 1994; Prochaska et al., 1994).

Self-efficacy/temptation. Adapted from Bandura’s (1977, 1982) self-efficacy theory, these scales measure self-efficacy (confidence of achieving desired behavior) or the level of temptation experienced when coping with a high risk situation in terms of avoiding an undesirable (or installing a desirable) behavior. Miller and Rollnick (2002) employ importance and confidence “rulers” (scaled from 0-10) as indicators of the self-efficacy construct, defining both self-measures as “components of intrinsic motivation for change” (p. 53).

Motivational Interviewing

As noted by DiClemente and Velasquez (2002), motivational interviewing and the stages of change are a natural fit as evidenced by the way researchers worldwide have found synergy in applying the two models in a variety of settings. Motivational interviewing is a counseling method evolving from the clinical style of William R. Miller (1983), first documented in his “Motivational Interviewing with Problem Drinkers.” In that article, Miller illustrated the counterproductive effects that emanate from the traditional counseling approach of confronting, labeling, and blaming clients for intrinsic personality deficiencies that, presumably, produce denial and frustrate motivation to change, stating that such treatment represents “precisely the pathogenic pattern of attribution that has been linked to depression, learned helplessness, and poor maintenance of change” (p. 148).

Miller’s alternative approach to promoting motivation—tipping the decision balance—entails increasing both client self-efficacy/self-esteem and cognitive dissonance (e.g., between alcohol abuse and client beliefs, knowledge and values), and subsequently directing dissonance reduction toward positive behavior change. Since then, motivational interviewing has been applied to an increasing number of other situations, and has been found effective in both reducing negative behaviors and promoting adoption of healthy behaviors (Miller & Rose, 2009).

In 2002, Miller and Rollnick defined MI as “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving

ambivalence” (p. 25). Working in the “spirit” of MI means ascribing to collaboration (partnering vs. leading), evocation (eliciting vs. imparting), and autonomy (client as responsible). Principles of MI include expressing empathy, developing discrepancy (between problem behavior and goals), rolling with resistance (resist arguing), and supporting self-efficacy.

Evaluation Theory and Practice

In their introduction to the *Sage Handbook of Evaluation*, Shaw, Green, and Mark (2006) describe evaluation as a natural, instinctive human activity, and point out that people make constant evaluations “in the form of judgments of how good or bad, how desirable or undesirable something is” (p. 1). While useful and essential for making judgments for everyday life, this kind of informal evaluation is insufficient when conducting a formal evaluation because (a) individual preferences and expectations represent a bias that affects the evaluation outcome, (b) the evidence and evaluative criteria employed by individuals are not clear for others to see, and (c) individuals typically do not have the breadth of knowledge or access to information that is adequate for making an informed judgment. The process of systematic evaluation, on the other hand, provides “a way to go beyond the evidence available to any individual,” facilitating “evaluative processes that are collective and not simply individual” (Shaw et al., 2006, p. 2). Shaw et al. (2006) conceptualize systematic evaluation as a practice that is both social and politicized, yet aspiring to “some position of impartiality or fairness, so that evaluation can contribute meaningfully to the well-being of people” (p. 6).

The discipline of evaluation. Pioneering evaluation theorist and practitioner Michael Scriven (1998, 1999) describes evaluation as a discipline subdivided into multiple fields of application that coalesce in accord with the entity being evaluated, with more than twenty fields identifiable. The conventional fields of evaluation Scriven (1998, 1999) labels as the “Big Six” include program, personnel, performance, policy, proposal, and product evaluation. Scriven’s (1991, 1998, 1999, 2004) definition of evaluation at its core is determining the “merit, worth, or significance” (Scriven, 1991, p. 139) of the entity being evaluated (which he has termed the *evaluand*) through use of a systematic and objective methodology. Rejecting the myopic notion that evaluation is merely “the application of social science methods to solve social problems,” Scriven (2003, p. 19) has been a chief advocate for classifying evaluation as one of the elite disciplines (e.g., others being statistics, measurement, and calculus) that can be deemed a *transdiscipline* because it lends essential tools to other disciplines while at the same time retaining its own autonomous structure and research agenda. Scriven’s (2004) vision of an optimal future for evaluation incorporates the realization of a unified discipline spanning all recognized evaluation fields and universal acceptance as a transdiscipline). In Scriven’s (2003) ideal future, professional evaluators will be expected to possess a toolbox of techniques they can deploy to accomplish the “systematic and objective validation of evaluative claims” (p. 30).

Scriven’s colleague and sometimes co-author Steward I. Donaldson sees a complementary future for evaluation, one that transcends the boundaries of

discipline through professional collaboration. In Donaldson's (2001) "picture-perfect future . . . evaluation becomes known as a helping profession," its members serving alongside doctors, nurses, counselors, human resource professionals, and others "to improve the human condition" (p. 358). This desired future state will be one where nonevaluators see the occupation of evaluation the way those in the profession already do—as a vocation deeply entrenched in such noble pursuits as helping solve pressing social problems, meeting human needs, empowering the disenfranchised, and facilitating learning and self-determination. This description of professional evaluators is in contrast to the all-too-often viewpoint currently held by the nonevaluator community, that evaluators represent the "uninformed enemy" threatening "the future of their efforts to provide services to meet desperate human needs" (Donaldson, 2001, p. 356).

In order for his future vision to materialize, Donaldson lists two key changes that must occur to overcome the prevailing negative stereotypes of evaluators. First, evaluators must begin to transcend the safe harbor of focusing on the "means of our trade" to the distraction and detriment of the ends (Donaldson, 2001, p. 359). As noted by Donaldson, Gooler, and Scriven (2002), dedicating effort to understanding how stakeholders view evaluators and the experience of being evaluated is likely to yield practice improvement through appropriate use of the seventeen strategies they outline for managing evaluation anxiety [of clients and stakeholders], which range from being prepared for such anxiety, to open discussion about previous negative experiences with evaluation, to frequent ongoing communication about processes and role clarification, to

facilitating organizational learning communities, to pushing for culture change. Rather than avoiding contact and thus conflict with stakeholders or abdicating responsibility by sidestepping formulation of evaluative conclusions, Donaldson et al. (2002) issue the call for evaluators to “learn to manage evaluation anxiety in ways that enable them to conduct rigorous program evaluations” (p. 265).

Second, evaluators must begin to do a better job of “full disclosure” to stakeholders about the purposes and processes of an evaluation, consistent with the American Evaluation Association Guiding Principles (American Evaluation Association, 2004; Donaldson, 2001). Full disclosure *of purpose* includes appropriately informing stakeholders about the true reason for conducting an evaluation, whether the intent is (a) to inform program improvement, (b) to gather information for management decision-making (including program viability and worthiness of continuation or replication in others settings), or (c) to achieve any other objective (Donaldson, 2001). Full disclosure *of process* should address the risks as well as benefits of an impending evaluation and (a) incorporate a listing of potential outcomes that could negatively impact some people within the organization or the organization itself, (b) realistically portray costs in terms of time and financial requirements that likely come at the expense of service delivery, (c) fully describe the processes that will be conducted to gather information and the intended use and distribution of results, and (d) discuss potential organizational responses that may be unpredictable, such as staff feeling compelled to offer falsified or distorted information. By engaging in an honest and thorough dialog with stakeholders about both the potential benefits and costs

of an evaluation, Donaldson (2001) concludes that expectations of both evaluators and stakeholders will become more realistic, increasing the likelihood of achieving results that are beneficial.

The need for program evaluation. In the preface to *Evaluation for the 21st Century: A Handbook*, Chelimsky and Shadish (1997) remark that since the mid-1960s, evaluation has emerged and developed into a “discipline and profession” (p. xi). Other texts also date the explosion of evaluation activity to the era of the Great Society, as noted by Shadish, Cook and Leviton (1991): “modern social program evaluation” (p. 22) appeared in the 1960s, its expansive growth fueled by the social programs initiated during the Kennedy, Johnson, and Nixon administrations. Also setting the stage for a burgeoning need for program evaluation was the rapid economic growth that occurred following World War II and the numerous publicly and privately funded domestic programs that were launched to improve urban development, low-income housing, job training, and public health, in addition to commitments made internationally addressing family planning, health, nutrition, and rural development (Rossi et al., 2004). Accompanying the substantial financial investments required to fund these initiatives for social betterment were demands for “knowledge of results” (Rossi et al., 2004, p. 8). By the end of the 1950s, program evaluation was routine; by the late 1960s, a growing demand for feedback on social programs and professionals with the know-how to produce it attracted many professional school and social science graduates into evaluation; by the early 1970s, evaluation

research was becoming a distinctive social science specialty field (Rossi et al., 2004; Shadish et al., 1991).

The need for Evaluation Theory. As noted by Mark, Henry, and Julnes (2006), it took less than one generation for evaluation to become an “internationally recognized practice,” one that will continue to be influenced by “social and cultural forces” (p. 9). The psychology, sociology, education, and economics researchers that pioneered the profession of program evaluation built it using methodologies from the disciplines in which they were trained, effectively promulgating within the field an atheoretical methods-driven approach. By the late 1980s, the need for developing an overarching theoretical framework of evaluation and incorporating theory within the practice of program evaluation became a clarion call emanating from the program evaluation literature (Chen, 1990; Mark et al., 2006; Rossi et al., 2004; Shadish et al., 1991). Referring to the Great Society period of the 1960s and 1970s as the “first boom” in evaluation, Donaldson and Scriven (2003) identified the past decade as the beginnings of a “second boom” in evaluation activity with a related acceleration in new evaluation practice theories and attempts at general organizing frameworks.

The evolution of Evaluation Theory. Though the term is frequently referenced in evaluation literature, Donaldson and Lipsey (2006) comment that what is meant by “theory” encompasses a “confusing mix of concepts” and “sometimes interchangeable terms,” such as “theories of practice, theory-based evaluation, theory-driven evaluation, program theory, evaluation theory, theory of change, logic models, and the like” (p. 57). Addressing the need for clarification

tools, Shadish et al. (1991) and Alkin and Christie (2004) both devised taxonomies that embody organizing frameworks for analyzing evaluation theories.

In their groundbreaking work, *Foundations of Program Evaluation: Theories of Practice*, Shadish et al. (1991) compiled the first comprehensive assessment of evaluation theories, tracing the evolution of evaluation theory through three stages of progressive development. The framework they employed to evaluate the evaluation theories entailed analyzing, through the three-stage progression, representative theorists' changing assumptions and prescriptions pertinent to what Shadish et al. identified as the "five fundamental issues that undergird practical program evaluation: social programming, knowledge construction, valuing, knowledge use, and evaluation practice" (p. 32).

Represented by Scriven and Campbell, *first-stage theorists* focused on the search for truth within a rigorous scientific research tradition as applied to solving societal problems; theorists of this wave contributed the concepts and methods for valuing and knowledge construction (Shadish et al., 1991). Represented by Weiss, Wholey, and Stake, *second-stage theorists* grew more realistic about the workings of social programs and the use of social science findings to influence policy; theorists of this wave generated an explosive expansion of alternative methods for producing politically and socially useable results (Shadish et al., 1991). Represented by Cronbach and Rossi, *third-stage theorists* began to integrate the alternatives generated by the first and second-stage evaluation theories; theorists of this wave developed contingency devices and attempted to

incorporate and synthesize the concepts and approaches of preceding theorists (Shadish et al., 1991).

More recently, in *Evaluation Roots: Tracing Theorists' Views and Influences*, Alkin and Christie (2004) depicted the evolution of evaluation theories as originating from the common roots of social accountability and inquiry, and subsequently branching into the three primary theoretical orientations of methods, valuing, and use. This work posits that “there is a relationship between evaluation theorists, that theorists build upon other theories, and that all evaluation has roots in research methodology and accountability,” (Alkin & Christie, 2004, p. ix) and that illustrating these pathways of influence and ideological development will facilitate a better understanding of evaluation theory (Alkin & Christie, 2004).

Employing the metaphor of a tree to represent the major tenets of their framework, Alkin and Christie (2004) portray the theoretical genesis of evaluation as two tree roots, with accountability as the broadest underlying concept and social inquiry immediately building upon that foundation. As the tree trunk extends upward, it becomes the *methods* branch, retaining the scientific research heritage with a strong concern for knowledge construction and obtaining generalizability, and reflecting the views of Tyler and Campbell (Alkin & Christie, 2004). Emanating from the social inquiry root, the *valuing* branch emerges delineating the early association of the evaluator role with establishing program value, and reflecting the view of Scriven; emanating from the accountability root, the *use* branch emerges establishing the connection between evaluation and decision making, and reflecting the views of Stufflebeam and

Wholey (Alkin & Chrisie, 2004). As the three main branches extend upward, theorists were placed to reflect their primary antecedent influences, with the methods branch continued out with Boruch, Chen, Cook, Cronbach, Rossi, Suchman, and Weiss; the valuing branch continued out with Eisner, Guba and Lincoln, House, MacDonald, Owens, Stake, and Wolf; and the use branch continued out with Alkin, Cousins, Fetterman, King, Owen, Patton, Preskill, and Provus (Alkin & Chrisie, 2004).

The emergence of theory-driven evaluation. Noting that the maturing field of evaluation had “outgrown its beginnings” as an extension of social science research, Chen (1990) proposed the first comprehensive framework for evaluation “designed to expand the scope and usefulness of the field” (p. 11). Designated as “the theory-driven perspective” (p. 11), Chen’s framework was built out from his earlier work with Rossi (Chen & Rossi, 1983, 1987); Chen and Rossi were leaders in advocating a theory-driven as opposed to a method-driven approach to the practice of program evaluation (Shaw et al., 2006). Chen (2004) identified three fundamental characteristics that must be present for an evaluation to be effective: *Future Directedness*—the evaluation must determine for stakeholders the mechanisms of a program that are working well and those that are not, identifying potential next steps for immediate improvement; *Scientific and Stakeholder Credibility*—the evaluation design and implementation must be governed by sound scientific principles and reflect stakeholders’ intentions; and *Holistic Approach*—merit must be established through a comprehensive review of both intrinsic values and contextual factors. In Chen’s view, conducting a holistic

assessment guided by program theory is the key to achieving an effective evaluation. Chen's definition of program theory is "a systematic configuration of stakeholders' prescriptive assumptions (what actions must be taken) and descriptive assumptions (what causal processes are expected to happen) underlying programs, whether explicit or implicit assumptions" (p. 136). Chen labeled prescriptive assumptions as the *change model* and descriptive assumptions as the *action model*.

To assist evaluators and stakeholders in making decisions about the evaluation designs they craft, Chen (2004) included in his framework a practical taxonomy that serves as a "contingency view" of program evaluation (p. 151). Chen asserts that a contingency view reflects the realities of stakeholder need and evaluation practice, which are situation-specific, more closely than a "universalist view," which assumes there is a superior way to approach evaluation (p. 151). The taxonomy is comprised of a matrix that facilitates selecting evaluation strategies and approaches that fulfill an evaluation's intended purpose, matching that with a program's stage of development (Chen, 2004). The four stages are program planning, initial implementation, matured implementation, and outcome. Each stage presents needs that are inherent to its developmental status, and the practical taxonomy represents a "map" that evaluators can use in consultation with stakeholders to select the right mix of strategy (the general direction employed) and approach (the systematic procedures implemented) to accomplish a particular evaluation project (Chen, 2004). Table 1 depicts Chen's practical taxonomy.

Table 1

Chen's Practical Taxonomy

Program Stage	Evaluation Strategies	Evaluation Approaches
Program Planning: To develop program rationale and plan	• Background information provision • Development facilitation • Troubleshooting • Development partnership	• Needs assessment • Formative research • Conceptualization facilitation • Concept mapping • Plausibility testing • Pilot testing • Commentary & advisory • Bilateral empowerment evaluation
Initial Implementation: To gather feedback for program stabilization	• Troubleshooting • Development partnership	• Formative evaluation • Program review/Development meeting • Bilateral empowerment evaluation
Matured Implementation: To gather feedback for improving implementation processes	• Troubleshooting • Development facilitation • Performance assessment • Performance monitoring • Enlightenment assessment	• Formative evaluation • Program review/Development meeting • Conceptualization facilitation • Concept mapping • Fidelity evaluation • Process monitoring • Theory-driven process evaluation
Outcome: To gather data for assessing program impact, program readiness for evaluation, and holistic program performance	• Development facilitation • Performance monitoring • Performance assessment • Enlightenment assessment	• Evaluability assessment • Outcome monitoring • Efficacy evaluation • Effectiveness evaluation • Theory-driven outcome evaluation
<i>Note.</i> Adapted from “Theory-Driven Evaluation,” by H. Chen, 2004, in M. C. Alkin (Ed.) <i>Evaluation Roots</i> (pp. 132-152), Thousand Oaks, CA: Sage Publications, Inc.		

The emergence of Program Theory-driven evaluation science. A further expansion of the theory-driven evaluation approach, termed “program theory-driven evaluation science” by Donaldson (2007, p. 4), represents a “confluence of evaluation theory, social science theory, and program theory” and constitutes “a major way that evaluation contributes to social betterment by way of knowledge development” (Donaldson & Lipsey, 2006, p. 66).

The contribution of Evaluation Theory. The purpose of program evaluation theory, according to Shadish et al. (1991), is to identify “feasible practices” for evaluators “to construct knowledge of the value of social programs that can be used to ameliorate the social problems to which programs are relevant” (p. 36). Shadish et al.’s final analysis of the major theories of evaluation concluded that only Stage III theories such as that of Peter Rossi rated favorably across their five-point criteria of merit (practice, knowledge, value, use, and social programming) to meet the threshold of a satisfactory guiding theory, and that Rossi’s approach represents an ambitious attempt to incorporate the work of past theorists, and provides three concepts for facilitating an integrative approach: comprehensive evaluation, tailored evaluation, and theory-driven evaluation (Donaldson, 2007; Shadish et al., 1991).

A comprehensive evaluation involves addressing three categories: program conceptualization (does the program as designed adequately address the identified need?), program monitoring (is the program operating within design specifications?), and program utility (does the program manifest a demonstrable impact in a way that is cost effective?); a *tailored evaluation* involves fitting

evaluation questions and methodology with key situational factors such as (a) the evaluation purpose (program improvement, accountability, knowledge generation), (b) program circumstances (stage of development, political and administrative context, organizational structure), and (c) resources available for conducting the evaluation; a *theory-driven evaluation* brings substantive theory into the program evaluation process and involves constructing models of how programs are meant to work, which in turn, guide question development and data gathering activities (Donaldson, 2007; Rossi et al., 2004; Shadish et al., 1991).

The contribution of Social Science Theory. Donaldson and Lipsey (2006) acknowledge that social science theories are created for the purpose of establishing generalizable and verifiable knowledge about the principles of social behavior, and are not especially focused on the practice of evaluation. However, such theories can be useful in shedding light on the social conditions that social programs are meant to improve and can assist in “understanding the etiology of desired or undesired outcomes” and “developing intervention strategies for influencing those outcomes” (p. 62). Donaldson and Lipsey outline several critical contributions that social science theory can make in theory-driven evaluation designs: prior research can be instrumental for informing the needs assessment and program design stages of an evaluation, assessing likelihood of a particular program design in meeting particular goals, guiding decisions about measurement and design, and furnishing a context for analyzing and interpreting an evaluation’s findings.

The contribution of Program Theory. Donaldson (2007) defines program theory as “the process through which program components are presumed to affect outcomes and the conditions under which these processes are believed to operate” (p. 22). Program theory most often must be developed from information originating from the program and its immediate context, especially from the practitioners and stakeholders involved (Donaldson & Lipsey, 2006). Rossi et al. (2004) depict program theory as comprised of three essential components: the organizational plan, the service utilization plan, and the program impact theory. The *organizational plan* describes (a) how the programmatic activities intend to produce social benefits and (b) the required inputs in terms of resources (human, financial, physical) and specific conditions necessary for ongoing success (e.g., fund-raising, political liaison, facilities maintenance); the *service-utilization plan* describes how the target population is intended to flow through the program from the point of learning about and accessing the program, to engaging in the change process represented in the program impact theory, to exiting the program; the *program impact theory* describes how the program’s activities operate to facilitate the cause-and-effect mechanism that produces the intended transformational change, consequently leading to individual and societal benefits (Donaldson & Lipsey, 2006).

Chapter Summary

This chapter began with a brief description of the Turn-It-Around Workshop, which represents the evaluation in the program evaluation I conducted as the “action implemented for program improvement” for this action research

dissertation study. Following the introduction, I presented a review of the pertinent social science literature underpinning the TIA intervention, which covered (a) the theoretical constructs that govern the Transtheoretical Model of Change, the Stages of Change, the Processes of Change, and the Markers of Change, and (b) the counseling principles that comprise the Motivational Interviewing strategy employed by facilitators in conducting the TIA intervention. Following the discussion of the behavioral change theory underlying Turn-It-Around, I presented an overview of the practice of evaluation, beginning with a discussion of Evaluation as a Discipline, then an overview of the emergence and evolution of the Profession of Program Evaluation, culminating with a more detailed description of the concepts and practices of Theory-Driven Evaluation, and finally, Program Theory-Driven Evaluation Science. In the next chapter, I describe the methods I utilized in carrying out my action research, which entailed an application of program theory-driven evaluation science informed by the underlying theory and practice discovered by a review of the supporting scholarly literature that has appeared in this section.

CHAPTER THREE

STUDY DESIGN AND RESEARCH METHODOLOGY

Introduction

The initial design for this study, as stated in Chapter 1, reflected the intent to establish a comprehensive program evaluation model for the Turn-It-Around workshop. As explained in Chapter 2, a comprehensive evaluation addresses the areas of program conceptualization, monitoring, and utility (Donaldson, 2007; Rossi et al., 2004; Shadish et al., 1991). Rossi (2004) describes the process as investigating five domains of a program: needs assessment, program theory, implementation, impact, and efficiency. The evaluation prototypes developed by Stevens et al. (1993)—planning, formative, and summative—address each of the domains. *Planning evaluations* assess goals, objectives, and strategies, covering the domains of need and program theory; *formative evaluations* assess ongoing activities, covering the domain of implementation, and are comprised of implementation evaluations that assess if implementation is as planned, and progress evaluations that assess progress toward goals; *summative evaluations* assess success and completion, covering the domains of impact and efficiency (Stevens et al., 1993).

My research proposal included the two-fold purpose of creating a sustainable comprehensive program evaluation model for TIA and testing the effectiveness of the TIA intervention. My intent was to both develop and fully implement the model, beginning with a retroactive planning evaluation, progressing through an implementation evaluation, and culminating with the

piloting of (a) a web-based questionnaire designed to measure program outcomes and (b) a protocol for conducting follow-up qualitative interviews.

During the planning evaluation activities, the feasibility of advancing to and addressing the program impact component of the TIA comprehensive evaluation model within the timeframe available for completion of my study began to appear untenable in light of the groundwork necessary to support such an evaluation. Thus, I decided in consultation with my Chair to exclude implementation of the web-based questionnaire and follow-up interviews as part of my dissertation research. This turn of events is not unusual, as reported by Rossi et al. (2004): even after an evaluation has commenced the evaluator must remain flexible and make changes when “the original plan is no longer appropriate to the circumstances” (p. 23). In fact, reducing the study scope was anticipated by my dissertation committee members and discussed as an option that may need to occur during my proposal defense.

Theoretical Orientation

The theoretical orientation I employed during this study was *pragmatism*, a philosophy that rejects traditional dualisms and instead embraces a “commonsense” approach that solves problems (Johnson & Onwuegbuzie, 2004, p. 18). As noted by Johnson and Onwuegbuzie, the pragmatic approach enables researchers to select a mix of methods to “better answer many of their research questions” (p. 17). Johnson and Onwuegbuzie further define pragmatism as a “useful middle position philosophically and methodologically” and an “inquiry

that is based on action and leads, iteratively, to further action and the elimination of doubt” (p. 17).

The Program Evaluation Model Employed

The evaluation model employed in this dissertation study is program theory-driven evaluation science, an approach broadly defined by Donaldson (2007) as

the systematic use of substantive knowledge about the phenomena under investigation and scientific methods to improve, to produce knowledge and feedback about, and to determine the merit, worth, and significance of evaluands such as social, educational, health, community, and organizational programs (p. 9).

This approach is consistent with action research, which is addressed in the next section. Following program theory-driven evaluation science, key aspects of the evaluation should be formulated through discussion with relevant stakeholders; information originating from such insiders supplies evaluators with insight into what constitutes credible evidence within the affected community and the feasibility of evaluation options (Donaldson, 2007; Donaldson & Lipsey, 2006). An exemplar of program theory-driven evaluation science is the Center for Disease Control’s (CDC) Six-Step Framework for Program Evaluation, a model I utilized in this study (Donaldson, 2007; Donaldson & Lipsey, 2006).

Action Research as Guiding Methodology

The guiding methodology for this investigation was action research, an approach ideologically complementary to both pragmatism and program theory-driven action science. Counseling Services practitioners as well as SRR conduct officers contributed to the research process as it developed, and multiple

interactions occurred with stakeholders throughout the study. Such collaboration is consistent with Herr and Anderson's (2005) description of action research as an "inquiry that is done *by* or *with* insiders," but never "*to*" them (p.3). The intervention in action research forms the focal point of a cyclical, generative process of planning, implementing, observing, and evaluating action results. Action research often originates with a particular improvement in mind; this description reflects the genesis of TIA, which was developed to positively influence students undergoing disciplinary procedures. The next step in the "spiral of action" (Herr & Anderson, 2005, p. 5) calls for establishing a means to assess TIA effectiveness—a possibility accomplished by this research study, which has developed knowledge and tools available to implement the next iterative step of program improvement.

The Tailored Evaluation

The fundamental reason for performing a program evaluation is to find answers to questions that are useful and will be used, and "its purpose is to inform action" (Rossi et al., 2004, p. 20) to "strengthen accountability, to improve program performance, and to support resource allocation and other policy decision making" (Wholey, 2004, p. 267). A useful and usable evaluation must be tailored, as described in Chapter 2, to fit the evaluation purpose (program improvement, accountability, knowledge generation), the structure and circumstances of the evaluation (developmental stage, political environment, organizational structure), and available resources (Rossi et al., 2004).

Turn-It-Around situation analysis. The primary purpose for evaluating TIA is program improvement; at the same time, any evaluation effort will result in knowledge generation, and establishing a routine of evaluation will serve the purpose of accountability. The Turn-It-Around workshop is in its fourth year of existence and, as such, is well-established in its service delivery model. TIA is a clinical program operating within a larger full-service counseling center that is tasked with delivering an effective intervention to students breaking the Student Code of Conduct. As discussed in Chapter 1, the counseling center plays a crucial role as part of the institution, and evaluative feedback, vital for any service to improve and sustain mission fidelity, represents important management information. Funding for evaluating TIA must come from current resources; therefore, a successful evaluation model for TIA will reflect that reality.

As defined by Chen's (2004) taxonomy, the TIA program falls within the definition of the outcome stage. Evaluation approaches suitable for this stage include evaluability assessment, outcome monitoring, efficacy evaluation, and theory-driven outcome evaluation. An evaluability assessment is an appropriate approach for TIA at this juncture because it establishes all requisite information to execute the other three evaluation types by constructing "models that clarify the assumed relationships among program resources, program activities, and expected outcomes from the points of view of key policymakers, managers, and interest groups" (Wholey, 1987).

Turn-It-Around tailored evaluation design. The final research design tailored to carry out this dissertation study included the following elements:

assessments of program evaluability and program implementation adaptively employing the structure and tools furnished by the CDC Framework (Centers for Disease Control, 1999), a model adhering to the tenets of theory-driven evaluation science (Donaldson, 2007; Donaldson & Lipsey, 2006). The research questions addressed in this study were guided by the dissertation scope and assessment approaches, and reflect the areas of substantive inquiry specified by the three evaluation elements outlined above.

Research Questions

The Introduction section presented the two guiding research questions controlling this study. Table 2 presents additional questions that were answered by the evaluability assessment and the implementation assessment in support of the guiding questions that were introduced in Chapter 1.

Table 2

Research Questions

Guiding Research Question	Supporting Questions
Evaluability Assessment <u>Research Question #1:</u> To what extent is the Turn-It-Around intervention suitably developed to be effectively evaluated?	What constitutes the Turn-It-Around program model: What is its theory of action? What are its goals and objectives? What is the behavioral science theory underpinning the TIA intervention? What are the activities that bring about the theorized behavior change? Is the theory logical and plausible? Does the TIA program design address the identified need? How congruent is TIA's design with the precepts of its underlying theory? Is the TIA program model well defined enough to undergo an evaluation of its impact? Who are the principal stakeholders of TIA? What are their interests? How will evaluation findings likely be used?
Implementation Evaluation <u>Research Question #2:</u> To what extent is the Turn-It-Around workshop being implemented as designed?	Is Turn-It-Around operating within design specifications? Is it being carried out according to intent? Does it reach the target population? How congruent is TIA's espoused theory (theory of action) to its practice (theory in use)? How successful do principal stakeholders see the TIA collaborative model in providing services to students involved in ASU's judicial system?

Data Collection Methodology

The original research design for this study incorporated a mixed methods approach, with an impact evaluation component that would have included a quantitative analysis of TIA participants' pre-post difference scores in addition to the evaluability and implementation assessments that were carried out employing qualitative methods. Because the impact evaluation component was not carried out, the resulting research methodology as implemented consisted of qualitative

inquiry and analysis only. Nevertheless, the rationale for employing mixed methods remains, and ongoing implementation of the comprehensive evaluation model designed for TIA calls for both qualitative and quantitative methods of data collection and analysis.

Rationale for mixed methods. Increasingly considered the third research paradigm (Johnson & Onwuegbuzie, 2004; Johnson, Onwuegbuzie, & Turner, 2007), the mixed methods approach rejects the quantitative/qualitative dichotomy (Tashakkori & Teddlie, 2010), and incorporates multiple ways of knowing and gathering information representing human phenomena for the purpose of achieving a better understanding (Johnson et al., 2007). As described by Lyn Shulha, a mixed design allows decisions about how to collect and analyze data to be “grounded in the needs and emerging complexity of each project,” not wedded to a prescribed convention (Johnson et al., 2007, p. 121).

Qualitative methods employed. In this investigation I employed individual interviews, a focus group, and facilitated work sessions as the mode of data gathering. Qualitative methods are especially suited for program theory building because the participants are the focus of the process and are deemed the subject matter experts; when the end users are more involved, it is more likely that the outcome of the research will be relevant to them, and thus, used (Auerbach & Silverstein, 2003). The crucial factor in selecting the right interview participants is their potential to contribute to the development of insight into the phenomenon under investigation, making the purposive sample a good fit, which was the strategy I employed in this study (Auerbach & Silverstein, 2003). Focus

groups are a special kind of interview where a number of participants can be interviewed simultaneously to discuss their individual experiences and also respond to those of other group members, contributing to a more comprehensive and complex understanding of the phenomenon (Auerbach & Silverstein, 2003).

Sampling design employed. In this study I used key informants to guide my selection of study participants. Key informants are insiders who possess a unique understanding of a program's operations and who understand the surrounding contextual factors impacting on that program (Rossi et al., 2004). The participants of this study, which included the key informants, represent convenience and purposive sampling. As described by Teddlie and Yu (2007), convenience samples reflect participants who are both easy to access and willing to participate, and purposive samples are nonrandom selections designed to increase transferability. The participants from Counseling Services comprised (a) the five members of the CS management team and (b) another staff member who serves as a facilitator of TIA, rendering the entire management team and TIA facilitator population represented. The participants from the Student Rights & Responsibilities area comprised (a) the chief conduct officers from each of the four campuses, representing the entire chief conduct officer population, and (b) conduct officers from the Tempe campus who agreed to participate and were not absent from work the day the focus group was conducted, representing a purposive convenience sample. I identified two other stakeholders for inclusion in this project, the Dean of Students of the Polytechnic campus, who is the creator of TIA, and the Associate Vice President for Educational Outreach and Student

Services, who is the up line supervisor and former director of the Counseling Services department. These “additional stakeholders” also represent a purposive sample.

Summary of Data Collection Activities

The information constituting this study reflects the results of a literature review and a series of interactions with institutional stakeholders of Turn-It-Around. One important group of stakeholders, the student participants, were not represented because the impact evaluation component was not implemented. Before beginning any data collection activities, I prepared and submitted an Institutional Review Board (IRB) application requesting permission to conduct an exempt research study. I received an email noting that on February 17, 2011, my study was approved and determined to be exempt in accordance with Federal Regulation 45CF46 and authorizing my research to begin (See Appendix A for the IRB Approval Notification).

The data collected in this study furnished evidence for evaluability and implementation assessments of TIA. The primary activities of an evaluability assessment include creating a model of the program, assessing model accuracy for determining how well a program is working, and identifying any interest program stakeholders may have in an evaluation and how findings may be used (Rossi et al., 2004). The primary activity of an implementation assessment is determining if the program is operating as designed or in accord with applicable standards (Rossi et al., 2004). The objectives of an evaluability assessment and an implementation assessment can be accomplished following the CDC Framework

(CDC, 1999) as a guide, which I adopted and modified in implementing my data gathering activities. The CDC Framework entails two components: a six-step process guided by four standards (Utility, Feasibility, Propriety, and Accuracy) that are adopted from the Joint Committee on Standards for Educational Evaluation (1994). My information gathering activities consisted of (a) reviewing applicable scholarly literature and collecting original data by (b) conducting a focus group with SRR conduct officers, (c) interviewing the chief conduct officers from the four campuses, (d) facilitating CS management team work sessions, (e) interviewing the CS management team/TIA facilitators individually, and (f) interviewing the two additional stakeholders. Table 3 summarizes the six steps to my research activities.

Table 3

Six Step Implementation Plan

Steps*	Information Gathering and/or Disseminating Activities
1. Engage Stakeholders	Input from identified stakeholders: Turn-It-Around designer, Associate VP, Counseling Services (CS) management team (MT), TIA facilitators, chief conduct officers, conduct officers, and TIA participants*
3. Describe the program	Input from TIA documentation, preliminary discussions with TIA designer and CS MT, MT kick-off planning meeting and follow-up meetings including the additional TIA facilitator, and conduct officer and chief conduct officer interviews; validation from group and individual follow-up interviews with CS practitioners and additional stakeholders.
4. Focus the evaluation design	Input from the processes of engaging the stakeholders noted above and the limitations of my dissertation study guided the design. Use of validated instruments reflecting the social science theories underpinning TIA's workshop design can now be implemented at any time.*
5. Gather credible evidence	Group and individual interview processes discussed above. Validation of data through feedback to participants for verification, addition, and correction. Collecting data relevant to behavioral science literature.
6. Justify conclusions	Analysis and comparison with behavioral science and program evaluation literature, program evaluation standards from CDC Framework, and analysis and findings from interactions with stakeholders; conclusions reported in dissertation document and <i>Clinical Stakeholder Report</i> .
7. Ensure use & share lessons learned	Final dissertation report delivered to CS MT and chief conduct officers for dissemination. Other deliverables provided to CS MT included TIA program theory documentation, <i>SRR Report</i> , and <i>Clinical Stakeholder Report</i> indicating practitioner projections of likely uses of study outcomes.
* To be achieved through an impact evaluation; the evaluability and implementation assessments achieved in this research study furnished the platform necessary for an impact evaluation to occur.	

Relevance of literature reviewed. I conducted a literature review of the behavioral science theory guiding the TIA intervention to inform documenting Turn-It-Around program impact theory and theory of action, documenting the theoretical constructs underpinning the Turn-It-Around intervention, and creating a model displaying how the underlying constructs of TIA work together. I

conducted a literature review of the theory and practice of evaluation to inform creating an evaluation model appropriate for Turn-It-Around in fulfillment of my research goals and creating and adapting instruments to facilitate my work with the program stakeholders.

Focus group with SRR conduct officers. I conducted a focus group with six conduct officers from the office of Student Rights & Responsibilities on March 15, 2011. My first step in recruiting participants was to seek permission through a telephone conversation with the Assistant Dean of Student Affairs at the Tempe campus, who supervises the conduct officers, via a telephone conversation. He agreed to allow participation, and offered to host the meeting during the department's regular 1 hour 30 minute staff meeting time slot; I accepted the offer and scheduled a meeting date with the department's administrative assistant. To recruit participants, I contacted each conduct officer by telephone (see Appendix B for the Conduct Officer Telephone Recruitment Script). All conduct officers invited agreed to participate, and I sent each of them an email confirmation notice (see Appendix C). The focus group was conducted in a conference room in the Student Services Building, which provided a familiar, comfortable space for facilitating a lengthy dialogue.

Before beginning the questions for the focus group, I gave each participant an Information Letter (see Appendix D) detailing my research purpose, the participants' role in that research, their rights as study participants, and contact information for myself, my Chair, and the IRB. Each participant signed the letter, which included permission to audio-record the session. Next, I described my

research and the focus group goal (see Appendix E for the focus group interview plan), which was to gain the conduct officer perspective on working with the students they sanction to attend TIA. I also expressed the expectation that the focus group discussion would be held as confidential by all participants.

Following the introductory activity, I began the tape recording and proceeded through a semi-structured questioning route. The discussion that transpired was robust and lively, with participants engaging with one another about the similarities and differences in their work with students charged with an infraction against the Code of Conduct and how they use Turn-It-Around as one of their sanction options. After the focus group, I sent the participants a follow-up thank you note via email (see Appendix F), along with copies of their signed information letters in .pdf format. I retained the information letter originals for my records. After the focus group, I produced a transcript of the meeting.

Interview with chief conduct officers. I conducted 1 hour personal interviews with the four assistant deans in charge of conduct on their respective campuses between November 15, 2011 and November 28, 2011. Two interviews were conduct via telephone, and two took place in-person. I conducted a second half-hour interview with the Assistant Dean of Student Affairs for the Tempe campus. I secured these interviews by sending each assistant dean a meeting request with the subject line notation “discussion of the TIA Workshop,” and each accepted the request. Before each meeting, I sent an Administrator Information Letter (see Appendix G) via email covering (a) the purpose and (b) scope of my dissertation research, (c) the evaluation approach, (d) intended use of the research

results, (e) a notation that all information gathered from the interview discussion would be held confidential, and (f) contact information for myself, my Chair, and the IRB.

Before beginning the questions for the interviews (see Appendix H for the Chief conduct officer interview plan), I reviewed with each participant the contents of the Information Letter. Following that, I began each interview with a semi-structured, standardized question route, but each interview took on its own structure reflecting the differences in the campuses and the role TIA plays for each as a sanction option. The differing responses garnered from the interviewees—taken together with the responses from the conduct officers during the focus group—served to provide me with a broad view of the processes occurring with the students referred to TIA as well as a broad view of how the intervention is utilized by a variety of professionals within the conduct officer community. After the chief conduct officer interviews, I produced a transcript of each interview. The outcomes of these interviews are reflected in the *SRR Focus Group and Personal Interviews Report (SRR Report)* (see Appendix I).

Meetings and interviews with CS staff and additional stakeholders.

My original intent for interacting with the CS staff, reflected in planning documents, was to facilitate group work sessions with the management team and conduct a focus group with TIA facilitators. Later, I saw that differentiating the two data collection activities added little value, considering the management team represented all but one counselor facilitating the TIA workshop. Thus, the additional TIA facilitator was included in subsequent management work sessions

and is considered part of the management team in this report. Between the dates of September 6, 2011 and January 10, 2012, I conducted four 1 hour 30 minute CS management team work sessions and fourteen individual 1 hour meetings with them and the two additional stakeholders.

I conducted the group work sessions and individual interviews as a two-phase process. The first process was to facilitate the CS management team in creating the program theory for TIA, which entailed developing and documenting a detailed description of TIA activities and its program logic and theory of action. The second process was to establish validation of the documents created in the work sessions and other theoretical documents I created, and to gather comments and feedback on the process and outcomes produced during the study. More specifically, participants were asked how they believed the study may inform the future “practice” of TIA and how they envisioned the theoretical documents may be used in the future.

Program Theory development meetings. As noted in Chapter 1, an important aspect of action research is convening an approach to data collection and information development in the work setting that is as unobtrusive as possible (Stevens et al., 1993). An important aspect of theory-driven evaluation science, described earlier in this chapter, is securing practitioner involvement in crafting an evaluation process that is feasible within the work environment and produces evidence deemed as credible within the relevant professional domain (Donaldson, 2007; Donaldson & Lipsey, 2006). To incorporate management involvement, I met with the CS Director four times between September 6, 2011 and November 2,

2011, to share and solicit input on my planned activities and instruments, ensuring the implementation process that occurred reflected her prior knowledge and support. To verify credibility, all data collected was first referred to the source for review, correction, and/or enhancement; later, data was referred to the larger group of stakeholders for a secondary review in the form of draft documents, again with the opportunity for input.

The four CS management team work sessions were held in one of the group rooms of the counseling center. These rooms are equipped with couches and chairs as well as meeting tables to suit the tenor of an activity. In addition, the rooms are mediated, enabling use of a computer and proxima projector to facilitate group creation and editing of documents. Most of the meetings included a brown bag lunch, and the atmosphere was informal and flexible. Because I am well acquainted with the management team members, our interactions were engaging and collegial, and the discussions substantive and vigorous. All the counseling center practitioners expressed their support for the project and said they believed it to be a beneficial endeavor for the TIA program and the counseling center.

On November 3, 2011, the initial kick-off management team work session occurred. Four of the five management team members were scheduled to attend the meeting, but due to clinical emergencies that developed during that morning, only two were able to be present. This scenario recurred at all meetings scheduled, reflecting a *modus operandi* for counseling center managers. The strategy I adopted to overcome this impediment was to engage with those

available in each meeting and subsequently forward the work session drafts to all parties for review and input.

The initial task of the kick-off meeting was to distribute a work packet to each participant and review the first item, the Administrator Information Letter. Other items in the packet included the Kick-off Meeting Agenda, which presented an overview of the dissertation study design and activities, and a series of other documents to orient the work team to theory-driven evaluation science and the evaluation model I was employing (see Appendix J for the Kick-off meeting participant packet). After reviewing the grounding documents, I introduced a template to guide the work of developing TIA program theory, the Six-Step Implementation Plan: Describing the Program Exercise. The questions for this exercise are adopted from the Centers for Disease Control's (1999) Framework for Evaluation; the exercise entailed eliciting program information from practitioners in six areas: Statement of Need, Expected Effects, Activities, Resources, Stage of Development, and Context. The two-column table template displayed the six information areas, each in its own cell, with relevant questions appearing as prompts stationed directly below the "information area" in the left-hand column, with the right-hand column serving as the repository for the "TIA Program" answers furnished by the participants. The meeting ended with the practitioners working through the questions for the first two information areas.

Following the kick-off meeting, I edited the information recorded in the template and forwarded the updated document to all the participants for review and response. In addition, I sent a participant packet to the management team

members who were not present at the kick-off meeting. At this point, I also involved the “additional stakeholders” previously identified. I sent both of them a participant packet and the Describing the Program exercise template and asked for their input. Both additional stakeholders agreed to type their responses into the template and send them to me via email, and then discuss their input with me via telephone. The two telephone conversations took place on November 9, 2011 and November 15, 2011.

The second and third management teamwork sessions occurred on November 14, 2011 and December 2, 2011. At these meetings, the Describing the Program exercise was completed. In the second meeting, work was initiated on an exercise to develop TIA goals and learning objectives, which entailed creating an overarching goal and six learning objectives with corresponding measurable outcomes. Supporting material (see Appendix K) included a handout titled “Learning Objectives Exercise Guide,” covering creation of goals, learning objectives, and measurable outcomes, and a description of Bloom’s taxonomy of learning outcomes (Soderholm, 2005), and an updated Turn-It-Around workshop outline originally developed by the TIA workshop Creator. I also distributed a series of handouts for review describing the theoretical constructs representing the social science theory supporting the TIA intervention and a model showing how the Stages of Change & Integrated Concepts work together. Both the Describing the Program exercise and the Learning Objectives exercise were accomplished through an iterative process whereby drafts created during the meetings were

circulated to all participants, who forwarded changes to me. I brought the completed exercise documents to the fourth work session for validation.

Validation and feedback meetings. The fourth work session occurred December 16, 2011. This meeting initiated a process that was finalized with individual follow-up meetings. The results provided me with the clinician view of my study, which in essence comprised an organizational consultation focused on developing program theory and preparing for summative evaluation. My objectives were to verify and validate the program theory documents and solicit practitioner feedback on the final report of my meetings with the SRR staff, the organizational consultation experience, and how study outcomes would likely affect and inform the service delivery and/or administration of the TIA workshop. I conducted a 1 hour follow-up interview either by telephone or in-person with each management team member, the additional TIA facilitator, and the two additional stakeholders between December 21, 2011 and January 10, 2012. Table 4 summarizes my plan for securing the validation and feedback discussed above.

Table 4

Validation and Feedback Information Gathering Plan

Items for Review	Essential Questions
• <i>TIA Program Theory of Action Report</i> • Theoretical Construct Checklists • Stages of Change & Integrated Concepts Documents • <i>SRR Report</i>	1. How closely does the information in each of these documents reflect the reality of how TIA is constructed and conducted? 2. How might going through the exercise of creating this documentation affect the practice? 3. How might these documents be used? 4. What is your reaction to items in the SRR Report?

(See Appendix L for the *Turn-It-Around Theory of Action Report*, Appendix M for the Theoretical Construct Checklists document, and Appendix N for the Stages of Change & Integrated Concepts Model). The outcomes of the validation and feedback meetings are reflected in the *Clinical Stakeholder Interviews Report* (*Clinical Stakeholder Report*) (see Appendix O).

Chapter Summary

This chapter presented the approaches I used to collect data for my action research study. I began by discussing my initial research design, which was created with intent to devise and fully implement a comprehensive evaluation model for TIA; I then described narrowing the study scope to conducting assessments of evaluability and implementation, which produced the underlying program description and theory of action necessary for an impact evaluation to occur. I described the essential tenets of my methodology: a pragmatic theoretical orientation, the program theory-driven evaluation science evaluation model, the guiding methodology of action research, and the tailored evaluation model crafted for TIA. I presented the research questions driving the study, and went into detail in summarizing my data collection activities, entailing meetings with outside stakeholders from the Student Rights & Responsibilities department and the internal facilitators for the TIA program, including two additional stakeholders who hold special relevance to TIA. I described how my research study mapped to the Centers for Disease Control's (1999) Framework. Finally, I described my strategy for gathering stakeholder feedback on the study outcomes and process, including their insights into how the information may be used. In the next

chapter, I describe the processes of analysis I carried out in examining the information generated from my research activities, the findings/outcomes derived from that analysis, and a review of the products developed during this research study.

CHAPTER 4

ANALYSIS AND RESULTS

Introduction

In Chapter 3 I described the research design and processes I used to collect data, noting that the scope of this dissertation was limited to assessments of evaluability and implementation. This, in turn, limited the data analysis needed to the qualitative domain. As explained earlier, qualitative methodology is well suited to program evaluation activities with its focus on collaboration with program users and managers. This chapter describes the qualitative data analysis methods I used and presents the results of that analysis. Data in this study were analyzed from two perspectives, or levels. *The first level* of analysis reflects the interactive data collection and synthesis processes I conducted in conjunction with stakeholders to produce the collateral materials generated during the course of the study: the *SRR Report*, the TIA theoretical documents, and the *Clinical Stakeholder Report*. A summary of these reports and documents are presented under the heading of “Presentation of Results.”

The *second level* of analysis is presented as the assessments of TIA evaluability and implementation, reflecting a synthesis of the expert stakeholder viewpoints emergent from the clinician validation and feedback interviews and relevant scholarly literature addressing the behavioral science theory supporting the TIA intervention. These analyses are presented under the headings entitled “Discussion and Analysis of Results” and “Answers to Research Questions.”

Description of Data Analysis Methods

As discussed in detail in Chapter 3, the data collected and analyzed in this study came from interviews and meetings with key TIA stakeholders. As an action research study in the form of a program evaluation, I took the role of leading the clinical stakeholders through a process of documenting, then examining and analyzing TIA's program components and theory of action in terms of congruence between the model and applicable behavioral science theory and congruence between the model and practice.

For each data collection event, I produced drafts that I subsequently cycled back to the participants for verification, which then progressed through an iterative, recursive process of synthesis, revision, and analysis leading to taxonomies reflecting (a) categories, themes, and ideas representing the research participants' views and opinions and (b) documentation of TIA's program theory and program components. Merriam (2009) describes the process of analyzing qualitative data as inductive, comparative, and emergent in that analysis of partial study outcomes yields an opportunity for ongoing refinement and improvement of study design elements. Merriam (2009) further describes qualitative data analysis as cycling between various types of data and levels of abstraction to derive *meaning*, which equates to research question *answers*, also referred to in qualitative research as *findings*, *categories*, *themes*, and *patterns*.

For the *SRR* and *Clinical Stakeholder Reports*, my data analysis strategy followed Auerbach and Silverstein's (2003) three-phase model of coding and analysis. Beginning with the raw data in digital format, this strategy entails

making the text manageable by selecting relevant portions (or units) for further analysis, *hearing what was said* by identifying repeating ideas and organizing them into topical themes, and *developing theory* by grouping themes into categories or theoretical constructs. For the program theory-building exercises, I adapted the Centers for Disease Control's (1999) Six-Step Framework for Evaluation, creating data collection templates tailored to explicate TIA's program design and theory of action. For the assessments of TIA evaluability and implementation, I based my strategic approach on concepts and methods described by Donaldson (2007), Rossi et al. (2004), Stevens et al. (1993), and Wholey (1987, 2004).

Presentation of Results

The following documents produced through work sessions and interviews with stakeholders represent the first level of data analysis: the *SRR Focus Group and Personal Interviews Report*, the *TIA Program Theory of Action Report* and TIA Theoretical Checklists (TIA theoretical documents), and the *Clinical Stakeholder Interviews Report*.

The SRR Report. The information presented in Table 5 comprises the results of the process of analyzing and synthesizing the comments and dialog gathered during the focus group and interviews with SRR staff. Items numbered 1-12 reflect a distillation of the most salient themes emergent from the discussions; items labeled A-D reflect a categorization of the themes.

Table 5

SRR Report: Summary of Results

SRR Report Summary of Overarching Categories and Themes	
A. Clarification of University Roles	
1. The organizational structure of ASU invests responsibility for leading the Student Rights & Responsibilities (SRR) function with assistant deans at the four campuses. The deans collaborate to provide consistent leadership/application of conduct processes at the four campuses. 2. SRR staff members collaborate with University Housing staff, ASU Counseling Services (CS), and other student services units in managing student conduct issues. 3. SRR conduct officers view education as primary to their role. 4. The role of CS counselors is to provide assessment and treatment recommendations.	
B. Prevailing Issues & Typical Remedies	
5. The most frequent and typical conduct issues/behaviors SRR staff deal with are (a) poor decision making, especially around alcohol and other substances, (b) breaking ASU or Housing rules, and (c) disruptive behavior. 6. SRR conduct officers have many tools they use in deciding the appropriate sanction for students violating the <i>Code of Conduct</i>. Sanctions incorporate a range of activities that are designed to match the severity and tenor of the offense, including (a) educational, (b) service-oriented, and (c) punitive sanctions.	
C. Referral Reasons & Expected Outcomes	
7. SRR staff refer students to TIA based on student need for (a) better decision making skills, (b) the educational and developmental value derived from having a peer-related learning experience, and (c) a desire to provide students with a more intensive intervention experience. 8. Feedback from students about TIA is positive. 9. SRR staff members expect that students participating in TIA will improve their thinking skills and advance their decision making skills. 10. SRR staff members expect that students participating in TIA will benefit from receiving feedback from their peers, which often proves a more salient learning experience than being “taught” by counselors or other authority figures. 11. SRR staff members expect that by participating in TIA, students will gain a more normalized view of peer behavior.	
D. Challenges & Opportunities	
12. Challenges/barriers to optimal utilization of TIA as a referral option provide opportunities for SRR and CS to improve coordination and effectiveness in fostering student learning and success. (a) Role confusion between SRR and ASU CS staff (b) Apprehension that TIA may be a “global” recommendation for mandated students (c) Blurring of treatment vs. psychoeducation (d) Tempe <u>only</u> location (e) Timing of TIA workshop offerings and workshop series cancellations (f) Difficulties in TIA completion (i) Completion policy (ii) Cost (iii) Incomplete understanding of consequences (iv) Inconsistent flexibility in allowing alternatives to starting over to complete TIA (g) Paperwork (i) Confusion about paperwork needed and appropriate CS contact person (ii) Duplication of paperwork between SRR and CS	

TIA Program Theory of Action Report. This report is composed of the following elements: the Program Mission and Goals, and Learning Objectives and Behavioral Outcomes (presented in Table 6 and Table 7); a Statement of Need, Description of Program Activities, and Expected Program Effects (presented next in summary form); and the TIA Logic Model (presented as Figure 1).

Table 6

TIA Mission and Goals

Element	Description of Element
Counseling Services Mission	The mission of ASU Counseling Services is to support the academic mission of the University by providing mental health, consultation, and outreach services that facilitate the student learning experience and student success in persistence and graduation.
TIA Mission	The Turn-It-Around Workshop is a specialized intervention designed to serve as a step in the ASU Conduct process for students charged with a Student Code of Conduct offense.
TIA Goals	1. Increase participants' understanding of their own decision making processes. 2. Increase participants' goal-setting skills. 3. Increase participants' interpersonal skills through a facilitated dialog structured to promote interaction with peers on topics addressing serious life issues. 4. Increase likelihood of participants' academic success and successful re-engagement with University life through use of the skills learned from program participation. 5. Decrease the likelihood that participants will commit future Code of Conduct offenses.

Table 7

TIA Learning Objectives and Behavioral Outcomes

Learning Objectives	Associated Behavioral Outcomes
<i>By the time students finish the TIA Workshop, they should be able to . . .</i>	<i>Fulfillment of TIA Workshop learning objectives will be demonstrated when students begin to . . .</i>
1. Acknowledge, reflect on and evaluate their behaviors/mistakes and the outcomes those behaviors have produced in their lives.	Use insights gained from past experiences and consequent outcomes to make better choices that lead to better outcomes.
2. Identify and explain personal and environmental factors that can increase or decrease the likelihood of making mistakes.	Engage in personal behaviors and select lifestyle choices that produce the outcomes they desire.
3. Identify and select behaviors that contribute to personal wellness.	Engage in pro-social health oriented behaviors consistent with their own goals for success and happiness.
4. Articulate an understanding of the decision making process and factors that positively or negatively affect that process.	Make their decisions based on intrinsic values as opposed to external forces and with cognizance of the outcomes their choices are likely to produce.
5. Develop personal goals and strategies to achieve those goals.	Engage in future-oriented thinking and design and implement strategies that build toward goal achievement.
6. Use goal setting skills to build future-oriented academic and life plans.	Re-engage University life and the identity of an ASU student by taking steps to develop plans and strategies that will accomplish their personal, academic, college life, and future life goals.

Statement of need summary. ASU students who violate the Student Code of Conduct need an educational intervention in addition to any punitive sanctions that may be warranted. An educational intervention is consistent with the institutional mission. It is in the best interests of the institution and ASU students to engage in a dialogue about the antecedents of conduct problems and strategies for avoiding future issues. It also is in the institution's interest to be seen as a

partner in the student experience during both positive and negative events. Turn-It-Around provides an early educational intervention for students who have committed first or second offense disciplinary issues at the University.

Program description overview. Turn-It-Around is based on Stages of Change Theory (as expressed in the TTM) and Motivational Interviewing Theory. Further, the hypothesized “mechanism” or “theory of change” derives from theories of early intervention, group process, self-reflection, role modeling, guidance, and student engagement. TIA activities are structured to support students in identifying the parts of their mistakes that matter to them in terms of impact on their lives. Students may not relate to what counselors or authority figures think is important; thus, TIA facilitators seek to help students identify *for themselves* which interests and concerns they have that are impacted by their mistakes/conduct offenses. Each workshop session introduces concepts followed by homework designed to reinforce the concepts. At first some students are skeptical, even sarcastic, about the homework and material presented. Later, for many students there is a shift in attitude as they begin to see the merit and life application of the principles discussed and applied in the homework. TIA addresses the concept of causal connections as its target population comprised of 18- and 19-year-olds are just beginning to understand anticipatory reasoning.

Principal TIA workshop activities. The following six items represent the hallmark activities of the TIA workshop.

1. Review mistakes among peers; elicit and provide feedback about how their behavior has affected life at ASU and beyond.

2. Discuss that to choose a behavior is to choose its consequence, both positive and negative.
3. Identify choices that either increase or decrease likelihood of making more mistakes, particularly related to substances use.
4. Identify ways to engage in self-care to increase immediate and life-long wellness.
5. Discuss how positive and negative thought processes affect quality of choices.
6. Identify short- and long-term personal goals, assessing which are placed in jeopardy by making the same or similar mistakes.

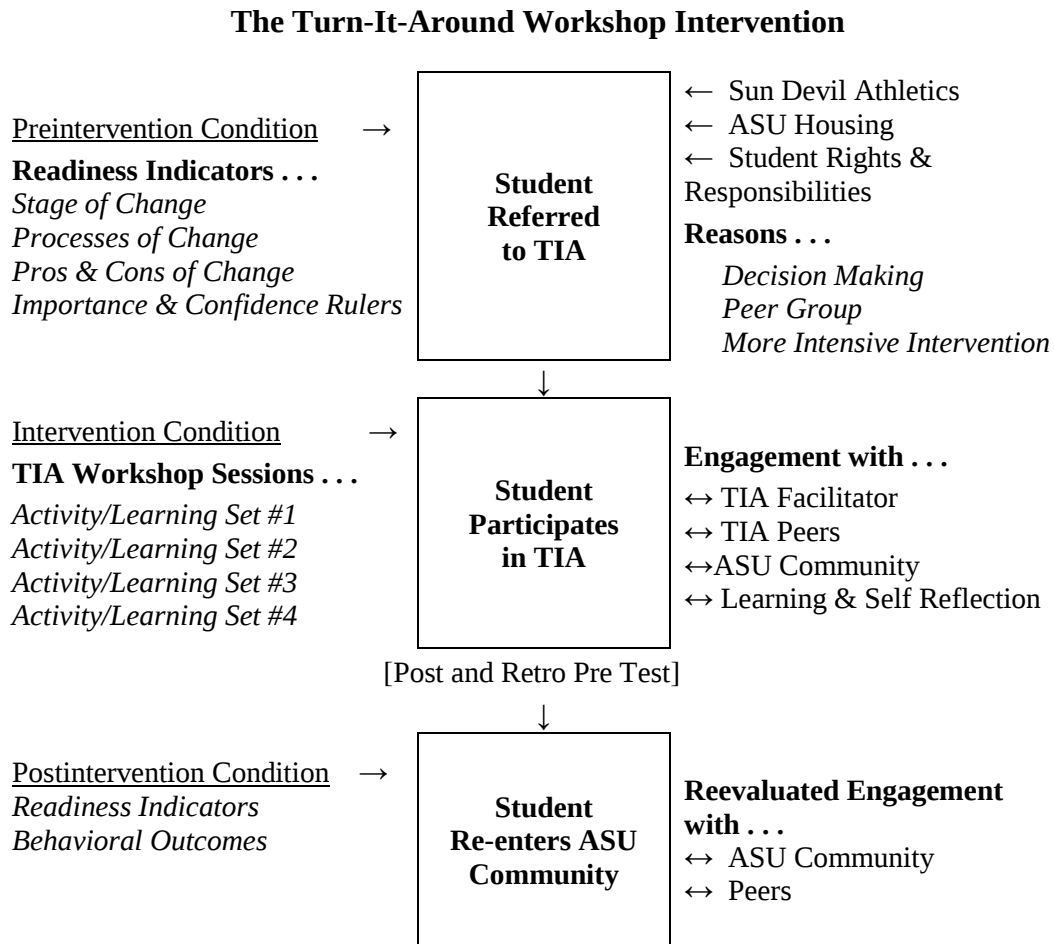
Expected program effects summary. Students found responsible for infractions against the Code of Conduct are at risk of becoming repeat offenders. TIA addresses this risk and thus contributes to campus safety. In addition, TIA provides support for CS partner units also furnishing services to this at-risk population. The TIA curriculum fosters engagement in learning activities its constituent population likely would not otherwise avail. Successful TIA completers will realize improvement in the knowledge and skills that lead to more successful choices and academic performance, including increased knowledge of general antecedents of problematic behavior and specific antecedents of their own problematic behaviors, increased decision making skill (which includes insight, awareness, ownership, and responsibility for choices), and increased self-efficacy in the realm of positive behavior choice.

Improved behavioral decision making among students leads to an increase in University prosocial activity participation and associated decrease in

engagement with other less structured and less healthy activities; an increase in safety-related behaviors and associated decrease in risky behaviors such as drinking, violence, drugs, and impulsivity; and an increase in positive role-modeling among TIA completers and associated decrease in recidivism.

TIA logic model. Figure 1 illustrates TIA's structure and progression of activities, representing its Program Process Theory.

Figure 1. Turn-It-Around Logic Model



TIA Program Impact Theory in brief: Students enter the TIA program at a particular point in the stage of change continuum concerning their behavior that resulted in receiving a Code of Conduct sanction. Students attend all four workshop sessions, which entails (a) listening to educational presentations and engaging with counselors and peers in facilitated learning activities, and (b) completing, reflecting on, and sharing the homework assignments in the next workshop session. Through an experiential process that promotes insight and values clarification, ambivalence is resolved leading to skill acquisition and consequent motivation and empowerment to advance along the continuum of change to the next level of self determination and personal efficacy.

TIA theoretical checklists. As detailed in Chapter 2, the TIA workshop is based on several integrated theoretical constructs related to the processes and mechanisms of behavior change, including the Transtheoretical Model of

Behavior Change, Stages of Change Theory, Motivational Interviewing Theory, the Processes of Change Indicators, the Decisional Balance Scale, and the Confidence and Importance Rulers. Table 8 summarizes the theoretical checklists developed to document the theory supporting TIA. Table 9 illustrates how the integrated theoretical constructs act together in progressing through the stages of change.

Table 8

Summary of TIA Theoretical Checklist.

Document	Description
<i>Transtheoretical Model of Change: Stages & Processes of Change</i>	Describes the five stages of change in terms of sequencing and the behavioral characteristics of each stage. Lists and organizes the ten processes of change into <i>five experiential processes</i> and <i>five behavioral processes</i> , noting how each process correlates with the five stages of change. Describes how the experiential and behavioral processes are traditionally correlated with various psychoanalytic models.
<i>Transtheoretical Model of Change: Processes of Change</i>	Describes the ten processes of change by 1. listing actions exemplifying each behavior and 2. correlating appropriate intervention strategies with each behavior.
<i>Stages of Change & Integrated Concepts</i>	A model of how the experiential and behavioral processes of change, the indicators of change (decisional balance scale, importance and confidence rulers), and the phases of motivational interviewing correlate moving across the five stages of change.
<i>Map of Integrated Transtheoretical Model & Motivational Interviewing Constructs</i>	A model of how the theoretical constructs of MI Phases I & II, Experiential and Behavioral processes, Pros and Cons of Change, and Importance of and Confidence in Ability to Change correlate moving across the five stages of change (see Table 9).
<i>Motivational Interviewing: Definitions, Principles & Concepts</i>	Defines MI, key change factors, guiding/overarching principles of the MI approach, fundamental counseling practices, fundamental beliefs, and strategic communication tools.
<i>Motivational Interviewing: Phase I, Building Motivation to Change</i>	Describes strategies for increasing change talk and decreasing resistance talk. Lists counselor road blocking language to avoid. Lists client resistance talk and behaviors, strategies, and methods for responding to resistance talk and Phase I traps.
<i>Motivational Interviewing: Phase II, Strengthening Commitment to Change</i>	Describes readiness to change signs. Summarizes transition from MI Phase I to Phase II. Lists key questions for guiding students: when to give information and advice, steps to negating a change plan, and Phase II traps.

Table 9

Map of Integrated Transtheoretical Model & Motivational Interviewing Concepts

Theoretical Constructs	Precontemplation Stage ➡	Contemplation Stage ➡	Preparation Stage ➡	Action Stage ➡	Maintenance Stage
<i>MI Phase I</i>	Build Motivation for Change =====➡				
<i>MI Phase II</i>	Strengthen Commitment to Change =====➡				
<i>Experiential Processes</i>	Increase Intention & Motivation to Change=====➡				
<i>Behavioral Processes</i>	Retain Gains & Maintain Behavior Change =====➡				
<i>Pros of Change</i>	Increase by 1.0 SD =====➡				
<i>Cons of Change</i>	Decrease by .50 SD =====➡				
<i>Importance of Change</i>	0 Not at All Important=====Extremely Important➡ 10				
<i>Confidence in & Ability to Change</i>	0 Not at All Confident=====Extremely Confident➡ 10				
<i>Note.</i> Adapted from Prochaska, 1994; Prochaska et al., 1992; Prochaska & Velicer, 1997; Redding et al., 2000; Velicer et al., 1998.					

Clinical Stakeholder Report. Table 10 presents the ideas that emerged from my analysis of data gathered from interviews with CS staff and two additional stakeholders. The overarching categories reflect the three global topics of discussion that developed in response to the essential questions. Items labeled A-E represent a thematic organization of the responses in each topic area. Items labeled 1-25 are repeating ideas that surfaced from the interview text.

Table 10

Clinical Stakeholder Report: Outline of Results

Clinical Stakeholder Report Summary of Overarching Categories, Themes, and Repeating Ideas	
PROJECTED USES OF THE TIA THEORETICAL DOCUMENTS	
A.	Internal Staff Training
	1. Training CS staff to become TIA facilitators: Manualizing the TIA Intervention 2. Enhancing the CS Training Program capacity 3. Assisting TIA facilitators to maintain consistency and fidelity to the TIA clinical model 4. Training non-TIA facilitators to make internal referrals and prepare students for TIA
B.	Outreach & Liaison Training
	5. Outreach materials for CS staff to use in promoting TIA to potential referral sources 6. Training materials to help liaison staff make appropriate referrals to TIA
C.	Program Theory Documentation & Baseline for Evaluation
	7. Establishment of TIA program theory of action and construct validity 8. Comparison of program theory to practice 9. Evaluation of program practice to facilitate improvement 10. Performance of impact evaluation: TIA is meant to facilitate behavior change
FACILITATOR VIEWS OF TIA	
	11. The TIA population is largely involuntary and presents characteristics of vulnerability 12. The TIA population presents challenges & opportunities related to their developmental status 13. TIA is a useful alternative to mandated counseling 14. Motivational Interviewing facilitates a change in perception, leading to behavior change 15. TIA capitalizes on the value students tend to place on friendship behavior 16. Completion of the Wellness Profile often is the turning point of engagement for TIA students
RESPONSES TO SRR REPORT	
D.	Better Coordination Will improve Collaborative Model
	17. Establishing an annual liaison training meeting will promote ongoing program improvement 18. Establishing periodic maintenance meetings will resolve logistical problems as they emerge
E.	Training Needed for Both Staffs to Better Understand the TIA Intervention
	19. Adequate student engagement is necessary for determining clinical recommendations 20. CS and SRR staff view the best use of TIA somewhat differently 21. Differences in expectations & inconsistencies about referral and recommendation processes 22. CS staff treat and approach TIA as a clinical intervention, not just psychoeducation 23. CS staff consider the cost for TIA as an appropriate outcome of students' choices 24. TIA is more likely to be productive when students self select & see the value of attendance 25. Students derive more benefit from TIA if they are appropriately "prepped"

Discussion and Analysis of Results

This section discusses and describes how information captured in the *SRR Report* and the *Clinical Stakeholder Report* unfolds to yield assessments of TIA evaluability and implementation, which are presented in the next section, “Answers to Research Questions.”

The SRR Report. The *SRR Report* illuminates the views and insights of the ASU staff most responsible for referring students to TIA. Key observations include the fact that CS and SRR staff members work together successfully and collegially to collaborate in providing a useful intervention for students struggling to recover from a negative incident with ASU. At the same time, opportunities exist for improved coordination, which could lead to a better, more responsive service for students. Information related in the *SRR Report* suggests that barriers to an optimal collaboration largely derive from issues of communication and clarity, indicating that “drift” may be occurring in how TIA operates over time, and/or, that the counselors facilitating TIA have their individualized ways of implementing the workshop. In addition, the report reveals the two staffs differ in their views about how TIA is best used. Report recommendations include ways of improving ongoing communication to alleviate misalignment developing between the two departments and suggestions for a joint approach to monitoring and improving program effectiveness.

The Clinical Stakeholder Report. The *Clinical Stakeholder Report* presents the views of the ASU staff responsible for carrying out the TIA workshop. These interviews and subsequent processes of analyzing and

synthesizing the results represent the culminating steps of this action research dissertation, producing assessments of the credibility and usefulness of the study's outcomes and answering the study's research questions.

Discussion of report outcomes. As presented above, Table 10 outlines the outcomes derived from the clinician validation and feedback interviews, which fell into three overarching categories: (a) Projected uses of the TIA theoretical documents, (b) Facilitator views of TIA, and (c) Responses to the *SRR Report*. The outcomes associated with items (a) and (c) above are discussed in the "Answers to Research Questions" section as responses to the guiding research questions and supporting questions they address. Outcomes associated with item (b) are discussed next.

Clinician insights into TIA and its target population. The *SRR Report* represents TIA participants as those in need of better decision-making skills, who would benefit from a peer learning experience, and/or an intensive intervention. The clinician interviews expanded and built upon that profile, which highlighted the fact that, in terms of age and behavioral acumen, most TIA participants still are in a developmental stage concerning their capacity for causal reasoning. This reality presents a challenge as well as an opportunity for TIA to provide a developmental intervention to capitalize on and convert the plight of its participants' "being in trouble" into an engaging, transformative growth experience.

Other important observations include the following: (a) because the TIA population largely participates on an involuntary basis, they are at least initially

reluctant to engage with the counseling staff or even the peer group; (b) participants are vulnerable because they do not usually know one another; (c) TIA facilitators note that the workshop is a meaningful substitute for mandated counseling, representing “an effective alternative to shoving counseling down their throats, even though the way you engage students in TIA is similar to engaging them one-on-one;” (d) MI in conjunction with the peer experience is an especially potent combination for working with students in a developmental stage because it keys into a central value for them, which is “being a good friend;” (e) by giving and receiving feedback and relating to their peers’ stories and circumstances, TIA participants begin to advance as a group; and (f) much of the success of TIA is reflected in the group’s transformation from being unengaged to being engaged in exploring the impact of their behaviors.

Answers to Research Questions

Assessment of evaluability. The subsections discussing assessment of evaluability provide answers to the overarching research question #1 (RQ1): To what extent is the Turn-It-Around intervention suitably developed to be effectively evaluated?

An evaluability assessment determines if a program is designed on theoretically sound principles and is structured to feasibly carry out its goals and objectives, preferably generating measurable results (Rossi et al., 2004).

Evaluability assessment activities completed in this dissertation research study include creating a program model and program description, determining how well

defined and evaluable the model is, and identifying stakeholder uses of the products generated through the evaluation research processes.

Creating the program model. This subsection provides answers to the following RQ1 supporting questions: What constitutes the Turn-It-Around program model? What is its theory of action? What are its goals and objectives? What is the behavioral science theory underpinning the TIA intervention? What are the activities that bring about the theorized behavior change?

Answers to each of these questions were fleshed out in detail during the CS management team work sessions and individual follow-up meetings, resulting in a comprehensive documentation of TIA's program model. Included were a Mission Statement and five program goals aligned with the CS Mission and six learning objectives and correlated behavioral outcomes. Tied to the goals and objectives, a comprehensive program description was developed that included the following sections: a Statement of Need detailing why ASU needs an intervention program that positively engages students charged with Code of Conduct offenses, Overview of TIA's Strategic Approach depicting the workshop's program impact theory comprised of Stages of Change Theory and Motivational Interviewing Theory, Workshop Outlines of each session detailing how its activities tie to achieving the meeting's learning objectives, and Expected Program Effects delineating the intended outcomes of TIA in terms of addressing student development needs and University risk management needs in addition to the behavioral outcomes correlated with each workshop session's learning objectives.

Along with the program logic documentation, theoretical construct checklists were developed detailing (a) the Transtheoretical Model of behavior change and its central organizing construct of the five progressive stages of change; (b) the five experiential processes and five behavioral processes people employ as they move through the stages of change; (c) the definitions, principles, and concepts of the two-phased Motivational Interviewing counseling strategy; and (d) and a schematic of how the Stages of Change & Integrated Concepts work together as students advance along a continuum of behavior change.

Clinical stakeholder responses during the validation meetings were consistently positive in affirming (a) the credibility of the documents produced during the TIA program consultation in addition to (b) their potential usefulness for the purposes of training, outreach, and research. The TIA Creator confirmed the results of the consultation process and its products saying,

I can't think of a stronger endorsement for the documents and the work produced during this process—when you first showed me this . . . it was like you were in my head. This is the thing that I always wished I had done.

The CS Director also relayed a high opinion of the process and outcomes stating that going through the documenting exercises furnished the CS staff opportunity to determine if “what we are doing and what we think we are doing is the same thing,” commenting further that prior to the program development consultation, “I’m not so sure we would all have given the same answer to the question ‘what is TIA and how is it helpful?’” The CS Training Director also was complementary, stating that the documents will help clarify the TIA program “internally within

our own organization,” and “will be an invaluable tool for those providing the service, for training staff to make referrals to the program, and for training those who will be provided with the service.”

Assessing the program model. This subsection provides answers to the following RQ1 supporting questions: Is the theory logical and plausible? Does the TIA program design address the identified need? How congruent is TIA’s design with the precepts of its underlying theory? Is the TIA program model well defined enough to undergo an evaluation of its impact?

Assessment of TIA’s program model was accomplished by the clinical stakeholders through an iterative process of creating the program description and theory of action documents during the program consultation meetings and vetting these documents’ credibility in terms of quality and accuracy during the fourth work session and follow-up individual meetings. Through (a) analysis and comparison of TIA’s program impact theory with relevant behavioral science theory and (b) analysis and comparison of the program process documents and the TIA logic model with actual practice, the TIA workshop intervention was established as thoroughly articulated and judged as theoretically sound by clinical experts, thus meeting the criteria for evaluability.

One clinician commented that the TIA documents “describe the basic application of the behavioral science theory upon which TIA is built” as portrayed by a typical scenario of how the workshop unfolds across four sessions. He further noted that talking about “how we deliver TIA and the theory of what we are doing” helped him to integrate the four groups “far better than before.” As

summarized by TIA's Creator, the documentation "makes the model transparent," and creates a shortened pathway between

what we are supposed to be doing [in terms of theory] and the results [competence in facilitating TIA] . . . so what you've done with this is that there is enough behavioral specificity and enough theory that I think a reasonably trained therapist could put those two things together and put it into action very quickly—and then you should be able to measure it.

Identifying likely stakeholder uses of evaluation outcomes. This subsection provides answers to the following RQ1 supporting questions: Who are the principal stakeholders of TIA? What are their interests? How will evaluation findings likely be used?

TIA's key stakeholders are current and future student participants and institutional stakeholders, including staff both facilitating and referring students to TIA. The stakeholders involved in this dissertation study, however, were limited to institutional stakeholders. The likely projected uses of the TIA evaluation outcomes identified by the clinical stakeholders include *program development*, with expectation that TIA's program theory will be documented; *program improvement*, with expectation that stakeholder insights will surface operational issues for resolution and ideas for enhancing TIA's effectiveness; and *program evaluation*, with expectation that a comprehensive plan will be designed and groundwork laid to support future evaluation activities. The evaluation outcomes of this dissertation study have fulfilled the expectations enumerated above as described throughout this dissertation report; these outcomes are more thoroughly detailed in the *Clinical Stakeholder Report*.

Assessment of implementation. The subsections discussing assessment of implementation provide answers to the overarching research question #2 (RQ2): To what extent is the Turn-It-Around workshop being implemented as designed?

An *implementation assessment* is intended to furnish program managers with formative feedback to help ensure a program is operating efficiently and according to design (Rossi et al., 2004). Implementation assessment activities completed in this dissertation research study include determining if TIA is being implemented with fidelity to its articulated model and appraising the effectiveness of the TIA collaborative model.

Assessing program implementation. This subsection provides answers to the following RQ2 supporting questions: Is TIA operating within design specifications? Is it being carried out according to intent? Does it reach its target population? How congruent is TIA's espoused theory (theory of action) to its practice (theory in use)?

An implementation evaluation focuses on the operational activities and performance of a program once it has been established and seeks to determine (a) if, and how effectively, a program is reaching its intended target population and (b) the relative effectiveness of its tactical activities in accomplishing program goals including level of fidelity to its design intent (Rossi et al., 2004). All data collection events in this dissertation study contributed to the assessment of TIA's implementation. As established above, the clinicians responsible for designing and facilitating TIA certified that the workshop's activities are being

operationalized with close fidelity to the tenants of its program impact theory. An implementation item that merits further clarification, however, is TIA's intended target population. The *SRR Report* pointed out that CS and SRR staff differ in view about the best use of TIA. SRR staff members see TIA as best for students with complex issues who "just don't get it." The CS clinicians, in contrast, hold that TIA is ideal for first offenders and that TIA "is really intended as an early prevention tool rather than a later remediation tool."

Assessing the collaborative model. This subsection provides answers to the following RQ2 supporting question: How successful do principal stakeholders see the TIA collaborative model in providing services to students involved in ASU's judicial system?

The *SRR Report* and *Clinical Stakeholder Report* present agreement that TIA furnishes a constructive intervention for students involved in ASU's conduct system, that TIA is especially warranted for students in need of better decision making skills, and that TIA's peer setting enhances the intervention's potential for success with students in a developmental stage. While staff members from CS and SRR report their interdepartmental collaboration is both positive and solid, areas for improvement also were identified. The clinician responses to the *SRR Report*, presented and discussed in the *Clinical Stakeholder Report*, include agreement that periodic meetings are in order to facilitate "being on the same page" regarding the logistical and operational misalignments that tend to emerge within service delivery partnerships. As expressed by one clinician, any time two

different systems are involved, regular communication and “occasional oiling and reworking of procedures” are required.

Beyond operational issues, several interrelated areas of difference and/or inconsistency in approach to using TIA were identified that require reconciliation to solidify and enhance the collaboration’s effectiveness. One difference already discussed is TIA’s target population: is it first offenders, or students with more serious infractions? A second area identified by one of the additional stakeholders in response to the *SRR Report* includes apparent “differences in expectation” about the referral process as well as “lack of consistency” in how SRR staff use (a) TIA as a referral option and (b) the consultation information furnished in a mandated referral report. A third area centers on how students are recruited and/or prepared for TIA participation, an issue confounded with the issue of “role confusion” between the two staffs. These differences and inconsistencies, identified as occurring on both the interdepartmental and the intradepartmental levels, point to the need for a more in-depth understanding of the TIA intervention by all involved, and underpin the recommendation for annual training and policy setting meetings. As observed by the additional stakeholder, annual and ongoing meetings represent “a clear need,” as are the needs for (a) CS and SRR staff to better understand the TIA intervention, “what it is, how it works, and when you use it,” and (b) a “process to develop and consistently apply criteria for referring or recommending TIA.”

Chapter Summary

This chapter described the methods I employed to analyze the results of my data collection efforts, which included (a) the collaborative data collection and analysis processes that I conducted in conjunction with the clinical stakeholders to document TIA's program theory and (b) the assessments of TIA's evaluability and implementation that followed. Next, I presented the results of my dissertation investigation in summary form as reflected in (a) the two thematic outlines emerging from interviews with the SRR conduct officers and TIA facilitators, (b) tabular and narrative summaries of the *TIA Program Theory of Action Report* reflecting a detailed description of the TIA program components and operative theory, and (c) summaries of the theoretical documents developed during the consultation which detail the underlying theory of TIA.

Following a presentation of the results, this chapter presented a discussion and analysis of the results, highlighting the outcomes derived from the *SRR Report* and *Clinical Stakeholder Report* used to develop a profile of TIA participants as students (a) who have been found responsible for an offense against the Student Code of Conduct, (b) who need better decision making skills, (c) could benefit from a peer experience, and (d) are in a specified developmental stage. Next, the answers to the study's research questions and supporting questions were presented, which certified that the TIA workshop as designed and documented is built on a reasonable theory of action and is sufficiently developed to undergo evaluation, and that the program has been implemented with close fidelity to the program model. Finally, this chapter presented issues emerging

from the study that call for more attention, development, and resolution by the two departments collaborating to provide a positive service for students involved with ASU's conduct system.

CHAPTER FIVE

CONCLUSION

The overarching goal of this action research dissertation was to lay the foundation of a comprehensive evaluation component for the Turn-It-Around workshop intervention, the accomplishment of which addresses a gap in ASU Counseling Service's departmental capacity to evaluate one of its clinical services. A comprehensive evaluation covers a program's conceptualization, program monitoring, and program utility, and fulfilling the terms of such an evaluation requires systematically working through the five domains of program evaluation: (a) needs assessment, (b) design and theory, (c) process and implementation, (d) outcome/impact, and (e) cost and efficiency (Donaldson, 2007; Rossi et al., 2004; Shadish et al., 1991). These domains represent levels in an evaluation hierarchy that must be addressed sequentially, with each level comprising a set of questions that must be answered before advancing to the next level (Rossi et al., 2004). The outcomes of this dissertation research in providing assessments of evaluability and implementation have accomplished the first three levels of evaluation, establishing the platform for advancing to the next level, assessment of program outcomes or impact. Thus, this study has accomplished its principal objective of laying a solid foundation from which to build a comprehensive program evaluation component for the TIA workshop.

Review of Study Components

My action research was carried out in the form of a program development consultation, and my role as the researcher was to serve as a facilitator working in

collaboration with the clinical stakeholders of TIA. The consultation delved into the views, opinions, and insights of two important sets of institutional stakeholders of the Turn-It-Around program: the staff who refer students to the intervention, Student Rights & Responsibilities conduct officers and managers, and the staff who carry out the intervention, the clinicians from ASU Counseling Services. Two additional stakeholders were included in the study to capture a broader view of the role TIA could play as part of ASU's departmental infrastructure to address both the student development and risk management functions of the institution. Stakeholder input was gathered from 18 individuals over an 11 month time period through a focus group, four group work sessions, 19 individual interviews, and several telephone consultations with the CS Director. Besides the assessments of evaluability and implementation, this action research dissertation generated the following additional deliverables: the *SRR Report*, the *TIA Program Theory of Action Report* and Theoretical Checklists document, and the *Clinical Stakeholder Report*. These deliverables represent the immediately useful and usable tangible outcomes of my program development consultation and functioned as the foundational processes and documentation material from which the assessments of evaluability and implementation were constructed.

Significance and Application of Study Results

The results or findings of this action research dissertation and program development consultation have furnished the TIA stakeholders involved with immediately useable results by way of insight, information, and tools. All the information developed, analyzed, and presented in the *SRR Report* and *Clinical*

Stakeholder Report and the TIA program documentation can be accessed and used by both staffs to immediately inform and improve their practice and the CS/SRR collaboration. Furthermore, engaging in the project has functioned as a program improvement by helping the clinicians involved solidify their understanding of the TIA intervention. As described by one clinician, “discussing and articulating thoughts and rationale” about TIA helped to focus his understanding of the intervention enabling him to be more intentional in his counseling process, and he now has “a better sense of what should be accomplished in each workshop session” and “a clearer justification of each activity along the way.”

Usable results of SRR interviews. The seven hours of dialogue with SRR staff was (a) documented and organized underneath 12 emergent themes and (b) incorporated into the *SRR Report* as an appendix. This appendix has furnished access to the thinking and rationale of conduct officers at the point they are considering students for referral to TIA, giving the clinical facilitators a broader view of a particular aspect of student situations prior to their workshop participation. The SRR interviews enumerated issues occurring in the CS/SRR collaboration. These issues are documented in the *SRR Report*, which also offers the following suggested remedies: (a) a meeting to reestablish understanding of TIA logistics with annual planning meetings thereafter to facilitate “being on the same page,” (b) periodic meetings to facilitate ongoing resolution of issues, and (c) collaborative program monitoring and improvement through sharing information and conducting joint assessment activities.

Usable results of TIA program documentation meetings. The TIA program description and theory documents were available upon completion for immediate use as tools for the purposes of training and outreach. In addition, documentation of the TIA intervention and its program theory created a basis from which the evaluability and implementation assessments were made possible.

Usable results of the validation and feedback interviews. The 16 hours of dialogue with clinical stakeholders to validate the program consultation products was (a) documented and organized underneath 25 emergent themes and (b) incorporated into the *Clinical Stakeholder Report* as an appendix. This appendix has provided access to the thinking and rationale of clinicians about the TIA intervention including responses to issues discussed in the *SRR Report*. These two reports and appendices taken together have furnished both staffs with (a) an intensive, in-depth view of how their counterparts conceptualize delivering services to a population for which they share responsibility, and (b) an outline of discussion topics detailing operational and program improvement opportunities. The validation and feedback interviews also furnished the outcomes of the evaluability and implementation assessments, covered in the next two subsections.

Usable results of the evaluability assessment. During the group work sessions, I collaborated with the clinicians who designed and who currently are implementing TIA to document and articulate the intervention and its theoretical constructs. During the validation and follow-up meetings, each of the clinicians reviewed and analyzed the documentation in light of the research questions

addressing program evaluability, and each clinician certified that the documents reflect congruence with (a) the behavioral science theory underlying the TIA intervention and (b) the current practice. This documentation and verification of TIA's program components and theory represent fulfillment of the first two levels of evaluation, clearing the way for the next level of evaluation: assessment of implementation.

Useable results of the implementation assessment. As noted in Chapter 4, all aspects of this dissertation study contributed to the implementation assessment. Each data collection event produced results immediately usable for a subsequent inquiry and/or analysis. The conduct officer interviews revealed how that set of stakeholders believe TIA is meant to work and the student cases they believe will most benefit from the intervention. In addition, issues identified formed topics for subsequent discussion and analysis addressing the interdepartmental workings of the TIA collaboration. The program documentation exercises produced the baseline material for determining TIA's evaluability and assessment of implementation, one focus of the validation and feedback interviews. The clinical stakeholder interviews generated responses to *SRR Report* items and revealed clinician beliefs about how TIA is best carried out and for whom it is best suited, formulating the outcomes of the implementation evaluation. These results constitute a menu of items available for immediate action in terms of TIA program enhancement. The most important action items identified include the need for both CS and SRR staff (a) to more deeply

understand how the TIA intervention works and (b) to clarify its intended audience.

Implications for Future Research: Next Steps for TIA Program Evaluation

As noted at the beginning of this chapter, completion of this dissertation research study and its assessment of TIA's evaluability and implementation has accomplished the first three levels of a comprehensive evaluation. By documenting and vetting the feasibility of TIA's program design and theory of action and subsequently verifying that the program is operating successfully within design parameters, this study has paved the way for an impact evaluation, which represents the logical next step for the TIA program. Several options for future evaluation activities are described next.

Implement web-base questionnaire and follow-up qualitative

interviews. As mentioned in Chapter 1, my original research design incorporated a web-based questionnaire and a plan to conduct follow-up qualitative interviews; the instruments and plan have been developed and are implementation ready. The TIA Web-based Questionnaire (see Appendix P) is built upon the following instruments that measure the theoretical constructs underlying TIA discussed in Chapter 2: (a) the URICA readiness questionnaire, which assesses stage of change (McConaughy, Prochaska, & Velicer, 1983), (b) the Decisional Balance Scale, which measures the pros and cons of change construct (Prochaska et al., 1994), (c) the Processes of Change Questionnaire, which measures utilization of ten change processes (Cancer Research Prevention Center, n.d.), and (d) two Readiness Rulers (i.e., level of importance and level of confidence), which

measure the self-efficacy construct (Miller & Rollnick, 2002). This questionnaire is meant to be administered to students before and after TIA participation to test for change related to the underlying constructs. An initial pilot-study could be implemented using a one-group pretest/posttest design to test the instrument and gather feedback. Once the instrument is revised if needed and deemed satisfactory, subsequent administrations could adopt a quasi-experimental design using a waitlist control group.

The TIA Follow-up Interview Plan (see Appendix Q) is to be conducted with students who have completed the web-based questionnaire. The follow-up interview activity could serve three purposes: (a) as a program enhancement (i.e., an additional “intervention” to re-engage students after TIA completion), (b) as a means to gather participant reactions to their questionnaire results, and (c) as an opportunity to gather information that furnishes contextual insight into participant experiences and opinions pertaining to TIA, the ASU judicial process, and other items of importance they may identify.

Conduct a recidivism study on TIA completers. Annual cohorts of TIA completers could be tracked to determine subsequent Code of Conduct offenses. Results could be compared with like students found responsible for Code of Conduct offenses and who received sanctions other than TIA.

Design and implement a customized pre- and posttest. Rather than the web-based questionnaire described above, a different instrument could be designed and used, either a different version of the existing instrument or a custom-designed instrument. A tailored instrument could incorporate some

questions from the existing instrument, such as those tied to the stages of change construct, with questions tied specifically to the TIA intervention. Examples include TIA's learning objectives or a customized version of the "processes of change" reflecting behavioral outcomes associated with TIA participation.

Reflections, Lessons, and Concluding Thoughts

The processes I carried out in conducting this dissertation research study engendered a growth and development experience that advanced the TIA program, the institutional stakeholders engaged, and myself as a researcher to a higher level of professional capability.

Lessons and confirmations. Conducting the program development consultation involved familiar management tasks and the study outcomes surfaced portray familiar organizational and operational issues. The lessons learned in this investigation highlight the fact that relationships between departments, similar to those between individuals, are dynamic and cannot be taken for granted and continue to exist in an optimal state. Either "drift" from original intent occurs or changing circumstances compel appropriate response that may require alteration in a course of action or in the tenants of the relationship itself.

One lesson learned in this study was a confirmation that in any given investigation of organizational or program functioning, issues will present for resolution, and giving them due attention can yield improvement opportunities not otherwise considered. A second, associated lesson and confirmation is that programs can underperform their potential for effectiveness even when meeting baseline criteria for success. Thus, as noted and recommended in the *SRR Report*

and *Clinical Stakeholder Report*, annual planning and routine liaison meetings between CS and SRR staff are necessary to ensure that TIA is implemented as intended to meet the needs of its target population at any given point in time.

Two additional observations merit mention in concluding my thoughts on lessons. First, as noted by one clinical stakeholder, an operational constraint common to both the CS and SRR departments is consistently dealing with a high volume of cases, which means neither staff is privileged to have “the time and ability to provide the ideal amount of education or support” to each student, a reality that could lead to making “routine” or “global” recommendations as discussed in the *SRR Report*. A partial remedy to this constraint would be to establish referral and recommendation decision trees for TIA. To work, these protocols would need to be developed and accomplished as a joint effort by the CS and SRR departments. The “joint effort” is what is important in this idea, which connects to my final thought.

The name of this dissertation study suggests that to be successful, an evaluation component created for TIA must be “sustainable.” This investigation has made the case that groundwork needs to be laid to properly establish an evaluation component, and that three initial steps have been achieved, with the fourth ready to be implemented. The necessary groundwork was accomplished through an extraordinary effort of the CS management team in holding numerous meetings throughout the fall semester; this episode of action research has moved the TIA program forward to the next cycle of action. To achieve a “sustainable” evaluation component, however, will require ongoing efforts, and I believe such

efforts will only be accomplished through a partnership with the Student Rights & Responsibilities office. This idea is consistent with the nature of TIA as a collaborative effort. As noted by one additional stakeholder, “The program is not just TIA, the program is the whole of the collaboration between CS and SRR to provide a meaningful sanction option for students.”

Program and stakeholder development. The products of this dissertation research study are reports, documents, and models and their explanations, explications, and replications. These products are at the disposal of TIA’s institutional stakeholders for use in day-to-day business activities such as training new facilitators and liaisons, or giving presentations that describe the usefulness of TIA as an intervention. Beyond the documentation generated to form a grounding infrastructure for Turn-It-Around, the processes involved in crafting the documents served to engage relevant stakeholders in a cycle of action research that enriched and solidified their understandings of TIA and furnished them with insight into their counterparts’ thinking about the intervention and its potential to benefit the students they are responsible for helping. Consistent with the intent of action research, the processes involved in accomplishing the objectives of this study surfaced topics of concern for subsequent cycles of program improvement.

Researcher development. Conducting this action research study has afforded me an enlightening, transformative journey, with each step requiring an all encompassing engagement with its specified strategic tasks. The conclusion of each step has triggered a transformation for me in personal maturation and

professional identity development. Promotion to candidacy signified the conclusion of a substantive educational vetting process and advancement to my journey's finale: the dissertation research study. Conducting the dissertation study as a program development consultation with ASU Counseling Services proved to be a seminal career experience for me in working with the clinicians to install critical infrastructure in an underdeveloped area of the department. The extent and tenor of the compliments and confirmatory feedback I received from all contributing clinicians about the processes and products developed during the consultation represent a hallmark of endorsement from the professionals whose opinions, to me, matter most. Such validation conferred by my esteemed colleagues has distinguished my dissertation research study as a singularly meaningful, capstone learning experience.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL NOTIFICATION

To: Christopher Clark
FAB

From: Mark Roosa, Chair
Soc Beh IRB

Date: 02/17/2011

Committee Action: Exemption Granted

IRB Action Date: 02/17/2011

IRB Protocol #: 1102005979

Study Title: Implementing a Sustainable Program Evaluation Component at a Large University Counseling (

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

APPENDIX B

CONDUCT OFFICER TELEPHONE RECRUITMENT SCRIPT

Hello {Potential ASU Staff Participant}:

I am a doctoral student at Arizona State University in the Mary Lou Fulton Teachers College and am contacting you because you have referred students to the *Turn-It-Around* (TIA) Workshop. I am conducting a study on the factors that influence how and why students are referred to TIA.

I would like to facilitate a one-and-a-half hour focus group with 4-6 staff from Residential Life and Student Rights and Responsibilities to explore experiences and insights about TIA as a mandated referral option, which will be audio-taped. This focus group is a preliminary study preceding my dissertation, which will address the effectiveness of TIA and will serve as the platform for an ongoing program evaluation component.

Participating in this study is completely voluntary, and all information obtained will remain confidential. Would you be willing to participate in this focus group?

[If the candidate expresses willingness to participate, the CO-I will answer any questions asked and send a follow-up acknowledgement letter. If the offer is declined, the candidate will be thanked, with no further contact initiated.]

Telephone Message (if necessary):

The Co-I will place the calls at the potential participants' ASU office telephone numbers. If the individuals are not available, the message to be left is "This is Sheila Lacey from ASU Health Services. I am a doctoral student in the Mary Lou Fulton Teachers College. I am conducting a study on the *Turn-It-Around* Workshop and would like to invite your participation. Please return my phone call at 480-965-9113 or 480-223-2594."

APPENDIX C

CONDUCT OFFICER CONFIRMATION NOTICE

{Date}

Dear {Participant}:

Thank you for agreeing to participate in a focus group to discuss the *Turn-It-Around* (TIA) Workshop. This meeting will be conducted at {time} on {date} in the Student Services Building, room number {XX}. You will be joining {X number} of your peers in a discussion about your experiences and insights working with students who have committed a judicial infraction.

As mentioned in our discussion earlier this week, the focus group is a preliminary research project leading to my dissertation, which will address the effectiveness of the TIA intervention and establish the groundwork for an ongoing program evaluation component. Your input into this process will contribute the important perspective of a student services partner in promoting positive University re-engagement for students who have made a “mistake.”

I look forward to seeing you on {day}. Please contact me at 480-965-9113 (office) or 480-223-2594 (cell) should you have any questions before the focus group.

Sincerely,

Sheila Lacey, MBA
ASU Health Services
Doctoral Student
Mary Lou Fulton Teachers College

APPENDIX D

CONDUCT OFFICER INFORMATION LETTER

{Date}

Dear {Participant}:

I am a doctoral student under the direction of Dr. Christopher Clark in the Mary Lou Fulton Teachers College at Arizona State University. My dissertation research will be to create and test a sustainable model for evaluating multiple counseling programs at ASU. The context in which this model will be developed and tested is the *Turn-It-Around* (TIA) Workshop. As a preliminary research project, I am conducting a study to gain an understanding about the circumstances leading Residential Life (RL) and Student Rights and Responsibilities (SRR) staff to select the *Turn-It-Around* (TIA) workshop offered by Counseling & Consultation (C&C) as the sanction of choice for some students who violate the *ASU Student Code of Conduct*.

I am inviting your participation in a focus group with other current or past RL and SRR staff who have made referrals to the TIA Workshop. Your involvement will entail attending a *1.5-hour focus group during March 2011* and engaging in a conversation about your experiences working with students who have committed an infraction against the *Student Code of Conduct*. During the focus group, you will have the right not to answer any question and to stop participation at any time.

Your participation in this study is completely voluntary. If you choose not to participate or you withdraw from the study at any time, there will be no penalty. In order to participate, you must be 18 years of age or older.

The information gathered from the study will help workshop facilitators and C&C management better understand the experiences of students leading up to their referral to the TIA Workshop. A potential benefit of your participation is the opportunity to critique the relative merits of *Turn-It-Around* as a sanction option. Because this study may lead to changes in TIA to enhance its effectiveness, your opinions and feedback could benefit ASU students by improving an aspect of the ASU judicial process. It is likely that the perspective you provide will be different than the perspective furnished by the participants themselves. There are no foreseeable risks or discomforts to your participation in this study.

This focus group will be audio-taped. You will not be recorded unless you give permission. If you give permission to be taped, you have the right to ask for the recording to be stopped. I will hold all information obtained in the focus group as strictly confidential, and will ask that participants also treat the focus group discussion as confidential. However, I cannot control what other participants may say later about the conversation that occurred in the focus group. I will transcribe the audio-tape, but individuals will not be identified. To maintain confidentiality, results of the study will be reported largely in aggregate, as “themes,” with

individual responses reported anonymously—if at all—with careful attention given toward de-identification. I will maintain the interview audio-tape, notes, and consent forms in a locked filing cabinet at my home. The audiotape will be destroyed upon completion of the dissertation in May 2012.

Any questions you have concerning this research or your participation in the study, before or after your consent, will be answered by Sheila Lacey, Co-Investigator and Interviewer at 480-965-9113, or slacey@asu.edu. You also may contact Dr. Christopher Clark, Principal Investigator, at 480-275-7115, or cclark8@asu.edu.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you may contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at 480-965-6788.

By signing below you are agreeing to participate in this study.

Signature

Date

By signing below you are agreeing to be audio-taped.

Signature

Date

APPENDIX E

FOCUS GROUP INTERVIEW PLAN

Prelude to Interview:

Interviewer will greet and thank the participants for coming as they enter the room. She will review the *Information Letter* (consent form) with each participant and secure his or her signature on the document. The Interviewer will inform participants they will receive a copy of the signed form delivered to their ASU offices. (5 minutes)

Introduction:

The interviewer will open the meeting by describing the goal of the focus group, which is to gain the conduct officer perspective on working with students they sanction to attend TIA. Ground rules including the expectation of confidentiality will be discussed. (5 minutes)

Questioning Route:

1. I'd like to start out by asking each of you to describe briefly for me your role with students that places you in the position of referring them to TIA. (15 minutes)
2. I'd like to know more about the circumstances you encounter with students. (15 minutes)
 1. What are some typical behaviors you deal with?
 2. What are the most difficult cases for you?
3. I'd like to get a sense of the range of options considered in addressing student behavioral issues. (15 minutes)
 - What recommendations are you typically considering as you work with a student?
 - What discretion do you have in applying student sanctions?
 - What influences your discretion? (attitude, previous/subsequent behavior)
4. I'd like to get a sense of your thinking about the *Turn-It-Around* Workshop. (15 minutes)
 - How might you imagine TIA being helpful for a student?
 - What information should students know before they attend their first TIA sessions
5. What else would you like to add to this discussion? (15 minutes)

Closing Comments: (5 minutes)

Interviewer will close by wrapping up final thoughts thanking participants for their time and contributions. Interviewer will let participants know that they will receive a copy of the preliminary focus group report for review and comment and will invite further thoughts from participants on the subject matter via email or

discussion. In closing, the interviewer will ask that the individual comments made in the focus group discussion be held confidential.

APPENDIX F

CONDUCT OFFICER FOLLOW-UP THANK YOU NOTE

Dear {Participant}:

Thank you for your engaging participation in the *Turn-It-Around* (TIA) Workshop focus group on {day}. I am delighted at the outcome and quality of discussion that emerged and look forward to my next steps of analyzing and synthesizing everyone's responses. As presented at the end of the discussion, I welcome any continued thoughts you may have as a result of the dialogue that was initiated. As a follow-up, you will receive a preliminary draft of my report, and your feedback will be requested and incorporated into the final report.

I look forward to our further contact. As always, you can reach me at 480-965-9113 (office) or 480-223-2594 (cell) should you have any questions before the focus group.

Sincerely,

Sheila Lacey, MBA
ASU Health Services
Doctoral Student
Mary Lou Fulton Teachers College

APPENDIX G

ADMINISTRATOR INFORMATION LETTER

{Name}
{Title}
{Department}

{Date}

Dear {Name}:

I am a doctoral candidate under the direction of Dr. Christopher Clark in the Mary Lou Fulton Teachers College at Arizona State University. My dissertation research will create and test a sustainable model for evaluating multiple counseling programs at ASU. The context in which this model will be developed and tested is the *Turn-It-Around* (TIA) Workshop.

The *purpose* of my study is two-fold: first, to develop the prototype (or model) of a sustainable evaluation component for the *Turn-It-Around* (TIA) Workshop offered by ASU Counseling Services—this means I will create the tools and document the processes for implementing an ongoing evaluation—and second, to use the evaluation tools to perform an initial assessment of the effectiveness of the TIA intervention in terms of helping students achieve positive behavioral change. The outcome of this initial assessment will establish a baseline for further evaluation efforts and, potentially, longitudinal studies.

My approach in conducting this study is to apply a program evaluation model, and as such I will be a third party evaluator. In this *Action Research* project, I will involve the CS Director and management team throughout the study. I will present and discuss the findings of a focus group with ASU judicial hearing officers with the Director of the Student Rights & Responsibilities Office (SRR) at the Tempe campus—as well as the chief judicial officers at the Poly, West, and Downtown campuses—and will solicit their viewpoints regarding issues pertaining to the *Turn-It-Around* Workshop, students who are referred to TIA, and the judicial process for students mandated for treatment.

The evaluation model I will be following is one used by the Centers for Disease Control known as the Six-Step Framework for Program Evaluation. This model exemplifies an evaluation strategy called “*program theory-drive evaluation science*.” This approach calls for the evaluator to tailor methods to the particular evaluation case and for involving stakeholders in (1) formulating the program evaluation questions, (2) furnishing insight about what constitutes credible evidence, and (3) determining operational feasibility of particular evaluation options. Involvement of the stakeholders will be achieved through meetings with CS managers and managers of the judicial offices. The information gather from these meetings will be used to inform the study inputs, and all conversations will be held as confidential.

Any questions you have concerning this research or your participation in the study will be answered by Sheila Lacey, Co-Investigator and Interviewer at 480-

223-2594, or slacey@asu.edu. In addition, you also may contact Dr. Christopher Clark, Principal Investigator, at 480-275-7115, or cclark8@asu.edu, or the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at 480-965-6788.

Sheila Lacey

Sheila Lacey, MBA

Date

Doctoral Candidate, Mary Lou Fulton Teachers College
Arizona State University

APPENDIX H

CHIEF CONDUCT OFFICER INTERVIEW PLAN

Prelude to Interview:

The Interviewer will discuss the contents of the “Information Letter,” which describes the study and how information from the interview will be used.
[Information Letter is the same one used for Counseling Services Management Team members]

1. Please describe how the Conduct area is handled on your campus? How may staff? What are the titles—Judicial officers? Hearing officers? Conduct officers? How do you work with University Housing?
2. Do you refer to TIA? What is relationship to the other campuses? One U in Many Places?
3. What are typical conduct issues/behaviors you deal with?
4. What are the range of options you entertain when considering applying a sanction?
5. Describe the kinds of situations where you think TIA is the best option.
6. What benefit do you think going through TIA offers students? What will they “take-away” from it?
7. Describe your agreements with/ defined relationship with ASU CS . . . through the West office, or do you also deal with Tempe?
 - a. What works well, in particular with TIA?
 - b. What could work better, in particular with TIA?
8. What kinds of reports do you keep about conduct issues? What should I ask for?
9. What would it take to send out an email to TIA “completers”? Would it take much work? Would confidentiality be broken?

APPENDIX I
SRR FINAL REPORT

**Rights & Responsibilities Focus Group and Personal Interviews
Final Report**

**Prepared by Sheila, MBA
Doctoral Candidate
Mary Lou Fulton Teacher's College
Arizona State University**

12-28-11

Executive Summary

This report reflects outcomes derived from a set of interviews conducted with the Student Rights & Responsibilities (SRR) staff as part of a larger dissertation study to investigate the feasibility of ASU Counseling Services (CS) implementing and maintaining a sustainable program evaluation component for its *Turn-It-Around* (TIA) intervention. Conversations emerging from a focus group with Tempe campus conduct officers and individual interviews with the chief conduct officers from the four campuses furnished the Researcher opportunity to gather the views and insights of the ASU staff most responsible for referring students to TIA. The Researcher distilled the conversations into a set of twelve themes through an iterative process of analysis and synthesis, organizing them under the following overarching categories: (A) Clarification of University Roles, (B) Prevailing Issues & Typical Remedies, (C) Referral Reasons & Expected Outcomes, and (D) Challenges & Opportunities.

The twelve themes comprise the following important points that represent the views of the SRR staff:

1. The Student Rights & Responsibilities function at ASU is lead by assistant deans at the four campuses.
2. SRR staff collaborate with student service units to manage student conduct issues.
3. SRR conduct officers view education as primary to their role.
4. The role of CS counselors is to provide assessment and treatment recommendations.
5. Typical conduct issues confronting SRR staff include poor decision making, breaking rules, and disruptive behavior.
6. SRR has many tools for sanction options including educational, service-oriented, and punitive sanctions.
7. SRR refers students to TIA due to a need for better decision making, a peer experience, and a more intensive sanction.
8. Feedback from students about TIA is positive.
9. SRR staff expect TIA will improve students' thinking skills and advance their decision making skills.
10. SRR staff expect TIA to provide students with peer feedback, which is better received by students than adult feedback.
11. SRR staff expect that by participating in TIA, students will gain a more normalized view of peer behavior.
12. Barriers to TIA success include role confusion, the view that TIA is a "global" CS recommendation, blurring of treatment and psychoeducation, the Tempe only location, the timing of TIA offerings and frequent workshop series cancellations, paperwork, and difficulties in completing TIA, including inconsistencies about missed sessions.

Observations offered in the final section of this report highlight the issues the Researcher perceived as most pertinent to TIA's success. Key observations include the fact that CS and SRR work together successfully and collegially to collaborate in providing a useful intervention for students struggling to recover

from a negative incident with the University. Opportunities exist for improving coordination of TIA which could lead to a better, more responsive service. Barriers to optimal functioning, summarized in theme twelve, appear largely to derive from issues of communication and clarity. For example, the Researcher speculated that the conduct officers' understanding of some TIA logistics and policies were reflective of individual relationships with CS counselors. This suggests that "drift" may be occurring in how TIA operates over time, and/or, that the counselors facilitating TIA have their own ways of implementing the workshop, including their stance on making up missed sessions and homework. In addition, some comments led the Researcher to believe the two staffs hold a nuanced difference in their views about how TIA is best used. Something to note is that since TIA was established four years ago, there has been staff turn-over and changes in leadership within both departments, realities that likely have contributed to the manifestation of certain inconsistencies and lack of clarity about the program and its administration.

Thus, the Researcher's recommendations are directed toward establishing continuity and a more robust tenor of communication about TIA between the two departments. Ideas suggested include (1) implementing a kick-off coordination meeting between CS and SRR to reestablish understandings about the use and administration of TIA, followed up with an annual extended planning meeting each year in the summer to review, discuss, and update guiding principles and policies and procedures to facilitate "being on the same page;" (2) establishing a schedule of periodic meetings with the CS TIA coordinator and the assistant deans from the four campuses to facilitate resolution of logistical and policy uncertainties on an ongoing basis; and (3), instituting a collaborative approach to monitoring and improving program effectiveness that includes (a) developing a routine of sharing service measures and other information pertinent to the TIA population, (b) developing a system to track recidivism of TIA completers, and (c) establishing an ongoing administration of some version of a pre/post web survey.

Student Rights & Responsibilities Focus Group and Interview Report

Introduction and Background

This report reflects the outcomes of two data collection strands of a larger dissertation research study designed to investigate the feasibility of ASU Counseling Services (CS) implementing and maintaining a sustainable program evaluation component for its *Turn-It-Around* (TIA) workshop intervention. Input for this study was solicited from the staff of Student Rights & Responsibilities (SRR) as its members represent the principal referral source of TIA participants, and as such, they are uniquely qualified to provide an insight into student circumstances and conduct officer reasoning ultimately leading to a TIA referral. The two data collection events were (1) a focus group of SRR officers from the Tempe campus and (2) personal interviews with the chief conduct officers representing the four campuses. The focus group was conducted with six conduct officers on March 15, 2010. Interviews with the chief conduct officers occurred between November 15, 2011 and November 28, 2011.

The report is organized into the following three sections: (1) *Introduction and Background*, which presents the purpose of interviewing the SRR staff (noted above), the goals and questions underlying the interviews (listed in Table I), and an outline of the twelve themes identified from the interviews organized into four categories (presented in Table II); (2) *Emergent Themes*, which presents a synthesis of all the interview dialogue organized under the twelve emergent themes, which, in turn, are organized to address all the interview goals; and (3) *Observations, Conclusions, and Recommendations*, which presents an analysis of the most salient issues identified during the interviews, with conclusions and recommendations following.

Table I: Interview Goals and Questions

Category	Conduct Officer Focus Group	Chief Conduct Officer Interviews
Interview Goals	1. Discover participant views about their roles and the role of CS in providing educational and developmental services to students who have violated the <i>Code of Conduct</i>. 2. Discover the issues SRR staff encounter with students and the judicial options they consider. 3. Discover participants' understanding of TIA and their reasons behind referring students to this particular intervention. 4. Discover participants' expectations about the benefits and expected outcomes of students participating in TIA. 5. Discover operational challenges and opportunities for TIA improvement.	6. Clarify how conduct issues are managed at ASU in terms of <i>One ASU at Many Places</i>. 7. Clarify the staffing at each campus and terminology used for judicial conduct hearing officers. 8. Discover the SRR management views, understandings, and expectations as they pertain to goals 1-5.
Interview Questions	• What some typical behaviors you deal with? • What are the most difficult cases for you? • What recommendations are you considering as you work with a student? • What discretion do you have in applying student sanctions? • What influences your discretion? • How might you imagine TIA being helpful for a student? • What information should students know before they attend their first TIA session?	• What is the SRR structure at your campus? How many staff? What are the staff titles? How do you work with the other campuses? • How do you work with the ASU Housing and ASU CS units at your campus? • What are typical conduct issues/ behaviors you deal with at your campus? • What is the range of options you entertain when considering applying a sanction? • Describe the kinds of situations where you think TIA is the best option. • What benefit do you think going through TIA offers students? What will they "take-away" from it?

Table II: Outline of Overarching Categories and Themes

Conduct Officer Interview Overarching Categories and Themes	
A. Clarification of University Roles	
	13. The organizational structure of ASU invests responsibility for leading the Student Rights & Responsibilities (SRR) function with assistant deans at the four campuses. The deans collaborate to provide consistent leadership/application of conduct processes at the four campuses. 14. SRR staff members collaborate with University Housing staff, ASU Counseling Services (CS), and other student services units in managing student conduct issues. 15. SRR conduct officers view education as primary to their role. 16. The role of CS counselors is to provide assessment and treatment recommendations.
B. Prevailing Issues & Typical Remedies	
	17. The most frequent and typical conduct issues/behaviors SRR staff deal with are (a) poor decision making, especially around alcohol and other substances, (b) breaking ASU or Housing rules, and (c) disruptive behavior. 18. SRR conduct officers have many tools they use in deciding the appropriate sanction for students violating the <i>Code of Conduct</i>. Sanctions incorporate a range of activities that are designed to match the severity and tenor of the offense, including (a) educational, (b) service-oriented, and (c) punitive sanctions.
C. Referral Reasons & Expected Outcomes	
	19. SRR staff refer students to TIA based on student need for (a) better decision making skills, (b) the educational and developmental value derived from having a peer-related learning experience, and (c) a desire to provide students with a more intensive intervention experience. 20. Feedback from students about TIA is positive. 21. SRR staff members expect that students participating in TIA will improve their thinking skills and advance their decision making skills. 22. SRR staff members expect that students participating in TIA will benefit from receiving feedback from their peers, which often proves a more salient learning experience than being “taught” by counselors or other authority figures. 23. SRR staff members expect that by participating in TIA, students will gain a more normalized view of peer behavior.
D. Challenges & Opportunities	
	24. Challenges/barriers to optimal utilization of TIA as a referral option provide opportunities for SRR and CS to improve coordination and effectiveness in fostering student learning and success. (h) Role confusion between SRR and ASU CS staff (i) Apprehension that TIA may be a “global” recommendation for mandated students (j) Blurring of treatment vs. psychoeducation (k) Tempe <u>only</u> location (l) Timing of TIA workshop offerings and workshop series cancellations (m) Difficulties in TIA completion

- (i) Completion policy
 - (ii) Cost
 - (iii) Incomplete understanding of consequences
 - (iv) Inconsistent flexibility in allowing alternatives to starting over to complete TIA
- (n) Paperwork
 - (i) Confusion about paperwork needed and appropriate CS contact person
 - (ii) Duplication of paperwork between SRR and CS

Emergent Themes: Focus Group and Personal Interviews

The following is a presentation of all the essential points generated during the focus group and personal interview conversations organized under the interview goals (italicized and bolded topical headings) and the twelve numbered themes that surfaced from the discussions. This section portrays the vantage point of the SRR staff as perceived by the Researcher. Most of the information presented is a paraphrase of the participants' statements. Items appearing within quotation marks represent material directly quoted from a participant's wording.

Managing conduct issues at One University in Many Places; SRR staffing and structure . . .

1. The organizational structure of ASU invests responsibility for leading the Student Rights & Responsibilities (SRR) function with assistant deans (AD) at the four campuses. The deans collaborate to provide consistent leadership/application of conduct processes at the four campuses.

It is the intention of the leadership at the four campuses to administer the *ASU Code of Conduct* in an equitable fashion for all students regardless of campus affiliation. The majority of students involved in the student disciplinary process are from the Tempe campus, reflecting the enrollment pattern across campuses. As such, the portfolio of the assistant dean of the Tempe campus is dedicated specifically to the conduct area, whereas the assistant deans of the other campuses carry a broader portfolio and deal with substantially fewer conduct cases. This year has marked a shift in focus to be more intentional about the "One University" imperative, and the ADs have begun meeting twice a month "to go over case studies and talk about what works." The meetings provide the ADs an opportunity to (1) determine parallels in case loads and types of sanctions imposed and (2) establish a University-wide similarity in application of judicial sanctions to uphold the *Code* while retaining local campus supervision.

Although it is important to ensure that the conduct process is the same for all students, it also is important to involve local campus officials in the decision making processes that affect their students. The student populations represented at the four campuses differ to some extent, with Tempe having a much larger residential population, and West, for example, having a larger commuter

population. The issues are generally the same for all residential students, such as alcohol and marijuana use, fighting, etc., but there are substantially fewer cases that occur at campuses other than Tempe. Commuter students tend to have less involvement in the student disciplinary process “because they leave.” The philosophy of SRR is to provide services to students at their local campus whenever possible, although there are times, such as with *Turn-It-Around*, they may be referred to another campus for service. However, this is not considered the optimal situation.

University roles of departments & staff serving students who have violated the Code . . .

2. SRR staff collaborate with University Housing staff, ASU Counseling Services (CS), and other student services units in managing conduct issues.
3. SRR conduct officers view education as primary to their role.
4. The role of CS counselors is to provide assessment and treatment recommendations.

As the managers of the student disciplinary process, SRR conduct officers collaborate with the University community and other student services units, including University Housing and ASU Counseling Services, as needed and appropriate to facilitate each case. SRR staff work closely with the University Housing staff on cases involving residential students. In some instances, embedded staff within the residence halls hear conduct cases representing lower-level offenses, such as first alcohol or marijuana offenses. On one campus the Associate Director for Housing hears most cases arising in the residence halls. For infractions against residence hall community standards, student peer review boards adjudicate the cases under the supervision of a SRR professional staff.

SRR staff view the educational aspect of their jobs as primary to their role as conduct officers, as described by several conduct officers: (1) The overall objective of a conduct meeting is to make sure that the student understands his or her role as an individual, as a community member, and that “what SRR staff do is educational;” (2) “When someone asks me what I do for my job, I like to say that we educate outside the classroom. So, I explain to students ‘you go to class, but I’m here to help you make decisions, to help develop you as a whole;’” (3) “When I mandate students to have an assessment, I bend over backwards to make sure they know my reasons, and that my action—that the counseling is not intended to be punitive.”

Conduct officers often encounter cases where they believe students require an assessment by a counseling professional. Examples include assessment for substance abuse or misuse, a threat assessment for potential violence, or other perceived need for counseling. Many times the conduct officer will agree with and support the recommendation of the counselor. As described by one individual: “when we’ve have students go through a mandated assessment, the counselors will provide recommendations, which we encourage students to utilize. Additional counseling may be recommended on-site or off-site by the

counselor. They are usually very accommodating. If there is a student who needs to be seen by a counselor, there is always a counselor on duty available. If a student is referred off campus, the counseling center will make a recommendation who to see off campus.” In terms of sanction options, such as whether or not to mandate a student to attend *Turn-It-Around*, the conduct officer may end up assigning a sanction that is different than the recommendation made by the CS counselor.

Presenting issues of students who have violated the Code and judicial options considered . . .

5. The most frequent and typical conduct issues/behaviors SRR staff deal with are (a) poor decision making, especially around alcohol and other substances, (b) breaking ASU or Housing rules, and (c) disruptive behavior.
6. SRR conduct officers have many tools they use in deciding the appropriate sanction for students violating the *Code of Conduct*. Sanctions incorporate a range of activities that are designed to match the severity and tenor of the offense, including (a) educational, (b) service-oriented, and (c) punitive sanctions.

Students “making poor decisions about how they are utilizing alcohol or illegal substances” is one of the more prevalent issues SRR staff deal with. Alcohol and illegal substance use in the residence halls is a violation of the *Code of Conduct*, which often times is accompanied by disruptive behavior: “. . . the thing that brings them into our office—the thing that draws attention to the alcohol—is whatever behavior the alcohol led them to do. So on the occasions where there are fights, probably, alcohol was in there somewhere.” Other prevalent instances of disruptive behavior include complaints about students causing problems in the residence halls, classrooms, or offices. These behaviors include verbal or written threats, noise, trespassing, arguing with staff, roommate disputes, and even “stalking behavior.”

SRR staff make an attempt to assign sanctions that match the students’ developmental needs as well as the nature and seriousness of their *Code* violations: “We try to assign sanctions that match the students’ situation, including the level of offense, what they need to learn, and the time and expense the sanction will require.” As one conduct officer described: “When making a sanction determination, I consider two factors before considering TIA—*Involvement*: Is there involvement in the community? Participation in University activities or part of an organization? If students are not connected to the community, I try and get them connected; and *Ignorance*: A lot of students go out and drink, and they don’t realize how it affects them as an individual—just because they haven’t been around that culture, or they might have had stricter standards when they were growing up—and so then they come to the University and they say, ‘oh, I’m going to try everything.’ So, if ignorance in an issue, then I use our online classes. But if they are engaged and know the harms and risks they

are encountering, then I would send them to TIA, because their problem is decision making.”

The toolbox of options from which SRR staff craft appropriate interventions range from education, to service, to punitive sanctions. In terms of education, the *Alcohol.EDU* and *Marijuana 101* online classes have been used for many years. Recently the menu of online educational classes has been augmented with the addition of the Reslife.net *Judicial Educator* series of 25 educational modules featuring a range of topics including interpersonal relationships, community citizenship, decision making, and safety issues. Other educational sanctions include writing research or reflection papers, and attending counseling sessions, decision making classes, Alcoholic Anonymous meetings, consultation sessions with Career Services, and TIA. Writing an apology letter is an example of a sanction customized as both a learning experience combined with the concept of restitution. Service-oriented sanctions, also, often are assigned as a vehicle for matching an offense with an appropriate form of restitution to an individual or community. An example is volunteering at events, such as MU late night alcohol-free programming or working with the ASU Arboretum staff on grounds maintenance. Finally, some sanctions are punitive, including a fine, official warning, suspension, and ultimately, expulsion.

Reasons for referring students to Turn-It-Around . . .

7. SRR staff refer students to TIA based on student need for (a) better decision making skills, (b) the educational and developmental value derived from having a peer-related learning experience, and (c) a desire to provide students with a more intensive intervention experience.
8. Feedback from Students about TIA is Positive.

The most frequent reason cited for referring students to TIA is the need for improved decision making skills: “The student I sent didn’t really understand that his decision making wasn’t the best. I was concerned about his decision making processes regarding outcomes that were going to have long-term consequences for him.” “My sanction to TIA was motivated by his lack of impulse control.” A second frequently noted reason for referring to TIA pertains to the value of engaging in a learning activity with a peer group: “. . . because I know that in the program they are hearing feedback from peers, which we all know that in that age group, that’s really what they hear—as opposed to adult after adult just lecturing them about what they should be doing.”

A third reason students are referred to TIA is that it is seen as a second-tier intervention, one that offers a more intensive set of learning experiences for students who have complex issues or “just don’t get it,” as noted by several conduct officers: (1) “And I ask, ‘why do you keep making that choice to do it again?’ Those are the ones where I decide ‘you’re not getting it, let’s go for four weeks of TIA;’” (2) I see *Turn-It-Around* as kind of a big deal, time consuming for the student—four weeks—and it’s costly as well;” (3) “TIA is indicated

especially when the case is compounded by multiple issues as opposed to being more clear cut. Some students are involved in the conduct system for behavior that is compounded by other dynamics in their life situation.” Finally, the fact that conduct officers often receive positive feedback about TIA from the students they have referred instills a fundamental trust in the merits of the intervention: “Regarding the material, the feedback I’ve gotten from the students who have been to TIA has all been positive. So in terms of the material, I think the opportunity that’s there for the students—it’s definitely a good program.”

Expected benefits and outcomes resulting from TIA participation . . .

9. SRR staff expect that students participating in TIA will improve their thinking skills and advance their decision making skills.
10. SRR staff expect that students participating in TIA will benefit from receiving feedback from their peers, which often proves a more salient learning experience than being “taught” by counselors or other authority figures.
11. SRR staff expect that by participating in TIA, students will gain a more normalized view of peer behavior.

The most fundamental expectation SRR staff have about participation in TIA is that students will emerge better equipped in ability to “think through” the situations they are encountering and better understand the consequences of their actions. A significant number of the students referred to TIA are seen as making decisions “impulsively because they are living in the moment and not considering longer-term consequences.” Because TIA is seen as a skill-building workshop, it is ideal for students who “are involved in the judicial system due to poor judgment and faulty decision making” and thus need improvement in that area: “when they encounter difficulties, they will know how to think through and make good decisions about how to react to their circumstances.”

SRR staff view the peer component of TIA as the mechanism that brings salience and reflection to the experience: “My hope regarding what they will get out of TIA is peer feedback—peer scrutiny, because otherwise, you are just a parent to them . . . when a peer reflects back on you what you did, or looks at you saying: ‘dude, that’s pretty stupid,’ that is powerful feedback.” Similarly, when peers recount their experiential consequences and warn others to not replicate their mistakes, it makes an impact: “I’ve heard of cases in TIA where people who have had severe alcohol poisoning and extreme DUI describe the consequences they have to deal with for a year. They are walking around and have to breathe into an apparatus to start their cars. Their message to peers is ‘you don’t want this to happen to you, because this is what is happening to me, and it’s terrible.’”

The other benefit SRR staff see in a peer experience is the potential for students to develop a more normalized view of the larger population of students as opposed to views held by their primary peer group: “Experiencing TIA with peers contributes to the learning experience because of where students are developmentally—they do a lot of things with their peers. They see that they are not the only one going through a judicial sanction. Yet they also learn that there

aren't that many students getting into trouble. Some students think everyone is getting into trouble, but that's not the case. But there are a few of them that do—that are in the same place they are—so they're not alone either. So, they learn that they are not the only one, but not everyone's doing it." As noted by one conduct officer, when students are asked how many of their peers drink, the answer often is "well all of them." She then explains how people tend to cluster around common interests, such as drinking. Another SRR staff talked about the value of TIA and its peer audience to complement the individual work students are doing with a counselor: "I referred a student this semester to TIA who was involved in theft. He had shared things in meeting with me that theft was something pretty common in his previous environment. He knew it was wrong, but wasn't showing remorse or shame or typical emotions that might come up when someone admits to stealing. I wanted him to get the dynamic of social norming—so he could see how his peers react to his behavior."

Operational challenges and opportunities for program improvement . . .

12. Challenges/barriers to optimal utilization of TIA as a referral option provide opportunities for SRR and CS to improve coordination and effectiveness in fostering student learning and success. These issues include role confusion between SRR and CS staff, apprehension that TIA may be a "global" recommendation for mandated students, blurring of treatment vs. psychoeducation, the Tempe only location, the timing of TIA workshop offerings and workshop series cancellations, difficulties in TIA completion (completion policy, cost, incomplete understanding of consequences, inconsistent flexibility in allowing alternatives to starting over to complete TIA), and paperwork (confusion about paperwork needed and appropriate CS contact person; duplication of paperwork between SRR and CS).

Although TIA is an integral and often-used selection within the complement of tools SRR staff employ as sanction options, opportunities exist for improvement in coordination and logistics. In addition, challenges to optimal utilization of TIA exist in terms of logistical and policy barriers.

Coordination/Role Confusion. An area of miscommunication, confounding coordination, that occurs frequently with students and sometimes between conduct officer and counselor involves how and by whom the decision is made for a student to participate in the TIA program. SRR staff refer or mandate students to be assessed by a CS counselor as part of the process of determining the most appropriate course of action. The assessment often takes place as a parallel process occurring concurrently with the conduct officer's process of determining the student's culpability in terms of the *Code of Conduct* charge. Sometimes when a counselor has recommended TIA, the student believes it to be a final determination and/or confuses the assessment process with the student disciplinary process: "For example, a student who has gone through the referral process and hasn't even met with me yet may come in and tell me he or she is going to take *Turn-It-Around*. I may have not done anything yet—not even finished my assessment. The student may say something like 'my parents think

TIA is a good idea, and the counselor thinks it's a good idea, so I've already signed myself up.”

It is important for all parties to be clear that SRR and CS are separate departments and it is the conduct officer who makes the decision about a student's responsibility for the *Student Code of Conduct* charge as well as the sanction to be applied when a student is found responsible: “I make it a point with students to let them know in terms of the outcome of the conduct case, that the counselor is only giving treatment recommendations—they are not giving recommendations on what the consequences should be—that's not their role. There have been times when students have been confused because the counselor said he or she would be recommending TIA, yet that wasn't what I sanctioned. Sometimes the confusion is not just with the student. For example, I had one conversation where the counselor relayed to me that the student didn't want to go to TIA, and then said, ‘but that's what he is getting.’ Yet at that time I hadn't even made my decision, and I said to the counselor ‘I can't tell you at this point that I am going to sanction the student to *Turn-It-Around*.’”

Coordination/Policy Confusion. Some coordinating difficulties occur as a consequence of policy confusion. An example is the question of whether or not counselors use TIA as a baseline, universal recommendation for students referred for a mandated assessment: “I had a conversation with a counselor who shared with me she recommends TIA probably every time—it's the baseline. So it kind of shocked me that, for them, any person who's ever mandated—that is their automatic recommendation.” The issue is further confounded by differences in SRR staff experiences, as other conduct officers relayed that TIA often is not the recommendation for their cases. Another example is confusion about required paperwork, with one SRR staff saying she was told the incident report, first notice letter, coversheet with all the SRR information including a brief description of the case, and a release form was required, yet a colleague told her the only documents needed—according to CS staff—are the coversheet and incident report.

Another issue with paperwork involves a blurring of the distinction between treatment and psychoeducation. The SRR staff see TIA as psychoeducational training. The way the forms are constructed and are filled out by counselors give the impression that TIA is *treatment*, a distinction that could be important: “In a more high profile type case, especially one that involves a potential danger to self or others, the counselor will fill out the form as *treatment recommended*, with an indication for *Turn-It-Around*. When the *treatment recommended* box is checked with TIA also recommended, if I don't then send the student to *Turn-It-Around*, it looks like I'm not going along with the counselor's recommendation.” A more problematic issue is when the forms present a barrier to practice, which has occurred due to the two boxes appearing in the first sentence under the *Statement of Release of Information* heading on both the *Mandated Referral* and the *TIA Referral* forms. “Sometimes students will check only the *University Housing* box because they were referred by Housing. So if I take the case, and the student has not checked the *SRR* box, then the counselor can't talk to me about the case. It's really irritating when you have a

huge case, and they've been referred from University Housing, and the student didn't mark the right box allowing us to receive information." To fix the problem, the form should just read: "I, _____, hereby authorize an exchange of information between ASU Counseling Services and Student Rights & Responsibilities and/or University Housing officials on my behalf as they deem necessary and appropriate." The checkboxes should be eliminated.

Policy/Logistics. TIA's completion policies present a barrier for a certain percentage of students. SRR staff are cognizant that mandated students often are less than compliant with their sanctions, and that missed sessions are not uncommon. They also understand that participants need the full scope of the educational intervention, including the peer cohort component. However, counselors have made accommodations for students to make up sessions on occasion: "There are some flexibilities around missed classes—some of them are willing to work with students, and some make them start over. It's not consistent. So that kind of needs to be on the same page" In addition to the time barrier represented by making students start over if they miss a session, the financial burden of paying again is a very salient issues for students: "I think the money part is sometimes the defining issue for students. They may come to me and say 'I'm sick, and I'm going to incur another \$80 because I'm sick.' I don't know if there is a solution. Because, you want to be firm, and you want to stand strong, so people feel like they can't run you over. But, at the same time, sometimes you want to go with the flow."

Logistics. In addition to the issues related to TIA's completion policies, other, more logistical issues present barriers to maximizing use of TIA as a sanction option. The Tempe-centric location naturally presents a barrier to students at the other campuses. The most notable barrier is the availability of workshops. There is a need "to get people into programs that are matched to their offenses and in a timely manner," as described by several conduct officers. "When we refer students to TIA, often times the workshops are cancelled or students may be put on a waiting list. So there simply aren't workshops always available that coincide with student needs." In addition to the limited number of start dates (or start weeks), there are frequent cancellations of a workshop series, which serves to further reduce the number of workshop options available for referral in a given semester.

Cancelling a workshop series creates issues beyond the obvious reduction in workshop cohort options. For example, a cancelled workshop series can cause a sequence of frustrating events for students who have signed up. "Some students—the good ones—will call us to say they signed up for another class (assuming their schedules allow). But others simply won't sign up and won't call. Soon all options are over for that semester, and then the open case slides to the next semester. This could go on and on—you've lost your leverage with the student as it pertains to an educational opportunity." Cancelling a TIA workshop series before the start date closes off options for students who could actually enroll up to the start date: "For me, it's just frustrating if I learn that a class has been cancelled because of lack of students, but it's cancelled before it even starts. It

seems like if it's going to be cancelled, that should only occur on the first class day if not enough people are signed up. Some people could still roll in the door up to the last moment." A final issue about cancellations is the need for a systematic way for conduct officers to be notified when a workshop series is cancelled. "That way, at least, I could check my records and call the students who were signed up and ensure that they enroll in another class." Students are notified when a workshop series is cancelled, but not SRR directly. Thus, in such instances conduct officers are not prepared to proactively follow up with those students who most need a prompt to re-schedule with another TIA workshop series or else to make alternative arrangements to fulfill their sanctions.

Observations, Conclusions, and Recommendations

This section presents the Researcher's observations about the most notable points garnered from the SRR interviews that impact the successful implementation of the *Turn-It-Around* workshop. The *Conclusions* subsection describes how the information developed from the SRR interviews contributes to the larger dissertation study and the goal of creating an evaluation component for TIA. Finally, the *Recommendations* subsection offers several suggestions for establishing ongoing strategies that will facilitate a continuous improvement routine for the *Turn-It-Around* workshop intervention.

Researcher's Observations

The ASU Counseling Services and Student Rights & Responsibilities departments are close partners in working with students who have violated the *ASU Student Code of Conduct*. The *Turn-It-Around* workshop is an integral component of SRR's menu of strategic sanction options. There is a notable level of collegial interaction and coordination occurring between the two departments as they carry out their respective roles in helping students recover from a difficult event to regain forward movement in a positive direction. Opportunities exist, described above, to improve the way the two departments collaborate in maximizing TIA's potential for helping students develop and expand capacity to succeed at ASU and beyond. A theme that emerged during the focus group interview—as viewed by the Researcher if not the participants—was confusion about points of logistical and even policy factors of TIA. Several lines of conversation revealed differing understandings among the conduct officers about items such as the required paperwork for referring to TIA and SRR staff impressions about whether or not CS counselors routinely recommend TIA for all mandated assessments. It appears that the conduct officers' viewpoints are informed by the individual relationships and experiences they each have had with CS counselors, who, apparently do not all operate in exactly the same fashion. Another observation of the Researcher, informed by conversations with both CS staff as well as SRR staff, is that the two departments view the TIA intervention in slightly different ways. For example, SRR staff clearly view TIA as

psychoeducation. CS staff would agree that TIA is educational, *and*, they would stress the importance of the Motivational Interviewing counseling strategy that is central to facilitating the kind of student engagement required to promote positive behavior change. Another potential difference is that SRR staff seem to view TIA as an option most specifically appropriate for students with more serious or repeat offenses, while CS staff likely would see TIA as equally appropriate for students with first offenses in terms of preventing future offenses by facilitating an increase in their self-insight and awareness and an improvement in their decision making skills.

Conclusions

This focus group and interview research was conducted to discover the viewpoints and insights of the SRR staff who refer students to the *Turn-It-Around* workshop, and is part of a larger dissertation study examining the factors necessary for creating a sustainable evaluation component for TIA. Part of the groundwork of establishing evaluation capacity is developing a program theory of action, which requires input from principal stakeholders about their expectations for program outcomes and their understandings of the program's working mechanisms. A successful evaluation component must incorporate mechanisms for gathering and processing feedback from stakeholders to facilitate designing program improvements as well as assessing fulfillment of program goals. The themes that have emerged from the interviews summarized in this report represent the vantage point of the chief referring source for TIA participants, one of the program's three principal stakeholders, the other two being TIA's facilitating agency, ASU Counseling Services, and the TIA service consumers, the students who participate in the program. Meetings held with the CS management team have facilitated documentation of TIA's goals and learning objectives to establish a platform from which to evaluate effectiveness. To complete the evaluation component for TIA, a subsequent research study implemented to gather information on TIA participant responses about behavior through a pre/post instrument would enable summative evaluation to occur.

Recommendations

The most obvious need and opportunity for improvement identified in this study is to establish a formal structure for ongoing communication between TIA's referring and service-providing units, namely, the ASU Counseling Services and Student Rights & Responsibilities departments. One recommendation is to establish a routine meeting schedule which could provide a forum for resolving the numerous logistical uncertainties that currently exist and preventing new ones from developing. Over time, the continuing dialogue that develops could lead to resolving the more substantive issues that challenge administration of TIA, such as servicing multiple campuses and establishing a workshop schedule that balances student needs and available resources. Instituting an annual extended

planning meeting with the CS and SRR staff who work with TIA to review, discuss, and update guiding principles and policies and procedures would facilitate “being on the same page,” a need identified by focus group participants. In addition to the annual meeting, ongoing dialogue could be accomplished by the CS Associate Director/TIA Coordinator participating in the assistant dean leadership meeting on a periodic basis. Another recommendation is to conduct a kick-off coordination meeting for CS and SRR staff in the summer, similar to the annual training and coordination meetings held with CS and University Housing staff. Discussing the TIA program theory documents developed during the CS management team meetings with SRR staff would provide them a deeper insight into the underlying theory of TIA and how the program unfolds from session-to-session. A final recommendation that addresses TIA program effectiveness is for the departments (1) to develop a routine of sharing service measures and other information or reports that are pertinent to the TIA population and (2) to establish a joint approach to evaluating the outcomes of TIA through tracking recidivism of TIA completers and implementing ongoing administration of some version of a pre/post web survey.

APPENDIX J

KICK-OFF MEETING PARTICIPANT PACKET

The Kick-off Meeting Packet included the following contents:

1. Administrator Information Letter
2. Kick-off Planning Meeting Agenda
3. Overview of Evaluation Model Handout
4. Model of CDC Recommended Framework for Evaluation
5. CDC Recommended Framework: Standards for Effective Evaluation Document
6. CDC Recommended Framework: Cross-Reference of Steps and Standards Document
7. Map of Six-Step Implementation Plan Document
8. Six-Step Implementation Plan: Describing the Program Exercise Template

ADMINISTRATOR INFORMATION LETTER

{Date}

{Name}

{Title}

{Department}

I am a doctoral candidate under the direction of Dr. Christopher Clark in the Mary Lou Fulton Teachers College at Arizona State University. My dissertation research will create and test a sustainable model for evaluating multiple counseling programs at ASU. The context in which this model will be developed and tested is the *Turn-It-Around* (TIA) Workshop.

The *purpose* of my study is two-fold: first, to develop the prototype (or model) of a sustainable evaluation component for the *Turn-It-Around* (TIA) Workshop offered by ASU Counseling Services—this means I will create the tools and document the processes for implementing an ongoing evaluation—and second, to use the evaluation tools to perform an initial assessment of the effectiveness of the TIA intervention in terms of helping students achieve positive behavioral change. The outcome of this initial assessment will establish a baseline for further evaluation efforts and, potentially, longitudinal studies.

My approach in conducting this study is to apply a program evaluation model, and as such I will be a third party evaluator. In this *Action Research* project, I will involve the CS Director and management team throughout the study. I will present and discuss the findings of a focus group with ASU judicial hearing officers with the Director of the Student Rights & Responsibilities Office (SRR) at the Tempe campus—as well as the chief judicial officers at the Poly, West, and Downtown campuses—and will solicit their viewpoints regarding issues pertaining to the *Turn-It-Around* Workshop, students who are referred to TIA, and the judicial process for students mandated for treatment.

The evaluation model I will be following is one used by the Centers for Disease Control known as the Six-Step Framework for Program Evaluation. This model exemplifies an evaluation strategy called “*program theory-drive evaluation science*.” This approach calls for the evaluator to tailor methods to the particular evaluation case and for involving stakeholders in (1) formulating the program evaluation questions, (2) furnishing insight about what constitutes credible evidence, and (3) determining operational feasibility of particular evaluation options. Involvement of the stakeholders will be achieved through meetings with CS managers and managers of the judicial offices. The information gathered from these meetings will be used to inform the study inputs, and all conversations will be held as confidential.

Any questions you have concerning this research or your participation in the study will be answered by Sheila Lacey, Co-Investigator and Interviewer at 480-223-2594, or slacey@asu.edu. In addition, you also may contact Dr. Christopher Clark, Principal Investigator, at 480-275-7115, or cclark8@asu.edu, or the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at 480-965-6788.

Sheila Lacey

Sheila Lacey, MBA

Date

Doctoral Candidate, Mary Lou Fulton Teachers College
Arizona State University

KICK-OFF PLANNING MEETING AGENDA

- *Information Letter* for each participant
- Overview of dissertation data collection components
 - 1. Counseling Services Management Team Meetings**
 - Kick-off Meeting
 - Feedback garnered from discussion of study overview
 - Kick-off meeting handouts
 - “Describe the Program” working program theory exercise
 - Updates as necessary throughout process, including feedback loop (Director and/or MT)
 - 2. Judicial Hearing Officers Focus Group**
 - *Interview Plan* from Focus Group in March, 2011
 - Interviews with chief judicial officers from all four campuses
 - *Judicial Focus Group Report*
 - 3. Turn-It-Around Workshop Survey (Web Survey)**
 - Recruitment Plan
 - Survey Questions V2 and Information Letter (Word document)
 - Link:
<https://www.surveymonkey.com/s/TIAWorkshopSurveyV2>
 - ➔TIA Workshop SurveyV2 Counseling MT Feedback Doc
 - 4. Follow-up Interviews**
 - Follow-up Interview Information Page
 - *Information Letter*
 - *Interview Plan*
 - *Clarity of Directions Assessment* reference doc
 - *Participant Response Guide for Individual Change Profile* reports
 - *Participant Feedback* web survey
 - ➔Follow-up Interview Counseling MT Feedback Doc
 - 5. Turn-It-Around Facilitators Focus Group**
 - Recruitment Plan
 - *Information Letter*
 - Interview Plan
 - Theoretical Construct Reference docs
 - Finalization of Program Theory Development exercise
 - “Focus the Evaluation” exercise
 - *TIA Facilitators Focus Group Report*

- 6. Final Dissertation Study Evaluations**
 - Support Staff Business Sustainability evaluation (Web Survey)
 - MT Final Study Presentation evaluation (Web Survey)
- 7. *Implementing a Sustainable Program Evaluation Component at a Large University Counseling Center Proposal***

OVERVIEW OF EVALUATION MODEL

Types of Evaluation

Type	Purpose	Outcomes
Planning	Establishes an understanding of the program's goals and objectives	- Stakeholders provided an understanding of what the project is supposed to do and the timelines and strategies for doing it. - Document is a rich, context-laded description of project: major goals, objectives, activities, participants and other major stake-holders, resources, timelines, locale, intended accomplishments. - Describes the status of key outcome indicators prior to the project to serve a baseline for measuring success.
Formative	Assesses ongoing activities	<u>Implementation Evaluation</u>: Collects information to determine if the program is being delivered as planned. <u>Progress Evaluation</u>: Assesses progress in meeting the program's goals. Collects information on unexpected developments, whether or not benchmarks were attained, and the impact strategies/ activities have had on participants at various stages of an intervention. - Data may contribute to or form basis of summative evaluation.
Summative	Assesses final programmatic success	Takes place after ultimate modifications and changes have been made, program is stabilized, and after impact has had a chance to be realized. Collects information about processes and outcomes. Makes judgments about program value or merit, and is used in decision making.
<u>Source:</u> Stevens, Lawrenz & Sharp (1993). <i>User-Friendly Handbook for Project Evaluation: Science, Mathematics, Engineering and Technology Education</i>. Arlington, VA: National Science Foundation, Directorate for Education and Human Resources.		

Role of Theory in Program Evaluation

The three most common types of theories applied to evaluation studies include the following:

- (1) Evaluation Theory: provides a “prescriptive” framework.

- (2) Social Science Theory: attempts to provide generalizable and verifiable knowledge about the principles that shape social behavior.
- (3) Program Theory: focuses on the nature of the entity evaluated, and deals with the assumptions that guide the way program elements or interventions are implemented and expected to bring about change (Donaldson & Lipsey, 2006).

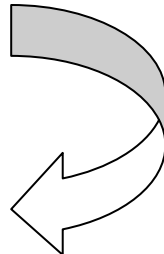
Theory employed in this dissertation research project . . .	
Evaluation Theory	Program Theory-Driven Evaluation Science; CDC Six-Step Framework is a well-established model.
Social Science Theory	Stages of Change and Motivational Interviewing.
Program Theory	To be derived from meetings and discussions with Stakeholders: TIA designer, Counseling Services MT, Judicial Hearing Officers and Chief Judicial Officers.

- Program Theory-Driven Evaluation Science. Donaldson & Lipsey (2006) note the synergy produced when program theory and evaluation research based on program theory is enriched by pertinent social science theory—theory which, in turn, is enriched by the outcomes of such cross disciplinary research collaborations. *Program Theory-Driven Evaluation Science*, a term coined by Donaldson (2007), represents this merger of social science and program theory, and “constitutes a distinctive approach to evaluation that provides for an integration and confluence of evaluation theory, social science theory, and program theory that contributes to social betterment by way of knowledge development (Donaldson & Lipsey, 2006, p. 66).”
- One of the purposes of program theory-driven evaluation science is to examine the validity of program theories to see if the programs in action bring about the change as theorized. Over time, an accumulation of program theory-driven evaluation findings will provide an “expanding base of evidence about specific relationships that appear in the mechanisms of change assumed in social programs” (Donaldson & Lipsey, 2006, p. 72). The empirical evidence established can then be used to improve programs and program theories, and to identify the strategies and change mechanisms that yield best practices in promoting the causes of social betterment.
- The CDC Six-Step Framework for Program Evaluation is an example of a well-established program theory-driven evaluation model. The two components of the model are comprised of (a.) six-steps and (b.) 30 evaluation standards that are subsumed within the four categories of utility, feasibility, propriety, and accuracy (Centers for Disease Control and Prevention, 1999).

References

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- Donaldson, S. I. (2007). *Program Theory-driven evaluation science: Strategies and applications*. Mahwah, NJ: Erlbaum.
- Donaldson, S. I., & Lipsey, M. W. (2006). Roles for theory in contemporary evaluation practice: Developing practical knowledge. In I. F. Shaw, J. C. Greene, & M. M. Mark (Eds.), *The Sage handbook of evaluation* (pp. 56-75). Thousand Oaks, CA: Sage Publications, Inc
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MODEL OF CENTERS FOR DISEASE CONTROL RECOMMENDED FRAMEWORK FOR EVALUATION

STEPS	STANDARDS	
1. Engage Stakeholders 2. Describe the Program 3. Focus the Evaluation Design 4. Gather Credible Evidence 5. Justify Conclusions 6. Ensure Use and Share Lessons Learned	1. Utility 2. Feasibility 3. Propriety 4. Accuracy	

Steps in Evaluation Practice		Definitions/Descriptors
1. Engage Stakeholders		Persons involved in or affected by the program and those who are the primary users of the evaluation.
2. Describe the program		Need, expected effects, activities, resources, stage, context, logic model.
3. Focus the evaluation design		Purpose, users, uses, questions, methods, agreements.
4. Gather credible evidence		Indicators, sources, quality, quantity, logistics.
5. Justify conclusions		Standards, analysis/synthesis, interpretation, judgment, recommendations.
6. Ensure use and shared lessons learned		Design, preparation, feedback, follow-up, dissemination.
Standards		Objectives
1. Utility		Serve the information needs of intended users.
2. Feasibility		Be realistic, prudent, diplomatic, and frugal.
3. Propriety		Behave legally, ethically, and with regard for the welfare of those involved and those affected.
4. Accuracy		Reveal and convey technically accurate information.
<i>Note.</i> Adapted from “Framework for Program Evaluation in Public Health,” by the Centers for Disease Control and Prevention, 1999, <i>Morbidity and Mortality Weekly Report</i> , 48(RR11), 4-6.		

CENTERS FOR DISEASE CONTROL RECOMMENDED FRAMEWORK— STANDARDS FOR EFFECTIVE EVALUATION

The Standards component of the CDC Recommended Framework were designed to make conducting “sound and fair evaluations practical,” and can be applied during the planning phase and throughout the evaluation process (Centers for Disease Control and Prevention, 1999, p. 27).

Standard #1: Utility

Function: Ensure that information needs of evaluation users are satisfied	
Standard	Definition
A. Stakeholder identification	Persons involved in or affected by the evaluation should be identified so their needs can be addressed.
B. Evaluator credibility	Persons conducting the evaluation should be trust-worthy and competent in performing the evaluation for findings to achieve maximum credibility and acceptance.
C. Information scope and selection	Information collected should address pertinent questions regarding the program and be responsive to the needs and interests of clients and other specified stakeholders.
D. Values identification	The perspectives, procedures, and rationale used to interpret the findings should be carefully described so the bases for value judgments are clear.
E. Report clarity	Evaluation reports should clearly describe the program being evaluated, including its context and the purposes, procedures, and findings of the evaluation so essential information is provided and easily understood.
F. Report timeliness and dissemination	Substantial interim findings and evaluation reports should be disseminated to intended users so they can be used in a timely fashion.
G. Evaluation impact	Evaluations should be planned, conducted, and reported in ways that encourage follow-through by stakeholders to increase likelihood of the evaluation being used.
Source: Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2 nd ed. Thousand Oaks, CA: Sage Publications, 1994	

Standard #2: Feasibility

Function: Ensure that an evaluation will be realistic, prudent, diplomatic, and frugal	
Standard	Definition
A. Practical Procedures	Evaluation procedures should be practical while needed information is being obtained to keep disruption to a minimum.
B. Political viability	During planning and conduct of the evaluation, consideration should be given to the varied positions of interest groups so their cooperation can be obtained and possible attempts by any group to curtail evaluation operations or to bias or misapply the results can be averted or counteracted.
C. Cost-effectiveness	The evaluation should be efficient and produce valuable information to justify expended resources.
<u>Source:</u> Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994	

Standard #3: Propriety

Function: Ensure that an evaluation will be conducted legally, ethically, and with regard for the welfare of those involved in the evaluation as well as those affected by its results	
Standard	Definition
A. Service orientation	The evaluation should be designed to assist organizations in addressing and serving effectively the needs of the targeted participants.
B. Formal agreements	All principal parties involved in an evaluation should agree in writing to their obligations (i.e., what is to be done, how, by whom, and when) so that each must adhere to the conditions of the agreement or renegotiate it.
C. Rights of human subjects	The evaluation should be designed and conducted in a manner that respects and protects the rights and welfare of human subjects.

D. Human interactions	Evaluators should interact respectfully with other persons associate with an evaluation so participants are not threatened or harmed.
E. Complete and fair assessment	The evaluation should be complete and fair in its examination and recording of strengths and weaknesses of the program so strengths can be enhanced and problem areas addressed.
F. Disclosure of findings	The principal parties to an evaluation should ensure that the full evaluation findings with pertinent limitations are made accessible to the persons affected by the evaluation and any others with expressed legal rights to receive the results.
G. Conflict of interest	Conflict of interest should be handled openly and honestly so the evaluation processes and results are not compromised.
H. Fiscal responsibility	The evaluator's allocation and expenditure of resources should reflect sound accountability procedures by being prudent and ethically responsible so expenditures are accountable and appropriate.
<u>Source:</u> Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2 nd ed. Thousand Oaks, CA: Sage Publications, 1994	

Standard #4: Accuracy

Function: Ensure that an evaluation will convey technically adequate information regarding the determining features of merit of the program	
Standard	Definition
A. Program documentation	The program being evaluated should be documented clearly and accurately.
B. Context analysis	The context in which the program exists should be examined in enough detail to identify probable influences on the program.
C. Described purposes and procedures	The purposes and procedures of the evaluation should be monitored and described in enough detail to assess the adequacy of the information.
D. Defensible information sources	Sources of information used in a program evaluation should be described in enough detail to assess the adequacy of the information
E. Valid information	Information-gathering procedures should be developed and implemented to ensure a valid interpretation for the intended use.

F. Reliable information	Information gathering procedures should be developed and implemented to ensure sufficiently reliable information for the intended use.
G. Systematic information	Information collected, processed, and reported in an evaluation should be systematically reviewed and any errors corrected.
H. Analysis of quantitative information	Quantitative information should be analyzed appropriately and systematically so that evaluation questions are answered effectively.
I. Analysis of qualitative information	Qualitative information should be analyzed appropriately and systematically to answer evaluation questions effectively.
J. Justified conclusions	Conclusions reached should be explicitly justified for stakeholders' assessment.
K. Impartial reporting	Reporting procedures should guard against the distortion caused by personal feelings and biases of any party involved in the evaluation to reflect the findings fairly.
L. Metaevaluation	The evaluation should be formatively and summatively evaluated against these and other pertinent standards to guide its conduct appropriately and, on completion, to enable close examination of its strength and weaknesses by stakeholders.
<u>Source:</u> Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994	

CENTERS FOR DISEASE CONTROL RECOMMENDED FRAMEWORK—
CROSS-REFERENCE OF STEPS AND STANDARDS

Steps in Evaluation Practice	Relevant Standards
1. Engage Stakeholders	• Stakeholder identification • Evaluator credibility • Formal agreements • Rights of human subjects • Human interactions • Conflict of interest • Metaevaluation
2. Describe the program	• Complete and fair assessment • Program documentation • Content analysis • Metaevaluation
3. Focus the evaluation design	• Evaluation impact • Practical procedures • Political viability • Cost effectiveness • Service orientation • Complete and fair assessment • Fiscal responsibility • Described purposes and procedures • Metaevaluation
4. Gather credible evidence	• Information scope and selection • Defensible information sources • Valid information • Reliable information • Systematic information • Metaevaluation
5. Justify conclusions	• Values identification • Analysis of quantitative information • Analysis of qualitative information • Justified conclusions • Metaevaluation

6. Ensure use and shared lessons learned	• Evaluator credibility • Report clarity • Report timeliness and dissemination • Evaluation impact • Disclosure of findings • Impartial reporting • Metaevaluation
<u>Source:</u> Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994	

MAP OF SIX STEP IMPLEMENTATION PLAN

Implementation Steps*	Information Gathering and/or Disseminating Activities
1. <u>Engage stakeholders</u> : <i>Fostering input, participation, and power-sharing among persons who have an investment in the conduct of the evaluation and the findings.</i>	Input from identified stakeholders: <i>Turn-It-Around (TIA) designer, Associate VP, Counseling Services (CS) management team (MT) and support staff, TIA facilitators, chief judicial officers, judicial hearing officers, and TIA participants.</i>
2. <u>Describe the program</u> : <i>Scrutinizing features of the program being evaluated, including purpose and place in a larger context. Review program as intended versus as actually implemented; note contextual features likely to influence conclusions about program</i>	Input from TIA documents, preliminary discussions with TIA designer and CS MT, MT kick-off planning meeting, TIA facilitator and judicial officer interviews. Major contribution of MT kick-off session will be information development to form working program theory.
3. <u>Focus the evaluation</u> : <i>Planning in advance where evaluation is headed and what steps will be taken; iteration continues until a plan unfolds to answer evaluation questions with methods that are useful, feasible, ethical, and accurate, and that facilitates use by primary users</i>	Input stakeholders noted above, including use of validated instruments reflecting the social science theories underpinning workshop design; MT kick-off meeting outcomes. Major contribution from TIA Facilitator meeting will be finalization of working program theory and input on follow-up interview questions.
4. <u>Gather credible evidence</u> : <i>Compiling information stakeholders perceive as trustworthy and relevant to answer questions. Credibility dependant on how questions posed, information source, data collection conditions, measurement reliability, interpretation validity, and quality control procedures.</i>	TIA Web Survey, TIA Follow-up Interview, Judicial Hearing Officers Focus Group, Interviews with Chief Judicial Officers, CS MT Kick-off Meeting, and TIA Facilitator Focus Group; ad hoc discussions with stakeholders noted above; document review from CS and Student Rights and Responsibilities.
5. <u>Justify conclusions</u> : <i>Making claims about program that are warranted on the basis of data compared against pertinent and defensible ideas of merit, worth or significance; conclusions justified by linking to evidence gathered and consistent with values or standards agreed on by stakeholders.</i>	Literature review on Stages of Change, Motivational Interviewing, and Program Evaluation Theory; program evaluation standards as adapted by the CDC Recommended Framework. Findings and recommendations to delivered to CS MT in project final presentation.

6. <u>Ensure use and shared lessons learned</u>: <i>Ensuring that (a) stakeholders are aware of the evaluation procedures and findings; (b) the findings are considered in decisions or actions that affect the program; and (c) those participating in evaluation have had a beneficial experience</i>	Final dissertation report to be made available to CS MT and Chief Judicial Officers for dissemination to their staff. Final presentation to CS MT; implementation strategy to follow professional program evaluation standards as noted above.
<i>Note.</i> Adapted from “Program Evaluation Standards: How to Assess Evaluations of Education Programs, 2nd ed.” by the Joint Committee on Standards for Educational Evaluation, 1994, Thousand Oaks, CA: Sage Publications.	

SIX STEP IMPLEMENTATION PLAN

Describing the Program Exercise Template

Framework Definition: <i>Scrutinizing features of the program being evaluated, including purpose and place in a larger context. Review program as intended versus as actually implemented; note contextual features likely to influence conclusions about program.</i>	Sources for TIA Information Gathering: Input from TIA documents, preliminary discussions with TIA designer and CS MT, MT kick-off planning meeting, TIA facilitator interviews, and judicial officer interviews. Major contribution from MT kick-off session will be development of working program theory.
Statement of Need: • What problem or opportunity does the TIA workshop address? • How does TIA respond to the problem? • What is nature and magnitude of the problem? • What populations are affected? • Is the need changing (trends)? • If so, in what way is the need changing?	TIA Statement of Need:
Expected Effects: [for students, CS, and ASU] • What must TIA accomplish to be considered successful? • What are specific, immediate success outcomes derived from TIA? • What are broader, long-term success outcomes derived from TIA? • What unintended consequences might emerge from TIA?	TIA Expected Effects:

Activities: • What are the strategies /methods employed to effect a change in TIA participants? • What are the specific steps and strategies (outlined in a logical sequence) employed to achieve TIA program results? • How do TIA program activities relate to one another? • What is the TIA's hypothesized mechanism or theory of change? • What other activities are conducted by related programs or partners that work together with TIA to effect change in TIA participants? • What external factors could affect TIA's success?	TIA Activities:
Resources: • How many CS staff contribute to carrying out TIA activities? [clinical and support] • How many hours/week do staff spend implementing TIA activities? • What credentials and training are required for personnel delivering TIA service? • What equipment and technology support is utilized in providing TIA service delivery? • What information is involved in facilitating the TIA Workshop program? [advertising, exchange of information with other departments, reporting] • What budget is required/ dedicated (income/expense) to conduct the TIA Workshop program? • Are resources adequate to implement all TIA activities as desired? • If not, what would be required to provide the optimal program? [resources, conditions]	TIA Resources:
Stage of Development: • Where does TIA fall in stage of development? - o <u>Planning</u>: Program activities untested, evaluation goal is to refine plans; - o <u>Implementation</u>: Program activities are being field-tested and modified; evaluation goal is to improve operations - o <u>Effects</u>: Enough time has passed for program effects to emerge; evaluation goal is to identify and account for both intended and unintended effects.	TIA Stage of Development:

Context: [history, geography, politics, social and economic conditions, efforts of related or competing organizations] • What are important contextual factors that affect the environment in which TIA operations? • What contextual information is important to include in evaluating TIA operations and potential effectiveness? • What contextual information is important to aid in accurate interpretation of TIA findings and in assessing the generalizability of findings?	TIA Context:
<i>Note.</i> Adapted from “Program Evaluation Standards: How to Assess Evaluations of Education Programs, 2nd ed.” by the Joint Committee on Standards for Educational Evaluation, 1994, Thousand Oaks, CA: Sage Publications.	

APPENDIX K

LEARNING OBJECTIVES EXERCISE PACKET

The Learning Objectives Exercise Packet included the following contents:

1. Turn-It-Around Workshop Learning Objectives Exercise Guide
2. Turn-It-Around Workshop Learning Objectives Exercise Template
3. Turn-It-Around Workshop Outline

Turn-It-Around Workshop Learning Objectives Exercise Guide

Creating Program Learning Objectives		
Goals	Goals are broad, generalized statements about what is to be learned: the target to be hit.	
Learning Objectives Description	Learning Objectives . . . - Describe what students should know or be able to do at the end of the course that they couldn't do before. - Indicate the desirable knowledge, skills, or attitudes to be gained. - Should be about student performance and are specific, measurable, short-term, observable student behaviors. - Should not be too abstract, too narrow, or be restricted to lower-level cognitive skills. - Should support the overarching goal of the course—the thread that unites all the topics covered and skills students should have mastered by the end of the course. - Should be kept to no more than half a dozen (best practices).	
Writing Learning Objectives	SKA: Framing Learning Objectives . . . Skills (What students <u>should be able to do</u> by course completion) Knowledge (What students should <u>know and understand</u> by course completion) Attitudes (Optimal student <u>opinion about target subject matter</u> by course completion)	
	Beginning Stem + Strong Action Verb + Outcome (Goal State)	
	By the time the students finish the course, they should be able to . . .	- explain - describe - analyze - calculate - how to develop an action plan - the laws of gravity - the plot of a novel - the mean of a set of numbers
Measurable Outcomes	Learning objectives should be accompanied by measurable outcomes, which describe ways in which students will be able to demonstrate that they have achieved the learning objectives.	
Bloom's Taxonomy of Learning Outcomes <i>Adapted from: Diane Soderholm, Ph.D., MIT Department of Aeronautics & Astronautics</i>		
<u>Knowledge.</u> Remembering previously learned material. Represents the lowest level of learning and involves recalling or reciting facts, observations, or definitions.		
<u>Comprehension.</u> Grasping the meaning of material. Represents the lowest level of understanding and involves explaining, interpreting, or translating.		
<u>Application.</u> Using learned material in new and concrete situations. Requires a higher level of understanding than comprehension and involves applying rules, methods, laws and principles.		
<u>Analysis.</u> Breaking down material into component parts to understand organizational structure. Represents a higher level of learning and understanding than previous categories. Requires understanding both the content and structural form of the material and involves analyzing relationships, distinguishing between facts and inferences, and evaluating data relevance.		
<u>Synthesis.</u> Putting parts together to form a new whole. Represents creative behaviors, with emphasis on the formulation of new patterns or structure. Involves proposing plans, writing speeches and creating classification schema.		
<u>Evaluation.</u> The ability to judge the value of material for a given purpose. Represents the highest level of learning and understanding because it includes elements of all other categories plus conscious value judgments based on criteria. Involves judging logical consistency, adequacy of data support for conclusions.		

References:

Soderholm (2005). *Two Examples of Taxonomies of Educational Objectives*. The MIT Teaching and Learning Laboratory, Office of the Dean for Undergraduate Education, Massachusetts Institute of Technology. Retrieved from <http://web.mit.edu/tll/>

Learning Objectives. Penn State Learning Design Community Hub. Retrieved from <http://ets.tlt.psu.edu/learningdesign/>

Turn-It-Around Workshop Learning Objectives Exercise

Overarching Program Goal, Learning Objectives, Outcome Measures	
<u>Mission:</u> The mission of ASU Counseling Services is to support the academic mission of the University by providing mental health, consultation, and outreach services that facilitate the student learning experience and student success in persistence and graduation.	
<u>Program Goal:</u> The overarching goal of the <i>Turn-It-Around</i> workshop is to . . .	
Learning Objectives	Measureable Outcomes
By the time the students finish the TIA workshop, they should be able to . . . 1. 2. 3. 4. 5. 6.	Students will be able to demonstrate that they have achieved the TIA workshop learning objectives by . . . 1. 2. 3. 4. 5. 6.

Principal TIA Workshop Activities:

1. Review mistakes among peers; elicit & provide feedback about how their behavior has affected life at ASU & beyond
2. Discuss that to choose a behavior is to choose its consequence, both positive and negative
3. Identify choices that either increase or decrease likelihood of making more mistakes, particularly related to substance use
4. Identify ways to engage in self-care to increase immediate and life-long wellness
5. Discuss how positive and negative thought processes affect quality of choices
6. Identify short- and long-term personal goals, assessing which are placed in jeopardy by making same/similar mistakes

Turn-It-Around Workshop Outline				
Actor		Type of Action	Action Description	Leader Notes
Workshop #1				
Leader	Presentation	Introduce Workshop		• Focus on Life at ASU • Emphasize concept applies to both positive & negative
Participants	Sharing	Share mistakes and their impact on individual life at ASU		
Leader	Presentation	<u>Concept</u> : To choose a behavior is to choose its consequence		
Leader	Presentation	<u>Concept</u> : How do I want this to turn out?		
Participants	Homework	<u>Question</u> : Looking back, what would I do the same & different?		
Workshop #2				
Participants	Sharing	Review homework; provide peer feedback to fellow participants		• <u>Generate List</u>: substances, lack of sleep, poor wellness • <u>Generate List</u>: self-care, self-worth, careful peer groups, engagement, goals
Leader & Participants	Guide Discussion	<u>Question</u> : What increases the likelihood of more mistakes?		
Leader & Participants	Guide Discussion	<u>Question</u> : What decreases the likelihood of more mistakes?		
Leader & Participants	Guide Discussion	Categorize and identify increases/decreases by interpersonal, intrapersonal, and contextual variables		
Leader	Presentation	Introduce ways to positively engage on campus		
Participants	Homework	Join or start a club and take the <i>Personal Wellness Profile</i>		
Workshop #3				
Participants	Sharing	Review homework; provide peer feedback to fellow participants		(1) Replace <i>should</i> with <i>want</i> <u>Lesson</u> : Focus on wants increases motivation/creates pathways to action. (2) Replace <i>but</i> with <i>and</i> <u>Lesson</u> : Using <i>and</i> creates positive problem solving opportunities.
Leader & Participants	Presentation	<u>Concept</u> : Word to remove from personal dictionary: <i>should</i>		
Leader & Participants	Guide Discussion	Participants give examples of using <i>should</i> . After substituting <i>want</i> for <i>should</i> , ask “is this more motivating?” If no longer rings true, ask “what is it you really want?”		
Leader & Participants	Presentation	<u>Concept</u> : Word to remove from personal dictionary: <i>but</i>		
Leader & Participants	Guide Discussion	Participants give examples of using <i>but</i> . Substituting <i>and</i> for <i>but</i> , ask “can you have both? How do you get both?”		
Participants	Homework	Create and list goals for 1 day, 1 week, 1 month, 1 year, 1 decade		
Workshop #4				
Participants	Sharing	Review homework; provide peer feedback to fellow participants		• Review previous material as needed. • Use “cool” seat
Leader & Participants	Guide Discussion	<u>Question</u> : What goals feel within reach? In jeopardy?		
Leader & Participants	Guide Discussion	<u>Question</u> : If you made the same or similar mistake again, which of your goals would be in jeopardy?		
Leader	Presentation	Introduce ways to positively engage on campus		
Leader & Participants	Guide Discussion	End-of-class peer feedback: (1) “What will you take from this workshop?” (2) Generate positive feedback: members & leader		

APPENDIX L

TURN-IT-AROUND PROGRAM THEORY OF ACTION REPORT

Program Mission and Goals

Mission: The mission of ASU Counseling Services is to support the academic mission of the University by providing mental health, consultation and outreach services that facilitate the student learning experience and student success in persistence and graduation.

Program: The *Turn-It-Around Workshop* is a specialized intervention designed to serve as a step in the ASU Conduct process for students charged with a *Student Code of Conduct* offense.

Program Goals:

1. Increase participants' understanding of their own decision making processes.
2. Increase participants' goal-setting skills.
3. Increase participants' interpersonal skills through a facilitated dialog structured to promote interaction with peers on topics addressing serious life issues.
4. Increase likelihood of participants' academic success and successful re-engagement with University life through use of the skills learned from program participation.
5. Decrease the likelihood that participants will commit future *Code of Conduct* offenses.

Learning Objectives	Desired Behavioral Outcomes
<i>By the time students finish the TIA Workshop, they should be able to . . .</i>	<i>Fulfillment of TIA Workshop learning objectives will be demonstrated when students begin to . . .</i>
1. Acknowledge, reflect on and evaluate their behaviors/mistakes and the outcomes those behaviors have produced in their lives.	Use insights gained from past experiences and consequent outcomes to make better choices that lead to better outcomes.
2. Identify and explain personal and environmental factors that can increase or decrease the likelihood of making mistakes.	Engage in personal behaviors and select lifestyle choices that produce the outcomes they desire.
3. Identify and select behaviors that contribute to personal wellness.	Engage in pro-social health oriented behaviors consistent with their own goals for success and happiness.
4. Articulate an understanding of the decision making process and factors that positively or negatively affect that process.	Make their decisions based on intrinsic values as opposed to external forces and with cognizance of the outcomes their choices are likely to produce.
5. Develop personal goals and strategies to achieve those goals.	Engage in future-oriented thinking and design and implement strategies that build toward goal achievement.
7. Use goal setting skills to build future-oriented academic and life plans.	Re-engage University life and the identity of an ASU student by taking steps to develop plans and strategies that will accomplish their personal academic, college life and future life goals.

Statement of Need

ASU students who violate the *Student Code of Conduct* need an educational intervention in addition to any punitive sanctions that may be warranted. An educational intervention is consistent with the institutional mission. It is in the best interest of the institution and ASU students to engage in a dialogue about the antecedents of conduct problems and strategies for avoiding future issues. It also is in the institution's interest to be seen as a partner in the student experience during both positive and negative events. *Turn-It-Around* provides an early educational intervention for students who have committed first or second offense disciplinary issues at the University. Any ASU student may be referred to TIA for service, but the primary focus is designed to address first year residential students who have committed first offenses. Typical interventions with first offense problems, particularly in first year students, are disciplinary and do not address, or adequately address, the problem from the perspective of students' developmental stage or needs. The primary objectives of TIA, in contrast, are educational and skill building; to help students improve their decision-making skills and to prevent a recurrence of disciplinary problems. TIA's small group format furnishes a scalable opportunity to meet the needs of a volume of students and provides a venue for participants to engage and interact with peers experiencing similar circumstances. The students referred to TIA are still in a position to be successful at ASU. Mastering the principles taught in *Turn-It-Around* will improve participants' chances for successfully re-engaging with the University after a negative experience and for achieving academic success at ASU.

Program Activities: Description of Workshop Sessions

Overview of TIA Strategic Approach

Turn-It-Around is based on Stage-of-Change and Motivational Interviewing Theory. Activities are structured to support students in identifying which parts of their mistakes matter to them in terms of impact on their lives. Students may not relate to what counselors or authority figures think is important. TIA facilitators seek to help students identify *for themselves* which interests and concerns they have that are impacted by their mistakes/conduct offenses. Facilitators help students key in on certain themes such as academics, health, finances and other losses that have occurred as a consequence of their *Code of Conduct* infractions. Examples include changes in family, social relationships and living arrangements.

Each workshop session introduces concepts followed by homework designed to reinforce the concept. Thus, students not only engage in the concepts

experientially “in the moment” during the workshop, they also are required to engage in thinking about the material outside the workshop by completing the homework. At first some students are skeptical, even sarcastic, about the homework. Later, for many students there is a shift in attitude as they begin to see the merit and application of the principles discussed. Students start responding to things they are attached to, especially the *Personal Wellness Profile*. For example, they believe that if they look and feel well, they will be more successful. During the final three workshops, each student’s homework is reviewed and discussed within the peer group. Doing the homework assignments and receiving peer feedback from sharing those assignments both serve as significant mechanisms of the change process. Peer feedback “speaks volumes” compared with advice from counselors or other authority figures. TIA addresses the concept of causal connections. The crux of the issue is brain development: most 18- and 19- year-olds are just beginning to understand anticipatory reasoning. The overarching theme of TIA is represented by the question students are encouraged to ask themselves in all areas/situations of life: “How do I want this to turn out?” TIA’s hypothesized mechanism or “theory of change” derives from theories of early intervention, group process, self-reflection, role modeling, guidance, and student engagement (i.e., learning about how to engage better with the University).

Workshop Session #1:

In the *first* workshop session, the facilitator begins by sharing a mistake of his or her own. Sharing a mistake in judgment from the facilitator’s youth normalizes that anyone can make a mistake and still grow up to become a professional—a successful person. This action helps the facilitator gain credibility with the student participants. Concepts introduced include (1) realizing that “to choose a behavior is to choose its consequence,” and (2) asking “how do I want this to turn out?” The first significant activity is for the participants to describe their mistakes and how those mistakes have impacted their lives at ASU and their lives in general. The facilitator picks an example to discuss that students can relate to about choices and their associated consequences. For example, when the alarm clock rings in the morning, one could choose to get up, or alternatively, to hit the snooze button. Each choice will produce a different result, one leading to getting to work or school on time, the other, to being late or missing class. Reflecting on the workshop conversations, students are given the homework assignment of identifying what they would do both the same and differently if they could go back and re-do the circumstances resulting in their conduct offense.

Workshop Session #2:

In the *second* workshop session, the focus intentionally is shifted from the past to the future. The session begins with a review of homework about what they would do the same or differently given the chance for a “do-over.” Concepts introduced center on decision making and (1) what increases the likelihood of making more mistakes and (2) what decreases the likelihood. The facilitator guides the discussion toward considering and identifying the interpersonal,

intrapersonal, and situational/environmental factors contributing to the students' decision making processes that led to their behavioral offense. Students start dissecting their conduct offenses and related consequences through sharing and discussion with their peers. For example, they start considering, "if I hadn't done 'this' part of the behavior, then 'that' consequence wouldn't have occurred." The "inter-, intra- and situational" framework provides an appropriate structure for conversation around decision making and choices. Students begin to understand that, even though rules or authority figures may be unfair in their estimation, such opinions are irrelevant to the realities they must deal with. For example, Housing rules and Arizona laws set parameters for acceptable behavior. Railing against realities like Student Conduct or Housing policies resolves nothing—student choices about how to respond to such external circumstances are what determine the results they experience. The facilitator seeks to "plug the holes" in the logic students often use to deflect responsibility for their choices such as things not being "fair."

Another topic addressed is the impact of living with a reputation. Students share stories about being viewed "a certain way," earned fairly or unfairly, from engaging in socially undesirable behaviors and associating with people who do the same. Subsequently, factors of academic and life success known from research across the country are introduced: students who engage in campus activities and make healthier life choices are happier, more successful academically, and have higher graduation rates. These facts tend to grab students' attention. Following the success factor discussion, the facilitator gives an assignment that provides a concrete substantiation of the research—a direct mechanism to act out what research says produces positive results. The assignment directs students to the Student Organization Resource Center website where they must (1) take the *ASU Personal Wellness Profile* and (2) identify one or two student organizations (that they are not already connected with) of interest to them and report back to the group the reasons for their interest.

Workshop Session #3:

In the *third* workshop session, students have begun to implement a positive re-engagement with the University via their homework. Concepts introduced in this workshop session are designed to help students increase their perception of possibilities and choices and to increase ownership of their choices. The session begins with participants presenting on their student organization selections and reviewing their *Personal Wellness Profiles*. During the discussion of student organizations, many participants report learning about organizations that are very connected to occupations they are aspiring to enter. They begin to see more positive, relevant options available through University engagement such as important new career networking opportunities. The *Personal Wellness Profile* predicts the longevity one can expect if his or her current level of wellness is maintained. Some students are a little concerned about their scores. They begin to see how the use of substances damages their wellness scores. Some students are very competitive—they like to be successful and see their scores as an indicator

of future success. They see that although they may be doing well on some indicators, substance or tobacco use really pulls them down. That reality impacts them.

The principles of Motivational Interviewing suggest that “telling” students what to do is not a successful strategy. A better approach is to ask students to choose what they want to work on by posing the questions: “What do you want more of? What will get you there?” A discussion focused on what students want helps them to think in practical terms. When they begin to identify a direction based on what they want (how do you want this to turn out?), they can then begin to envision and build a pathway they can “own.” Changing two words in their personal dictionaries/ vocabularies can help: Replacing the word *should* with *want*, and the word *but* with *and*. By substituting *should* for *want*, students begin to identify what they really want, freeing themselves from pursuing only what they feel they “*should*.” By substituting *and* for *but*, students begin to see potentialities differently. Perhaps possibilities previously assumed to be mutually exclusive are not: “Perhaps,” by thinking differently, options could expand. Following the discussion about “what they want” and pursuing choices that will yield their desired outcomes, students are given the assignment to envision and document their goals for one day, one week, one month, one year and one decade.

Workshop Session #4:

In the *fourth* workshop session, students discuss the goal-setting exercise with their peers. They see that some of their goals feed into one another; yet, other goals may be disconnected. The facilitator asks the students to determine which of their goals are currently in reach, and which are in jeopardy. Students discuss which goals would be in jeopardy were they to make the same or similar mistakes again at ASU. At this point in their lives, all of the students’ goals should be in reach, yet any of their goals could be placed in jeopardy by making more mistakes. Some students become a bit somber in sitting with the reality that they could quash their future possibilities. Often there occurs an “ah-ha” moment: “wow, not only could I screw up my ability to live in the dorms, but potentially, getting my degree here.” One Nursing student, for example, began to realize for the first time that repeating her offense could block her from obtaining a nursing license. The good news communicated to students is that they have so much control over reaching their goals—they have the power over their choices. Realizing this, one 22-year-old commented that “every freshman should have this workshop,” relating his wish that he had learned the information taught in TIA earlier in his academic career.

The final exercise of the workshop series called the “cool seat” is then ensued, where the facilitator reviews TIA’s four principal learning concepts that facilitate and promote successful positive engagement on campus: (1) asking “how do I want this to turn out,” (2) making healthy lifestyle choices around behaviors and involvements, (3) implementing language (and thinking) changes, focusing on what one actually *wants* not what one *should* do or have, and

embracing *and*, not *but* in reviewing one's options, and (4) focusing on achievement of short- and long-term personal goals that connect and feed into one another. The students identify one or two "take-aways" from the workshop that they plan to implement as next steps, and they generate positive feedback for one another. The facilitator distributes completion letters to the students. This letter invites them to provide workshop-related feedback via Survey Monkey. The facilitator closes the workshop by normalizing that counseling center services are available for students who have not made mistakes—things come up for all students that are stressful. Using the counseling center services is framed as an additional option available for students to support their successful engagement with the University and contribute to their personal and academic achievement.

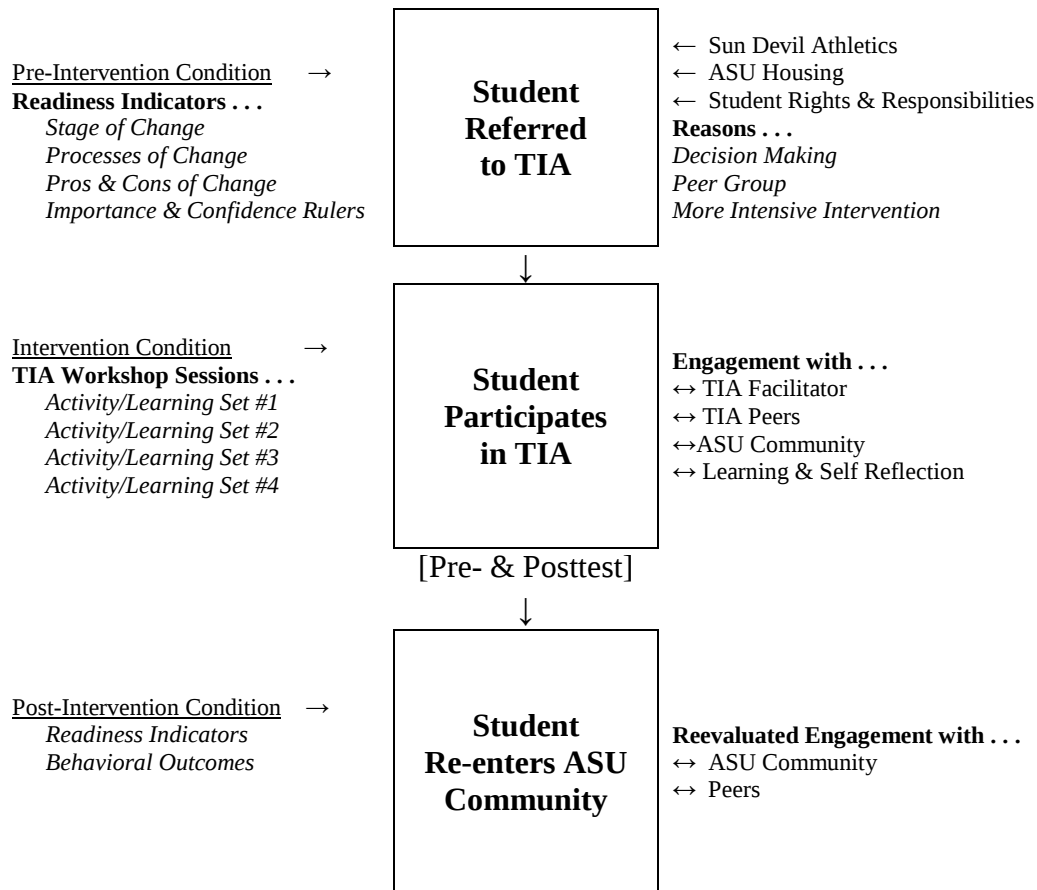
Expected Program Effects

Turn-It-Around provides a needed service to support retention and developmental efforts for students who have committed a behavioral infraction against the *Student Code of Conduct*. Because this population is denoted as higher risk due to the nature of their behaviors, they also are at higher risk for re-offending. As one of the risk management activities of the University, TIA addresses risk at the student level and thus contributes to campus safety. In addition, TIA provides support for ASU Counseling Services partner units also furnishing student services to this at-risk population. The TIA curriculum fosters engagement in learning activities its constituent population likely would not otherwise address. Broader, long-term success outcomes participants derive from TIA include prevention of future problematic behaviors that could lead to disciplinary sanctions and interruption of academic success. For TIA to be successful, participants must accomplish full attendance and engagement during the intervention.

Successful TIA completers will acquire an increased understanding of what expectations are for appropriate conduct at Arizona State University. In addition, completers will realize improvement in the knowledge and skills that lead to successful choices and academic performance, including (1) increased knowledge of general antecedents of problematic behavior and specific antecedents of their own problematic behaviors, (2) increased decision making skills, which includes insight, awareness, ownership and responsibility for choices, and (3) increased self-efficacy in the realm of positive behavior choice within a context where choicefulness predominates. Equipped with these enhanced skills and insights, TIA completers will begin making the connection between their decisions and their immediate and future academic and life goals.

Improved behavioral decision making will lead to completers successfully re-engaging with the University and their own academic and personal goals. Manifestation of these behaviors will yield (1) an increase in University pro-social activity participation and associated decrease in engagement with other less structured and less healthy activities, (2) an increase in safety-related behaviors and associated decrease in risky behaviors such as drinking, violence, drugs and impulsivity, and (3) an increase in positive role-modeling among TIA completers and associated decrease in recidivism.

Turn-It-Around Logic Model



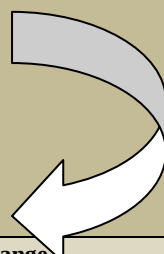
TIA Program Impact Theory in brief: Students enter the TIA program at a particular point in the stage of change continuum concerning their behavior that resulted in receiving a Code of Conduct sanction. Students attend all four workshop sessions, which entails (a) listening to educational presentations and engaging with counselors and peers in facilitated learning activities, and (b) completing, reflecting on, and sharing the homework assignments in the next workshop session. Through an experiential process that promotes insight and values clarification, ambivalence is resolved leading to skill acquisition and consequent motivation and empowerment to advance along the continuum of change to the next level of self determination and personal efficacy.

APPENDIX M

THEORETICAL CONSTRUCT CHEKLISTS

Following are the theoretical checklist documents that represent the theory underlying TIA.

1. Transtheoretical Model of Change: Stages & Processes of Change Integration
2. Transtheoretical Model of Change: Processes of Change
3. Map of Integrated Transtheoretical Model & Motivational Interviewing Constructs
4. Motivational Interviewing: Definitions, Principles & Concepts
5. Motivational Interviewing: Phase I, Building Motivation to Change
6. Motivational Interviewing: Phase II, Strengthening Commitment to Change

Transtheoretical Model of Change: Stages & Processes of Change Integration Prochaska, DiClemente & Norcross, 1992 <i>Each stage represents . . .</i> --a period of time --a set of tasks		Stages of Change . . . 1. Pre-Contemplation 2. Contemplation 3. Preparation 4. Action 5. Maintenance	
Experiential Processes of Change Consciousness Raising, Dramatic Relief, Environmental Reevaluation, Social Liberation, Self Reevaluation		Behavioral Processes of Change Self Liberation, Reinforcement Mgmt, Helping Relationship, Counter-Cond. Stimulus Control	
Change processes . . . <i>Traditionally associated with experiential, cognitive, and psychoanalytic persuasions are most useful during Pre-contemplation & Contemplation stages.</i>	Pre-contemplation: No intention to change in next 6 months (about 40% of at-risk population); use 8 change processes less than those in other stages; process less information about problems; devote less time/energy in reevaluating self; fewer emotional reactions to negative aspects of problems; less open about problems with significant others; do little to shift attention or environment toward overcoming problems; most resistant and least active clients in therapy.		
	Contemplation: Intention to change in next 6 months (about 40% of at-risk population); pros and cons of change are weighed, but commitment to change not yet achieved; frequently engage in CR, DR, and SR processes; receptive to observation, confrontation, interpretations, and educational techniques (Prochaska & DiClemente, 1984); reevaluate effects of problem behavior on environment, especially significant others; open to experiences that raise emotions and lead to lowering of negative affect if change is made; as consciousness raises about problems, likeliness increases for reevaluation of self and situation; the more central to identity, leads to altering of self.		
	Preparation: Intention to change in next 30 days (about 20% of at-risk populations in either Prep or Action stage); combination of intention and behavior; continue increased use of cognitive, affective, and evaluative processes begun in Contemplation; some behavioral steps toward change taken; high scores on both Contemplation and Action. Use CC and SC to begin reducing problem behaviors or to control situations previously connected to problem behaviors (DiClemente et al., 1991)		
Change processes . . . <i>Traditionally associated with existential and behavioral traditions are most useful during Action & Maintenance stages.</i>	Action: Change criterion achieved (such as abstinence) for less than 6 months (about 20% of at-risk populations in either Action or Prep stage); higher scores on Action, and lower scores on other scales; increased belief in autonomy and ability to change; employ SL experienced as willpower; successful use of behavioral processes such as CC and SC to modify the conditional stimuli that frequently prompts relapse; increased reliance on support from HRs.		
	Maintenance: Change criterion achieved for more than 6 months; capacity to maintain change built on processes used in previous stages; work is to consolidate gains, stabilize behavior change and avoid relapse; understanding of situations likely to cause relapse; continuation of CC and SR strategies based on belief that maintaining behavior change supports a new self sense highly valued by oneself and at least one significant other.		
	Relapse: Relapse and cycling back through the stages is common. People most often reenter the process in the Contemplation and Preparation stages, learning from past change attempts and planning for their next change attempt.		
<i>Note.</i> Adapted from DiClemente et al., 1991; Prochaska & DiClemente, 1984; Prochaska, DiClemente, & Norcross, 1992.			

Transtheoretical Model of Change: Processes of Change		
Category	Description of Actions	Intervention Strategies
Consciousness Raising	- Finding and learning new facts, ideas, and tips that support the healthy behavior change - Increasing information about self and problem	Feedback, Education, Observations, Interpretations, Bibliotherapy, Media Campaigns
Dramatic Relief	- Experiencing the negative emotions that accompany unhealthy behavioral risks (fear, anxiety, worry) - Experiencing/expressing feelings about problems/solutions	Psychodrama, Grieving Losses, Role Playing, Personal Testimonies, Media Campaigns
Environmental Reevaluation	- Realizing negative impact of unhealthy (or positive of healthy) behavior on one's social or physical environment - Assessing how problem affects one's physical environment	Empathy Training, Documentaries, Family Interventions
Social Liberation	- Realizing that social norms are changing in direction of supporting healthy behavior change - Increasing societal alternatives for nonproblem behaviors	Advocating for Rights of Repressed, Empowering, Policy Interventions
Self Reevaluation	- Realizing that the behavior change is an important part of one's identity as a person - Assessing ones' feelings and thoughts about self with respect to the problem	Value Clarification, Imagery, Healthy Role Models, Corrective Emotional Experience
Self Liberation	- Making a firm commitment to change - Choosing and committing to act or believe in ability to change	Decision Making Therapy, New Year's Resolutions, Logotherapy, Commitment Enhancing, Public Testimony
Reinforcement Management	- Increasing the rewards for positive behavior change and/or decreasing rewards for unhealthy behavior - Rewarding self or being rewarded for making changes	Contingency Contracts, Overt and Covert Reinforcement, Self Reward, Positive Self-Statement, Group Recognition
Helping Relationship	- Seeking and using social support for healthy behavior change - Being open/trusting about problems with someone caring	Therapeutic Alliance, Social Support, Self-help Groups, Rapport Building, Counselor Calls, Buddy Systems
Counter-Conditioning	- Substitution of healthier behaviors and/or decreasing the rewards of the unhealthy behavior - Substituting alternatives for problem behaviors	Relaxation, Desensitization, Assertion, Positive Self-Statements
Stimulus Control	- Removing reminders or cues to engage in unhealthy behaviors or adding them to engage in healthy behaviors - Avoiding/countering stimuli that elicit problem behaviors	Restructuring Environment, Avoiding High Risk Cues, Fading Techniques, Environmental Reengineering
Prochaska, DiClemente & Norcross (1992), Redding et al. (2000), Prochaska & Velicer (1997), Velicer et al. (1998)		

MAP OF INTEGRATED TTM & MI CONSTRUCTS

Theoretical Constructs	Pre- contemplation Stage ➔	Contemplation Stage ➔	Preparation Stage ➔	Action Stage ➔	Maintenance Stage
<i>MI Phase I</i>	Build Motivation for Change =====➔				
<i>MI Phase II</i>	Strengthen Commitment to Change =====➔				
<i>Experiential Processes</i>	Increase Intention & Motivation to Change =====➔				
<i>Behavioral Processes</i>	Retain Gains & Maintain Behavior Change =====➔				
<i>Pros of Change</i>	Increase by 1.0 SD =====➔				
<i>Cons of Change</i>	Decrease by .50 SD =====➔				
<i>Importance of Change</i>	0 Not at All Important=====Extremely Important➔ 10				
<i>Confidence in Ability to Change</i>	0 Not at All Confident=====Extremely Confident➔ 10				
<i>From:</i> Prochaska, DiClemente & Norcross (1992), Redding et al. (2000), Prochaska & Velicer (1997), Velicer et al. (1998) and Prochaska (1994)					

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Motivational Interviewing: Definitions, Principles & Concepts		
Definition of MI	“A collaborative, person-centered form of guiding to elicit and strengthen motivation to change” (Miller & Rollnick, 2009, p. 137).	
MI Path to Change	Accurate Understanding → Develop Discrepancy → Change Talk → Commitment & Plan → Change	
Key Change Factor: Resolving Ambivalence	<u>Ambivalence</u> : Holding coexisting but conflicting feelings, thoughts, and actions about something. <i>The Dilemma of Change</i> : “I do <u>and</u> I don’t want to change” is the hallmark of the Contemplation Stage. Ambivalence is normal. MI techniques facilitate the client’s resolution of ambivalence by exploring pros and cons of both sides of a change choice.	
Guiding/ Overarching Principles of MI Approach	• Autonomy (vs. authority) • Collaboration (vs. confrontation) • Evocation (vs. education) • Support for Client Self-Efficacy (focus on client’s competence & success)	
Fundamental Counseling Practices (Four Principles of MI)	<i>Expressing Empathy</i>	Effort to accurately understand client; counselor acceptance increases chance of positive change.
	<i>Developing Discrepancy</i>	Change comes out of mismatch between present behavior and client goals/values. Client, not counselor, identifies reasons for change.
	<i>Rolling with Resistance</i>	Counselor responds to resistance by inviting client point of view, not arguing; client is the one who has the answers and solutions to his or her change.
	<i>Supporting Self-Efficacy</i>	Counselor belief in client’s ability to change is strong motivator; client, not counselor, is responsible for choosing to and carrying out change

Fundamental Beliefs (Spirit of MI)	• Therapeutic relationship resembles partnership vs. expert and patient. • MI style is peaceful and draws the wisdom out from inside client. • Counselor honors wisdom within client rather than seeking to instill wisdom, recognizing that motivation to change derives from within client. • The client's responsibility is to articulate and resolve his/her own ambivalence. • Counselor provides humble, respectful, and active (directive) guidance to help clients examine and act on their feelings and ambivalence about change. • Counselor realizes that persuasion is not an effective method because trying to convince others to change often invites them to argue against change. • Counselor acknowledges readiness to change is not static, but fluctuates depending on client's internal and external environments (e.g., social relationships, job status, financial status, family and friends, community).
Strategic Communication Tools (OARS)	• Open-ended Questions→facilitate/evoke client to elaborate on thoughts • Affirmations→provide appreciative statements highlighting client strengths • Reflections→discern meaning behind client words; accepting & nonjudging • Summarizations→reflect client concerns about change, problem recognition, and both optimism & ambivalence about change • Eliciting Change Talk→facilitate client toward self-motivating statements
<i>Note.</i> Adapted from Miller & Rollnick, 2002, 2009; Rollnick & Miller, 1995; Tomlin et al., 2005; Venner, Feldstein, & Tafoya, 2006	

Motivational Interviewing: Phase I, Building Motivation to Change Strategies for Guiding Clients through Pre-contemplation & Contemplation Stages		
Employing OARS Strategy	Counselor uses OARS strategies to facilitate an <u>increase</u> in client's <u>Change Talk</u> and a <u>decrease</u> in client's <u>Resistance Talk</u> (maintaining status quo)	
Strategies/ Methods for Eliciting Change Talk	• Ask <u>Evocative Questions</u> to elicit statements acknowledging . . . ○ Disadvantages of Status Quo (What worries you about your current situation?) ○ Advantages of Change (How would you like for things to be different?) ○ Optimism about Change (What is encouraging you make this change?) ○ Intention to Change (What would you be willing to try?) • Explore <u>Decisional Balance</u> (Pros and cons of changing and not changing) • Ask for <u>Elaboration</u> (In what ways? What else? Ask for a specific example) • <u>Look Backward</u> (Recall when things were going well for you. What's changed?) • <u>Look Forward</u> (If you change "X", how might things be different in the future?) • Query <u>Extremes</u> (Request client describe the most extreme possible consequence) • Use <u>Change Rulers</u> (Why are you at <u>3</u>, not <u>0</u>? What would it take to go to <u>5</u>?) • Explore <u>Goals & Values</u> (Elicit discrepancy between goals/values and behavior)	
Counselor "Roadblock" Language to Avoid	Ordering/directing Warning/threatening Advising, suggesting, solving Persuading, arguing, lecturing Moralizing, preaching, "shoulds" Disagreeing, judging, blaming	Agreeing, approving, praising Shaming, ridiculing, labeling Interpreting, analyzing Reassuring, sympathizing, consoling Questioning, probing Withdrawing, distracting, humoring, changing subject
Client Resistance Talk/ Behaviors	• Arguing, Blaming, Denying • Disagreeing, Discounting • Interrupting, Minimizing	• Not responding • Taking Over

Strategies/ Methods for Responding to Resistance Talk	• <u>Simple Reflection</u> (Restating/rephrasing what client has said) • <u>Amplified Reflection</u> (Restating/rephrasing, exaggerating or amplifying the point) • <u>Double-sided Reflection</u> (Juxtaposing contradictory current and previous statements) • <u>Shifting Focus</u> (Shifting conversation away from the topic of resistance) • <u>Agreement with a Twist</u> (Agreeing w/ client, adding new information to shift perspective) • <u>Emphasizing Personal Choice</u> (Focusing on client responsibility for own choices) • <u>Reframing</u> (Offering a different perspective) • <u>Supporting Self-Efficacy</u> (Supporting the client's confidence & ability to make a change)
Phase I Traps	• <u>Question/Answer</u> (Pattern of Q&A precludes exploration of issues in depth) • <u>Taking Sides</u> (Counselor advocating for change prompts client denial) • <u>Expert/Labeling</u> (Counselor labels client/ behavior; client feels judged or shamed) • <u>Premature Focus</u> (Counselor forces agenda prompting clients to disengage) • <u>Blaming</u> (Counselor or client places blame, shifting focus away from change)
<i>Note.</i> Adapted from Miller & Rollnick, 2002, 2009; Rollnick & Miller, 1995; Tomlin et al., 2005; Venner, Feldstein, & Tafoya, 2006	

Motivational Interviewing: Phase II, Strengthening Commitment to Change Strategies for Guiding Clients thru Prep, Action & Maintenance Stages	
Recognizing Readiness	<u>Readiness Signs:</u> 1. Decreased Resistance 2. Decreased Discussion of Problem 3. Resolve to Change 4. Change Talk 5. Questions about Change 6. Envisioning Positive Change Outcomes 7. Experimenting with Change Actions
	<u>Ready, Willing & Able:</u> Client assessment of <i>Importance</i> (Willing) of change and <i>Confidence</i> (Able) in ability to change on scale of 0-10; <i>Willing</i> score is plotted on Vertical Axis, <i>Able</i> score on Horizontal Axis. “Readiness” score falls on the diagonal plot of (x, y) coordinate.
Transitional Summary	1. <u>Summarize</u> the client’s perception of the problem behavior. 2. <u>Identify</u> Change Talk (self-motivational statements) made by the client. 3. <u>Discuss</u> the client’s ambivalence, including the pros (benefits) of continuing the behavior and cons (costs) of stopping the behavior. 4. <u>Identify</u> the client’s risk factors and the consequences of continuing the behavior. 5. <u>Reflect</u> the client’s indications of wanting, intending, or planning to change. 6. <u>Offer</u> your professional opinion that supports the client’s motivation to change. 7. <u>Prompt</u> the client to consider the next step in the process of change.
Key Questions	• What do you think needs to change? • What concerns you about changing “X”? • What are your options? • What do you think you will do? • How would you like things to be in an ideal world? • After making a change, what would be different in a good way? • What’s the next step?
Information and Advice	• <u>Wait</u> for a request for information or advice. • <u>Qualify</u> your suggestions (e.g., “This works for some folks; it may work for your needs”). • <u>Suggest</u> multiple options.

Negotiating Plans for Change	Steps to Negotiating a Plan . . . 1. <u>Set Goals</u>, ensuring they are the client's, not the counselor's. 2. <u>Explore Options</u>, guiding client to choose feasible strategies. 3. <u>Identify Support</u>, people who can help and ways they may be able to help. 4. <u>Identify Barriers</u>, potential obstacles and plans for response to them. 5. <u>Identify Success Indicators</u>, ways to know that desired results have been achieved. 6. <u>Arrive at Plan</u>, summarized in writing, documenting client's goals, beliefs, needs, and desires.
Phase II Hazards	• <u>Underestimating Ambivalence</u>: Assumption that decreased resistance equates to ambivalence resolution, leading to premature focus on preparation and action. • <u>Over Prescription</u>: Counselor insensitivity to client needs leading to suggestion of change plan that is overambitious or otherwise inappropriate. • <u>Insufficient Direction</u>: Client may feel "not heard" if counselor fails to respond to appeals for information and advice.
<i>Note.</i> Adapted from Miller & Rollnick, 2002, 2009; Rollnick & Miller, 1995; Tomlin et al., 2005; Venner, Feldstein, & Tafoya, 2006)	

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APPENDIX N

STAGES OF CHANGE & INTEGRATED CONCEPTS MODEL

Stages of Change & Integrated Concepts						
Stages	Decisional Balance	SOC Processes & Categories		SOC Process Definitions		Intervention Strategies
PreContemplation (PC) →		No intention to act within 6 months; un/underaware of problem; resistance to recognizing or modifying a problem. [Rule-of-Thumb estimate for at-risk populations = 40% in PreContemplation]				
PROS OF CHANGE ↑	MI Phase I B U I L D I N G M O T I V A T I O N T O C H A N G E	Importance & Confidence Rulers	Consciousness Raising [Increasing Awareness]	PC→C	Finding and learning new facts, ideas, and tips that support the healthy behavior change; increasing information about self and problem	Feedback, education, observations, confrontations, interpretations, bibliotherapy, media campaigns
		Importance of Change Continuum: 0 = Not at All Important Confidence in Change Continuum: 0 = Not at All Confident	Dramatic Relief [Emotional Arousal]	PC→C	Experiencing the negative emotions (fear, anxiety, worry) that go along with unhealthy behavioral risks; experiencing and expressing feelings about one's problems and solutions	Psychodrama, grieving losses, role playing, personal testimonies, media campaigns
			Environmental Reevaluation [Social Reappraisal]	PC→C	Realizing the negative impact of unhealthy behavior (or the positive impact of healthy behavior) on one's proximal social and/or physical environment; assessing how one's problem affects physical environment	Empathy training, documentaries, family interventions
			Social Liberation [Environmental Opportunities]	PC→C	Realizing that social norms are changing in the direction of supporting healthy behavior change; increasing alternatives for nonproblem behaviors available in society	Advocating for rights or repressed, empowering, policy interventions
			Intends to act within 6 months; serious consideration of problem resolution: weighing pros & cons, no commitment yet to change. [Rule-of-Thumb estimate for at-risk populations = 40% in Contemplation]			
Contemplation (C) →			Self Reevaluation [Self Reappraisal]	C	Realizing that the behavior change is an important part of one's identity as a person; assessing how one feels and thinks about oneself with respect to a problem	Value clarification, imagery, healthy role models, corrective emotional experience
Intends to act within 30 days; combines intention and behavior, and has taken some change steps. [Rule-of-Thumb estimate for at-risk populations = 20% in Prep or Action]						
Preparation (P) →			Self Liberation [Committing]	P	Making a firm commitment to change; choosing and commitment to act or belief in ability to change	Decision making therapy, New Year's resolutions, logotherapy techniques, commitment enhancing techniques, public testimonies, multiple rather than single choices (3 is best)
Has changed overt behavior reaching prescribed success criterion for less than 6 months; scores high on A, lower on other scales. [Rule-of-Thumb estimate for at-risk populations = 20% in Prep or Action]						
Action (A) →			Reinforcement Management [Rewarding]	A↔M	Increasing the rewards for the positive behavior change and/or decreasing the rewards of the unhealthy behavior; rewarding oneself or being rewarded by others for making changes	Contingency contracts, overt and covert reinforcement, self-reward, positive self-statements, group recognition
CONS OF CHANGE ↓	MI Phase II S T R E N G T H E N I N G C O M M I T M E N T T O C H A N G E	10 = Extremely Important 10 = Extremely Confident	Helping Relationship [Supporting]	A↔M	Seeking and using social support for the healthy behavior change; being open and trusting about problems with someone who cares	Therapeutic alliance, social support, self-help groups, rapport building, counselor calls, buddy systems
			Counter Conditioning [Substituting]	A↔M	Substitution of healthier alternative behaviors and/or decreasing the rewards of the unhealthy behavior; substituting alternatives for problem behaviors	Relaxation, desensitization, assertion, positive self statements
			Stimulus Control [Reengineering]	A↔M	Removing reminders or cues to engage in the unhealthy behavior and/or adding cues or reminders to engage in the healthy behavior; avoiding or countering stimuli that elicit problem behaviors	Restructuring one's environment (e.g., removing alcohol or fattening foods), avoiding high risk cues, fading techniques, enviro reengineering
Has changed overt behavior maintaining prescribed success criterion for more than 6 months; works to consolidate gains, stabilize behavior and avoid relapse.						
Maintenance (M) →						

From: Prochaska, DiClemente & Norcross (1992), Redding et al. (2000), Prochaska & Velicer (1997), Velicer et al. (1998), and Prochaska (1994).

APPENDIX O

CLINICAL STAKEHOLDER REPORT

Clinical Stakeholder Interviews Report
Program Development Consultation for the *Turn-It-Around* Workshop

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03-07-12

Executive Summary

This report presents the clinical stakeholder viewpoint pertaining to the outcomes of a program development consultation focused on the *Turn-It-Around* (TIA) workshop, an intervention offered by ASU Counseling Services. The interviews and subsequent processes of analyzing and synthesizing the results represents the culminating steps of an action research dissertation. The intent of action research is to produce immediately useful results, facilitating program and practice improvement in a practical, incremental, and progressive fashion. The focus of the interviews was to accomplish two objectives: (1) validating the work completed in the program development consultation, which included a set of documents explicating the program components and theoretical constructs underlying the *Turn-It-Around* workshop; and (2) gathering feedback about the dissertation research processes and products. Information gathered from the interviews built upon the profile of TIA participants that emerged from an earlier interview process with judicial conduct officers as reported in the *Student Rights & Responsibilities Focus Group and Interview Report (SRR Report)*.

The principal findings of this report are that (1) the documentation produced during the consultation closely reflects the intent and practice of the TIA intervention as attested to by the Creator of TIA and all clinicians interviewed; (2) the clinical stakeholders envisioned that the TIA theoretical documents likely will be used for the purposes of (a) internal staff training, (b) outreach & liaison training, and as (c) program theory documentation, serving as a baseline for program evaluation; (3) in agreement with the *SRR Report* recommendations, the TIA collaborative model could be enhanced and improved through reestablishing annual planning and ongoing periodic meetings between Student Rights & Responsibilities (SRR) and Counseling Services (CS) staff; and, (4) more training is needed for both SRR and CS staff to establish clarity and ameliorate areas of inconsistency in the use and administration of TIA.

The dissertation research project carried out two phases of a comprehensive program evaluation by completing assessments of evaluability and implementation, setting the stage for the next level of program evaluation activity, outcomes assessment and/or impact evaluation. An *evaluability assessment* determines if a program is designed on theoretically sound principles and structured to feasibly carry out its goals and objectives, preferably in a way that can be measured. An *implementation assessment* is intended to furnish program managers with formative feedback to help ensure a program is operating efficiently and according to design. The evaluability assessment activities of the dissertation research study entailed (1) creating a TIA program model and program description, (2) determining how well defined and evaluable the TIA model is, and (3) identifying likely stakeholder uses of the products generated through the evaluation research processes. The implementation assessment activities of the study entailed (4) determining if TIA is being implemented with fidelity to its articulated model and (5) appraising the effectiveness of the TIA collaborative model.

Information surfacing from the clinical interviews highlighted the fact that most TIA participants still are in a development stage in terms of capacity for causal reasoning, a reality that presents both challenges and opportunities in working with the TIA population. The opportunity is to capitalize on and convert the students' plight of "being in trouble" into an engaging, transformative growth experience, giving them a unique chance to enhance their decision making skills and better understand how their behaviors affect their life goals. The relative usefulness of the TIA consultation project is the usability of its outcomes as seen by the clinical stakeholders. The clinical stakeholder interviews in conjunction with research developed in other stages of the dissertation study have produced practical outcomes for immediate use—generated by the program stakeholders themselves—in the form of (1) documentation to be used for training, outreach, and evaluation research, and (2) an outline of discussion topics detailing operational and program improvement opportunities.

Clinical Stakeholder Interviews Report

Program Development Consultation for the *Turn-It-Around* Workshop

Introduction and Background

This report presents the results of the last of four data collection strands of a dissertation research study involving the *Turn-It-Around* (TIA) workshop intervention offered by ASU Counseling Services (CS). The report is divided into three sections: Introduction and Background, Themes and Ideas Emerging from the Validation and Feedback Interviews, and Summary of Accomplishments and Concluding Thoughts. Section two summarizes the information gathered during one group meeting and eight meetings with individual clinical stakeholders held (1) to validate documentation work completed in the third data collection strand and (2) to gather feedback about the dissertation's processes and products. Table I on the next page presents the data collection plan for securing the validation and feedback information.

The clinical stakeholders cited above include clinicians from Counseling Services, the Creator of the *Turn-It-Around* workshop, and ASU's Associate Vice President for Educational Outreach and Student Services. The dissertation study was designed to investigate the feasibility of Counseling Services implementing and maintaining a sustainable program evaluation component for the *Turn-It-Around* workshop. The initial research design was intended to both develop and fully implement a comprehensive evaluation model, beginning with a retroactive planning evaluation, progressing through an implementation evaluation, and culminating with the piloting of (1) a web-based questionnaire designed to measure program outcomes and (2) a protocol for conducting follow-up qualitative interviews. The final research design was scaled back to address two objectives: program evaluability and program implementation. By completing these two evaluation phases, the dissertation project successfully laid a foundation enabling CS staff to evaluate TIA outcomes in the future using the questionnaire and interview protocol described above or other measures as desired.

The first two data collection strands of the dissertation research project included (1) a focus group of Student Rights & Responsibilities (SRR) conduct officers and (2) personal interviews with the chief conduct officers from the four ASU campuses. The SRR staff represent the principal referral source for TIA participants. Information gathered from these two data collection events, summarized in the *Student Rights & Responsibilities Focus Group and Interview Report (SRR Report)*, portray the SRR conduct officer and management viewpoints about TIA and the students they believe benefit from participating in the program. The third data collection strand was a series of meetings with the Counseling Services management team and TIA practitioners, with the Researcher facilitating a program development consultation. As reflected in the *TIA Program Theory of Action Report* and the *TIA Theoretical Construct Checklists* document, the work of these meetings produced the reference documents necessary for conducting both evaluability and implementation assessments. Documents produced include (1) a detailed description of TIA

activities, (2) a listing of TIA mission, goals, learning objectives and related desired behavioral outcomes, (3) a TIA Logic Model, and (4) a series of checklists describing the behavioral science theory underlying the TIA intervention (Stages of Change Theory and Motivational Interviewing Theory).

Table I: Final Validation and Feedback Information Gathering Plan	
Items for Review	Essential Questions
• <i>TIA Program Theory of Action Report</i> • Theoretical Construct Checklists • <i>Stages of Change & Integrated Concepts Documents</i> • <i>SRR Report</i>	1. How closely does the information in each of these documents reflect the reality of how TIA is constructed and conducted? 2. How might going through the exercise of creating this documentation affect the practice? 3. How might these documents be used? 4. What is your reaction to items in the <i>SRR Report</i>?

The information in Table II presents the ideas that emerged from an analysis of data gathered from interviews with CS staff and two additional stakeholders. The interviews, conducted between December 16, 2011 and January 10, 2012, included one group meeting and eight individual follow-up meetings. The overarching categories reflect the three global topics of discussion that developed in response to the essential questions. Items labeled A-E represent a thematic organization of the responses in each topic area. Items labeled 1-25 are repeating ideas that surfaced from the interview text.

Table II: Clinical Stakeholder Interviews Summary of Overarching Categories, Themes, and Repeating Ideas	
PROJECTED USES OF THE TIA THEORETICAL DOCUMENTS	
A. Internal Staff Training	1. Training CS staff to become TIA facilitators: Manualizing the TIA Intervention 2. Enhancing the CS Training Program capacity 3. Assisting TIA facilitators to maintain consistency and fidelity to the TIA clinical model 4. Training non-TIA facilitators to make internal referrals and prepare students for TIA
B. Outreach & Liaison Training	5. Outreach materials for CS staff to use in promoting TIA to potential referral sources 6. Training materials to help liaison staff make appropriate referrals to TIA
C. Program Theory Documentation & Baseline for Evaluation	

7. Establishment of TIA program theory of action and construct validity 8. Comparison of program theory to practice 9. Evaluation of program practice to facilitate improvement 10. Performance of impact evaluation: TIA is meant to facilitate behavior change
FACILITATOR VIEWS OF TIA
11. The TIA population is largely involuntary and presents characteristics of vulnerability 12. The TIA population presents challenges & opportunities related to their developmental status 13. TIA is a useful alternative to mandated counseling 14. Motivational Interviewing facilitates a change in perception, leading to behavior change 15. TIA capitalizes on the value students tend to place on friendship behavior 16. Completion of the <i>Wellness Profile</i> often is the turning point of engagement for TIA students
RESPONSES TO SRR REPORT
D. Better Coordination Will improve Collaborative Model
17. Establishing an annual liaison training meeting will promote ongoing program improvement 18. Establishing periodic maintenance meetings will resolve logistical problems as they emerge
E. Training Needed for Both Staffs to Better Understand the TIA Intervention
19. Adequate student engagement is necessary for determining clinical recommendations 20. CS and SRR staff view the best use of TIA somewhat differently 21. Differences in expectations & inconsistencies about referral and recommendation processes 22. CS staff treat and approach TIA as a clinical intervention, not just psychoeducation 23. CS staff consider the cost for TIA as an appropriate outcome of students' choices 24. TIA is more likely to be productive when students self select & see the value of attendance 25. Students derive more benefit from TIA if they are appropriately "prepped"

Themes and Ideas Emerging from the Validation and Feedback Interviews

This section presents the results of the fourth work session of the CS management team and subsequent individual follow-up interviews with clinical stakeholders. The Researcher compiled these results by integrating (1) the participants' statements, mostly paraphrased, with direct quotes appearing in quotation marks; (2) an interpretation of participants' viewpoints; and (3) a synthesis of the ideas derived from all the research generated during the dissertation project. Thus, the discussion included represents the clinical interviews within the context of the other information and ideas developed throughout the project. As already noted, the meetings were conducted to validate the facilitators' work session products and solicit their feedback—specifically, to gather their projections about how study outcomes are likely to affect future practice. Participant responses are organized under the *three overarching categories* that reflect the global topics of discussion and the *essential research questions* addressed.

Projected Uses of the TIA Theoretical Documents

As mentioned in the Introduction, documents generated during this project include a description and model of the TIA program, its mission/goals/objectives with related outcome measures, and documents detailing the underlying theoretical constructs of TIA. In the validation and feedback meetings, the participants envisioned ways in which having the documents and using them could impact the clinical practice of ASU Counseling Services. The participants verified the congruence of the documents with the intent and actual practice of TIA, and projected that the documents will be used for three principal purposes: (1) internal staff training, (2) outreach and liaison training, and (3) program theory documentation, providing a baseline for program impact/outcomes evaluation.

Research Questions: *How might going through the exercise of creating this documentation affect the practice? How might these documents be used? How closely does the information in each of these documents reflect the reality of how TIA is constructed and conducted?*

Projected Use #1: Internal Staff Training . . .

1. Training CS staff to become TIA facilitators: *Manualizing* the TIA Intervention
2. Enhancing the CS Training Program capacity
3. Assisting TIA facilitators to maintain consistency and fidelity to the TIA clinical model
4. Training non-TIA facilitators to make internal referrals and prepare students for TIA

The program consultation produced a set of theory-building documents that will, *first*, greatly enhance the quality and ease of training new TIA facilitators. As one clinician put it, the documentation has in effect “manualized” the TIA intervention. Until these documents were developed, the way facilitators learned to conduct the TIA workshop was to review a Power Point presentation and co-facilitate a workshop series with an experienced facilitator. As noted by TIA’s Creator, “the hardest part” of training clinicians to facilitate TIA without the kind of documentation produced during this project “was the desire to create some rigor in the absence of structure.” He stated that it is difficult for some counselors to see that “there is a method to this madness—it’s not all borne out of the personality of the facilitator,” noting that counselors less familiar with Motivational Interviewing (MI) or less mature in their practice have a tendency to ascribe the effectiveness of the program to the facilitator’s rhetorical skill, personality, or experience at large: “they can’t really see within there a structured way of thinking.” Another clinician agreed, saying that having “a laid out version of what the intervention is supposed to be and how it is supposed to work” will significantly improve TIA training, further commenting that “what we had before was an application based on the expertise of the people who were facilitating the workshop, but the methods and theory behind it were not thoroughly articulated.”

In addition to enhancing the ability to train new TIA facilitators, another likely internal use of the documents will be to enhance the CS clinical training program. As explained by the Training Director, co-facilitating TIA is something that is strongly encouraged for all counseling center trainees, from practicum, to predoctoral, to postdoctoral level counselors. He described the documents as “a fantastic tool for training” that can be given to all trainees, who then “won’t have to rely exclusively on the TIA facilitator to impart the philosophy or structure of the intervention.” Furthermore, the TIA documentation could be used to assist workshop facilitators in maintaining fidelity to the model. As noted by one TIA facilitator, a developed and documented program theory “helps me as a counselor/facilitator when I am feeling particularly stuck with a student or group by providing guiding principles and tenants that serve as a reminder of what I am trying to achieve.” Another counselor talked about how discussing and articulating thoughts and rationale of “what you are trying to accomplish in a clinical intervention” helps to “tighten up your understanding” and increase the intentionality of the counseling process. The counselor also noted that participating in the theory-building process has helped him to better integrate his understanding of how the workshop components fit together to produce the intended result: “it has given me a better sense of the four sessions in terms of what we do at the start, and where we are going in each session. There is a clearer justification of each activity along the way.” A final internal use of the documents as envisioned by clinical stakeholders is training CS staff who do not facilitate TIA to better understand the intervention so they can make more appropriate referrals and better prepare students for TIA participation. Having the TIA intervention documented with specificity will serve as a resource for any counselor considering a referral to TIA. As noted by the Clinical Director, “we can use what’s been produced to educate our own staff, many of whom are making referrals to TIA and don’t have an in-depth understanding of how the program works.”

Projected Use #2: Outreach & Liaison Training . . .

- | |
|---|
| <ol style="list-style-type: none"> 5. Outreach materials for CS staff to use in promoting TIA to potential referral sources 6. Training materials to help liaison staff make appropriate referrals to TIA |
|---|

A *second* projected use of the program theory documents is as outreach material for presentations about TIA or training materials for partner agency liaisons. The CS Director stated that the documents will help CS staff discuss how TIA works and its benefits “in a more scholarly fashion,” which will increase the credibility of the program with whomever it is being discussed. She goes on to cite the value of having scholarly documentation as an adjunct to discussing TIA to referral partners, stating that some CS staff may not know how TIA works or its underpinning theory as well as staff who actually facilitate the workshop; thus, the documents provide something “concrete to add to the credibility regarding the efficacy of TIA as a referral option.” As explained by the Clinical Director, when

TIA was first instituted, its value was based on relationships between CS staff and staff from other departments who believed TIA was a good program. When staffing turnover occurs within the various departments, having the program and its constructs documented will assist in presenting the TIA program with consistency to new staff and new units. As described by the Training Director, many people have a fairly broad and generalized concept of TIA, “which is not wrong, but which is not very thorough.” To “sell” TIA, however, requires “a good grasp of (1) how the intervention works, and (2) what students or referring staff would see as potentially something students could gain from.”

Projected Use #3: Program Theory Documentation & Baseline for Evaluation . . .

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|--|
| <ol style="list-style-type: none">7. Establishment of TIA program theory of action and construct validity8. Comparison of program theory to practice9. Evaluation of program practice to facilitate achievement10. Performance of impact evaluation: TIA is meant to facilitate behavior change |
|--|

The *third* category of use projected for the program theory documents includes establishing a baseline for (1) comparing theory to practice and (2) performing program evaluation activities. As stated by one clinician, the TIA theoretical documents demonstrate both face validity and construct validity of the intervention. He noted that determining construct validity is the first step in evaluating a program, and that going through the process of establishing a program’s construct validity facilitates all practitioners “to be on the same page,” acting to “standardize implementation across clinicians.” As applied to TIA, the clinician discussed how engaging the process of thinking through and talking about its various activities, and linking them with theory, increased confidence among TIA facilitators and CS managers regarding TIAs program logic and theory of action. He reflected that as a result of the consultation process, “we are now able to say ‘yes, this is what TIA does.’” He went on to stipulate that how well TIA accomplishes the goal of producing change “is another matter,” but “if you have confidence that the program you are conducting follows along with the program goals and clinical theory, that decreases anxiety about being evaluated because you know you are at least in the ball park.”

The CS Director agreed the program consultation process successfully produced a set of documents that reliably reflect the theory and practice of TIA, and said “this has been a great project,” describing the documents as “capturing the nuances of the theory” and how the program works. The Creator of TIA said he gives the documentation his highest approval as representing the TIA intervention as intended: “I can’t think of a stronger endorsement of the documents and work produced during this process . . . when you first showed me this, it was like you were in my head.” He also said the program description and theoretical checklists make the TIA model transparent, which is something that previously was lacking. He expressed that TIA “never had an organizing

framework . . . that could take things like the mission statement, learning objectives, and techniques and the issues associated with *Turn-It-Around*,” and “facilitate having a conversation about the program in any kind of structured way.” He further stressed that the documentation has established a groundwork for evaluation: “so what you’ve done with this is document enough behavioral specificity and enough theory that I think a reasonably trained therapist could put those two things together and put it into action very quickly. And then you should be able to measure it.” As noted by several facilitators, the “it” for the TIA intervention is “behavior change.”

Facilitator Views of the TIA Population and Intervention

The strategy employed for gathering clinician feedback about the TIA program development consultation was to begin with a standardized question routine as a road map and then allow discussion to unfold in an organic fashion to capture the information deemed most salient to the interviewees. Thus, each interview conducted followed its own course, resulting in a breadth of discussion about TIA and issues relevant to its functioning and the population on which it is focused. The information shared in this section reflects several recurring themes and issues that threaded throughout the conversations, addressing notable characteristics of the TIA population and the TIA intervention.

11. The TIA population is largely involuntary and presents characteristics of vulnerability
12. The TIA population presents challenges and opportunities related to their developmental status
13. TIA is a useful alternative to mandated counseling
14. Motivational Interviewing facilitates a change in perception, leading to behavior change
15. TIA capitalizes on the value students tend to place on friendship behavior
16. Completion of the *Wellness Profile* often is the turning point of engagement for TIA students

Embedded in all the dialogue about how TIA unfolds and accomplishes its objectives was discussion about the students comprising and potentially comprising the TIA population. The *SRR Report* presented a view of the students referred to TIA as those (1) in need of better decision making skills, (2) who would benefit from a peer learning experience, and/or (3) a more intensive intervention than other sanction options such as the online alcohol education class. Discussions with the clinical stakeholders revealed similarities to the SRR view about the TIA population, and surfaced additional observations. One observation is that the TIA population typically does not present with acute mental health issues as opposed to some students comprising the counseling center’s clientele. However, unlike other CS clients, this population is largely participating in services on an involuntary basis. Thus, at least initially, TIA participants tend to present with resistance or reluctance to engage with the

counseling staff or even within the peer group. TIA groups tend to be male dominated, with participants often initially trying to appear as “tough” with their peers, downplaying the seriousness of their circumstances. In addition, the fact that the participants do not usually know one another places them all in a vulnerable position. A further observation about the TIA population is that in terms of brain development, as noted by many of the clinicians, most students in TIA are still in the process of maturing and learning to understand causal reasoning. As a consequence, developmental issues come up organically in TIA conversations, frequently concerning decision making, and many students only begin to see their circumstances as serious when they realize their goals are in jeopardy because of a behavioral decision they made.

The TIA workshop program represents a meaningful substitute to students being mandated for counseling, as noted by one clinician: “it’s an effective alternative to shoving counseling down their throats, even though the way you would engage the students in TIA is similar to engaging them one-on-one.” A counseling strategy employed both in individual and group counseling settings is Motivational Interviewing (MI). The incorporation of MI into TIA’s strategic approach is a primary reason for the workshop’s effectiveness in that it prescribes “engaging students where they are,” by drawing them into telling their stories. By verbalizing their mistakes and responding to feedback from their peers, they begin to start thinking about their circumstances differently, and begin to make connections they didn’t make before between their behavior and the outcomes they are experiencing. Describing the effectiveness of MI, one TIA facilitator stated “it’s a matter of getting the full story from them. That sets the stage for them to begin to take responsibility for what happened.” The approach of MI in conjunction with the peer experience is an especially potent combination for working with students in a developmental stage. As explained by one facilitator, the peer experience keys into a central value for many students, which is “being a good friend,” for example, and “not being a snitch.” It is easier for a student to dehumanize police officers and other officials, thus rejecting their views and judgments, than it is to dehumanize a friend or peer’s views and judgments. By giving and receiving feedback from their peers, and by relating to their peers’ stories and circumstances, TIA participants begin to advance as a group. One facilitator described how much of the success of TIA is reflected in the group’s transformation from being unengaged to being engaged in exploring the impact of their behaviors. The catalyst often is the *Wellness Profile* exercise, where receiving their results printout provides students with documented information about their health. The profile gives them concrete numbers about how many years they may be saving or losing depending on their lifestyle choices.

Responses to the SRR Report

As noted in the Introduction, one of the topics presented for reflection and feedback in the clinical stakeholder interviews was the *Final Report of the Student*

Rights & Responsibilities Focus Group and Personal Interviews (SRR Report)
This section discusses clinical stakeholder responses to the report.

Research Question: *What is your reaction to items in the SRR Report?*

Reactions to the *SRR Report* fell into two overarching categories: (1) agreement with the recommendation that to improve the logistical administration and effectiveness of TIA as a sanction option, better coordination is in order between the ASU Counseling Services and Student Rights & Responsibilities departments; and (2) evidence suggesting that to fully leverage the TIA collaboration, more training is needed for both the CS and SRR staffs to better understand the TIA intervention.

Category #1: Better Coordination Will Improve Collaborative Model . . .

17. Establishing an annual liaison training meeting will promote ongoing program improvement
18. Establishing periodic maintenance meetings will resolve logistical problems as they emerge

Establishing annual and periodic meetings between CS and SRR was a principal recommendation of the *SRR Report*. The reaction of all clinical stakeholders was to agree that more and better communication is required for program refinement and improvement and to maintain optimal operational logistics. As noted by the Clinical Director, something addressed in the past that needs to be reinstituted is training and discussion with partner agencies pertaining to TIA as a collaborative program: “We certainly have an opportunity to become more intentional about our communication again . . . we need to resume having very specific trainings describing how we conduct TIA as well as its underlying theory.” Another clinician agreed that holding periodic meetings and an annual “meet and greet” is a good idea, noting that whenever two departments work together, there are issues that need to be addressed on an ongoing basis. Her response to the *SRR Report* was that it contained “no big surprises” but furnished reminders about the continued opportunity for communication, and that going through a program review process often highlights areas that need attention. The clinician coordinating the mandated referral process with the SRR department said that, as noted in the *SRR Report*, a collegial relationship exists between CS and SRR. She commented that she has experienced a significant level of cooperation from SRR, and “I hope they experience me as highly cooperative . . . I believe that right now we have more mandated referrals than ever before, and that system seems to be going well.” Regarding the need for maintenance meetings, she agreed with others that to keep a collaboration working well requires “occasional oiling and reworking of procedures.”

Category #2: Training is Needed for Both Staffs to Better Understand the TIA Intervention . . .

19. Adequate student engagement is necessary for determining appropriate clinical recommendations
20. CS and SRR staff view the best use of TIA somewhat differently
21. Differences in expectations and inconsistencies exist about the TIA referral and recommendation processes
22. CS staff treat and approach TIA as a clinical intervention, not just psychoeducation
23. CS staff consider the cost for TIA as an appropriate outcome of students' choices
24. TIA is more likely to be productive when students self select TIA and see the value of attendance
25. Students derive more benefit from TIA if they are appropriately "prepped"

Clinical stakeholder reaction to the *SRR Report* revealed areas of both congruence and incongruence regarding how TIA is viewed. Points of agreement include (1) the usefulness of TIA as an intervention to improve decision making and (2) the enhanced potential for successful engagement furnished by a peer experience setting. An important observation offered by one of the additional stakeholders is that the differences and inconsistencies in expectation occurring on both the interdepartmental and the intradepartmental levels point to the need for a more in-depth understanding of the TIA intervention by all involved. The stakeholder noted that one reality common to the CS and SRR departments is they both consistently are handling a high volume of cases. An outcome of that circumstance could be the tendency on the part of staff from either department to make routine referrals or recommendations as opposed to entirely engaging all students in determining the educational context of their cases. As a result, "we may not be fully leveraging TIA as an intervention." Areas presenting a divergence in departmental perception include the view of how and when TIA is best utilized as an intervention, expectations for and understandings about the referral and recommendation processes, and the nature of TIA as an intervention and connected issues such as fees and how students are recruited and prepared for TIA.

Best Use of TIA. One of the three principal reasons conduct officers cite for referring students to TIA in the *SRR Report* is the belief that it is a more intensive intervention, one that is most appropriate for students with complex issues who "just don't get it." The CS clinicians, in contrast, hold that TIA is a program especially well suited for first offenders, and after going through TIA, students should be able to make more mature, better judgments. As stated by one facilitator, all freshmen would highly benefit from TIA, and "where their brains are in development, TIA could serve as an amazing prevention program." Another clinician suggested that if the TIA program is seen as a second-tier level

intervention by SRR staff, then another program should be created to address that need, as TIA “is really intended as an early prevention tool rather than a later remediation tool.” Thus, a second-tier workshop created to differentiate between first-level and more serious offenders/offenses could accommodate the views of both staffs.

Referral and Recommendation Processes. Barriers to achieving the optimal condition of students self selecting into TIA with an expectation of gaining something useful exist in the form of inconsistencies embedded in the recruitment and referral processes. The *SRR Report* describes variation in how both staffs make referrals or recommendations to TIA, leading one clinician to comment that there seems to be a lack of consistency in how SRR staff use TIA as a referral option and how they use the consultation information furnished in a mandated referral report. Likewise, there may be differences in how CS clinicians make recommendations to TIA. A remedy suggested by one clinician to assist achieving congruence in referral and recommendation approaches is a decision-making tree specifying referral criteria and recommendation criteria. Differing viewpoints were expressed by the two staffs about the possibility that CS clinicians may use TIA as a global recommendation for mandated referrals. CS clinicians maintain that such an occurrence is unlikely, and several conduct officers agreed that their cases were not globally referred to TIA. However, an observation cited earlier noted that over reliance on a standard option could manifest when case volume is high. Having referral/recommendation criteria available as suggested above could be a helpful tool to support decision making for staff functioning under the demands and constraints of a high volume practice.

To fully address the inconsistencies in how students end up as TIA participants, attention must be devoted to areas that present apparent incongruence in approach. For example, one issue that requires resolution is the role confusion raised in the *SRR Report* which, from the SRR point of view, confounds the process and the opportunity for conduct officers to properly discharge their responsibilities. Another issue for resolution as described by a CS clinician is that TIA is more productive when students see the potential value of attending, “irrespective of whether or not they are mandated.” Thus, compliance with SRR’s request that CS counselors refrain from discussing TIA with students to avoid confusion conflicts with a fundamental strategy for optimizing the effectiveness of TIA as an intervention, which is “selling the idea of attendance” to students during mandated counseling sessions. In such instances, counselors discussing potential benefits of TIA does not represent a “turf issue,” but reflects a clinical strategy to “enhance a student’s mindset for engaging in the workshop” if he or she ends up attending TIA.

Acknowledging that inconsistencies occur in how CS counselors approach the “recommender” role, one counselor commented that sometimes CS staff clearly indicate to students that the coordinating unit, such as SRR or Housing, is the decision maker of record concerning their cases, but other times, students are engaged “in ways that suggest we have the power to make them do something,” reflecting an inconsistency in approach that needs to be addressed. As noted

earlier by the Clinical Director, the answer to avoiding confusion and inconsistency, and thus enhancing the capacity for students to benefit from TIA, is to engage in ongoing discussion of how the two departments work together with students. As noted by one clinician, for CS staff, there is a way to communicate and do the necessary prep work for TIA “without usurping somebody else’s role.” He further commented that he can sell *Turn-It-Around* to a student without giving the impression he is speaking for SRR, stressing that he would talk about TIA “as being my recommendation and how it’s a good idea,” and also incorporate SRR’s preferred message into the conversation/presentation.

Other Points of Diverging Perception. *First*, a notable point expressed in the *SRR Report* is that SRR staff view TIA as a psycheducational experience, which to them, is differentiated from “clinical treatment.” It is clear from the clinical stakeholder interviews that the TIA intervention as designed and implemented is clinical in nature, as evidenced, for example, by the confidentiality paperwork required. Other supporting evidence is reflected in the TIA theory of action documents created during the program development consultation, which detail the clinical determinants of TIA. One clinician noted that TIA can be described both as psychoeducation and as treatment, and that there is counseling that is psychoeducational. She also stated that clinically, distinguishing between counseling and psychoeducation is “a bit of hair splitting,” and she disagrees that TIA is not treatment, even though “there is a component that is psychoeducational.”

Second, an issue that emerges in any discussion about TIA is the fee charged to the students for program participation. Students frequently raise complaints that the fee is too punitive and excessive as reported by both conduct officers and counselors. The viewpoints of staff from both departments vary, with most indicating fees play a role that is, to some extent, interactive with students’ individual situational factors. Most CS clinicians consider the cost of TIA as emanating from a student’s own behavioral choices. As expressed by one facilitator, bearing the cost is an intrinsic part of the conduct process: “choices that have any kind of consequences to them can and usually do include cost or inconvenience. Part of the process of redeeming themselves is paying the price . . . so we don’t get apologetic about the cost of TIA.”

Third, a final area reflecting a difference in approach and perception—connected to the referral/recommendation processes discussed above—relates to how TIA participants are recruited into and prepared for engaging in the TIA program. Noting the Motivational Interviewing tenant that people tend to resist ideas or suggestions coming from others and thus are more likely to comply with options they themselves choose, one clinician said he believes it is possible “more often than it happens” to present the option of attending TIA in a way that students would choose it for themselves. As such, the clinician noted that developing the skill as counselors and conduct officers to help students choose TIA on their own would increase the potential for the intervention to be effective. Another strategy he suggested would enhance the effectiveness of TIA is to ensure all students are adequately prepared for the experience. The clinician

explained that the main tactic involved in such preparation is linking a concept covered in TIA with something that is of particular relevance to the student: “For example, I have a background in career development, so I may ask about a student’s plans in that area. Then, whatever the response, I circle back on that because thinking about career goals is a component of TIA.” Thus, connecting TIA with something relevant to student interest in a mandated assessment or other counseling session increases the likelihood for self selection and genuine, active participation in the TIA program.

Summary of Accomplishments and Concluding Thoughts

The process of interviewing the clinical stakeholders of the *Turn-it-Around* workshop program and subsequent synthesis and analysis of their views represents the culminating steps of an action research dissertation. The objective of action research is to produce useful and immediately usable information leading to program improvement; through a recursive pattern of identifying and implementing small improvements, action research facilitates program and practice improvement in a practical, incremental and progressive fashion.

Summary of Findings: Clinical Stakeholder Interviews

The principal findings of this report are that (1) the documentation produced during the consultation closely reflects the intent and practice of the TIA intervention as attested to by the Creator of TIA and all clinicians interviewed; (2) the clinical stakeholders envisioned that the TIA theoretical documents likely will be used for the purposes of (a) internal staff training, (b) outreach & liaison training, and as (c) program theory documentation, serving as a baseline for program evaluation; (3) in agreement with the *SRR Report* recommendations, the TIA collaborative model could be enhanced and improved through reestablishing annual planning and ongoing periodic meetings between SRR and CS staff; and, (4) more training is needed for both SRR and CS staff to establish clarity and ameliorate areas of inconsistency in the use and administration of TIA.

Summary of Program Evaluation Activities Accomplished

The *evaluability assessment* activities of the dissertation research study entailed (1) creating a TIA program model and program description, (2) determining how well defined and evaluable the TIA model is, and (3) identifying likely stakeholder uses of the products generated through the evaluation research processes. The *implementation assessment* activities of the study entailed (4) determining if TIA is being implemented with fidelity to its articulated model and (5) appraising the effectiveness of the TIA collaborative model.

Creating the Program Model. During fall, 2011 the CS management team met in a series of work sessions and individual meetings to discuss and more fully document the TIA intervention. A Mission Statement and five Program Goals were identified and defined in addition to six Learning Objectives and correlated Behavioral Outcomes. Tied to the goals and objectives identified, a comprehensive Program Description was developed that included the following sections: Statement of Need detailing why ASU needs an intervention program that positively engages students charged with conduct offenses; Overview of TIA Strategic Approach depicting the workshop's program impact theory comprised of Stages of Change Theory and Motivational Interviewing Theory; Workshop Session Outlines of each session detailing how its activities tie to achieving the session's learning objectives; and Expected Program Effects delineating the intended outcomes of TIA in terms of addressing student development needs and University risk management needs in addition to the behavioral outcomes tied to the workshop's learning objectives. In addition to the program logic documentation, Theoretical Construct Checklists were developed detailing (1) the Transtheoretical Model of behavior change and its central organizing construct of the five progressive Stages of Change, (2) the five Experiential Processes and five Behavioral Processes people employ as they move through the Stages of Change; (3) the definitions, principles, and concepts of the two-phased Motivational Interviewing counseling strategy, (4) and a schematic of how the Stages of Change & Integrated Concepts work together as students advance along a continuum of behavior change.

Assessing the Program Model. At the outset of the dissertation research study, the only documentation extant on TIA was an outline of its four workshop sessions and the activities to be carried out in each, along with a Power Point presentation containing similar information to orient new facilitators. Thus, neither the TIA program model nor implementation of that model met the readiness criteria for a program evaluation. Through the processes of creating the program theory of action documentation and vetting the quality and accuracy of the documents by (1) analysis and comparison with the behavioral science theory underlying TIA and (2) verification discussions with TIA facilitators during the fourth work session and follow-up individual meetings, the TIA program model was established as thoroughly articulated and judged as theoretically sound by clinical experts, thus meeting the conditions for evaluability.

Identifying Likely Stakeholder Uses of Evaluation Outcomes. Knowing the range of stakeholder interest in an evaluation and how those stakeholders intend to or would like to use the outcomes informs the nature and scope of an evaluation process. TIA's key stakeholders include (1) current and future student participants and (2) institutional stakeholders, which includes the unit facilitating the TIA intervention and the units referring students to the program. Stakeholders not involved in the dissertation study carried out include the student participants due to the scope of the evaluation design. Likely uses of the evaluation outcomes identified before the project commenced include (1) *program development*, with expectations that TIA's program theory would be

documented; (2) *program improvement*, with expectations that stakeholder insights would surface operational issues for resolution and ideas to enhance TIA effectiveness; and (3) *program evaluation*, with expectations that a comprehensive plan would be designed and groundwork laid for ongoing evaluation activities. The evaluation outcomes of the dissertation study fulfilled all the expectations noted above and have been described throughout this report.

Assessing Program Implementation. An implementation evaluation, also known as “program process evaluation,” focuses on the operational activities and performance of a program once it has been established. This type of evaluation seeks to determine (1) if, and how effectively, a program is reaching its intended target population and (2) relative effectiveness of its tactical activities in accomplishing program goals including level of fidelity to design intent. As distinguished from program progress *monitoring*, which entails the routine ongoing assessment of an established program’s operations and outcomes, a program process *evaluation* is a discrete event intended to furnish formative feedback to help ensure a program is operating efficiently and according to design; a process evaluation also can serve as a component of a full impact evaluation. All data collection events in the dissertation study contributed to the assessment of TIA’s implementation. As noted above, the evaluability assessment reflecting the input and analysis of the clinicians responsible for designing and facilitating TIA established that the workshop activities are being operationalized with close fidelity to the tenants of its program impact theory. The data gathered and reflected in the SRR report as well as information derived from the clinical stakeholder interviews have provided insight into operational improvement opportunities and important topics for discussion and resolution by program managers and appropriate stakeholders.

Concluding Thoughts

The dual focus of this report was to present the clinical stakeholder perspective about (1) the TIA theory documents and (2) how the processes and outcomes of a program development consultation project likely will affect the *Turn-It-Around* workshop program. Information gathered from the clinician interviews (detailed more in Appendix A) expanded and built upon the profile of TIA participants that emerged from an earlier interview process with judicial conduct officers, and further highlighted the fact that, in terms of age and behavioral acumen, most TIA participants still are in a developmental stage concerning their capacity for causal reasoning. This reality presents a challenge as well as a unique opportunity to provide a developmental intervention that could capitalize on and convert the plight of “being in trouble” into an engaging, transformative growth experience for ASU students, furnishing them with a chance to enhance their decision making skills and better understand how their behaviors affect their life goals. The dissertation research project carried out two phases of a comprehensive program evaluation by completing assessments of evaluability and implementation, and set the stage for the next level of program

evaluation activity, outcomes assessment and/or impact evaluation. The relative usefulness of the TIA consultation project is the usability of its outcomes as seen by the clinical stakeholders. The study produced practical outcomes for immediate use—generated by the program stakeholders themselves—in the form of documentation to be used for training, outreach, and a platform for further program evaluation, and an outline of discussion topics detailing operational and program improvement opportunities.

APPENDIX P

TIA WEB-BASED QUESTIONNAIRE

TURN-IT-AROUND WORKSHOP SURVEY

PART I: INFORMATION LETTER

Dear Turn-It-Around Participant,

I am a doctoral candidate under the direction of Dr. Christopher Clark in the Mary Lou Fulton Teachers College at ASU. This survey is part of a research study on the effectiveness of Turn-It-Around (TIA). Data gathered from this survey will be used as part of my dissertation research, which will develop and test a sustainable model for evaluating counseling programs at ASU. I am seeking 60 students to complete this survey; the time required is approximately 20-25 minutes. Participants who complete the survey will receive a \$25 iTunes gift card or an ASU Sun Devil Dining card worth \$25 that can be used at any food vendor on campus.

Overview of Survey Structure and Terms of Participation

There are four “parts” to this survey. Part I describes your rights as a study participant and how the information gathered will be used. Part II asks a set of demographic questions. Part III presents four questionnaires, each representing a particular focus. In Part III, you are asked to respond to questions from two viewpoints, first from the perspective of how you feel “now,” after TIA participation. Then, you are asked to think back to just prior to participating in TIA, and to respond from the perspective of how you felt “before,” prior to TIA. Part IV provides an opportunity to furnish feedback and recommendations to program administrators and information about a follow-up interview. Your involvement with this study will entail completing the questionnaires described above. You have the right not to answer any questions and to stop participation at any time. Participation in this study is completely voluntary. If you choose not to participate or you withdraw at any time, there will be no penalty. To participate, you must be 18 years of age or older.

Use of Study Information

Information gathered from this study will help workshop facilitators and Counseling Services management better understand the experiences of students before referral to TIA and to receive feedback from participants on the usefulness and effectiveness of workshop content. A potential benefit of participation is the opportunity to critique the merits of Turn-It-Around and offer suggestions for improvement. Because this study may facilitate enhancement of TIA’s effectiveness, your input could benefit ASU students by improving one aspect of the ASU judicial process. There are no foreseeable risks or discomforts to your participation. Results of this study may be used in reports, presentations, or publications but your name will not be used.

Participant Confidentiality Including Use of Names

Information collected from the survey will be kept strictly confidential. This web-enabled survey utilizes enhanced security to protect confidentiality that incorporates SSL (secure sockets layer), the technology developed by Netscape to encrypt data, and used for transporting confidential data such as credit card information via the internet. I will be the only one who knows the code to access survey data. In Part II of this survey, you are asked to enter your name. This information will be used for two purposes. First, to prepare an iTunes gift card or ASU Sun Devil Dining card for those completing the survey. Second, for use in follow-up in-person interviews with up to twelve (12) students. For those interviews, survey answers will be printed to create a report to be used for student review and comment. Following these interviews, all names will be removed from the dataset, and each participant will be assigned a sequential number. Thus, your name will not remain attached to your survey answers. At no time will anyone from ASU Counseling Services or other ASU departments have access to your survey answers. Results of this survey will be reported primarily as summary, aggregate data. If individual free-text responses are reported, no identifying information will be included.

Consent to Participate

If you would like to participate in this research project by completing this survey, please click “yes” to continue.

Following is the contact information for myself and the Principal Investigator should you have any further questions:

Sheila Lacey, Co-Investigator and Interviewer
480-223-2594 (or slacey@asu.edu)

Dr. Christopher Clark, Principal Investigator
480-275-7115 (or cclark8@asu.edu).

Chair, Human Subjects Institutional Review Board
ASU Office of Research Integrity and Assurance
480-965-6788 (if you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk)

☐ Yes

☐ No

Question Logic:

For “Yes” Option . . . go to “Part II: Participant Information”

For “No” Option . . . go to “Survey Exit”

**TURN-IT-AROUND WORKSHOP SURVEY
PART II: PARTICIPANT INFORMATION**

Directions:

To help the program administrators better understand the students participating in the *Turn-It-Around* Workshop please provide the following information.

Questions:

1. Name (Last Name, First Name; remember, your name will be deleted at the end of the information gathering process and will not remain connected to your answers)
at the end of the information gathering process and will not remain connected to your answers)
2. Gender:
 - a. Female
 - b. Male
 - c. Transgender
3. Racial or Ethnic Identity:
 - a. American Indian or other Native American
 - b. Asian, Asian American or Pacific Islander
 - c. Black or African American
 - d. White (non-Hispanic)
 - e. Mexican, Mexican American, Puerto Rican, Other Hispanic or Latino
 - f. Multiracial
 - g. Other
 - h. I prefer not to respond
4. Year in School
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Other
5. What is your major? (Indicate “undecided” if you have not yet selected a major.)
6. In regard to my tuition classification, I am considered:
 - a. In-state
 - b. Out-of-state
 - c. International
7. Residential status
 - a. Live on campus
 - b. Live off campus
8. What judicial infraction were you charged with?

9. Have you attended TIA in the past?
10. Do you belong to a fraternity or sorority?
11. Please select whether you prefer an iTunes gift card or an ASU Sun Devil Dining card
 - a. iTunes gift card
 - b. ASU Sun Devil Dining card

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TURN-IT-AROUND WORKSHOP SURVEY
PART III, SECTION 1: PROCESSES OF CHANGE QUESTIONNAIRE

Overview: In the *Processes of Change Questionnaire*, each statement you encounter will describe a situation or thought a person might use to overcome a problem behavior. When answering this set of questions, keep in mind the following: (1) For the purpose of this questionnaire, the “problem” represents the action or behavior leading to your participation in TIA; (2) The questionnaire is designed to determine what strategies you use to deal with the problem.

Directions: Please select the response that best indicates how often you may use or have used the situation or thought described. First respond from your viewpoint “now,” after completing TIA. Next, think back to your viewpoint “before,” just prior to participating in TIA.

Response Scale: = Never 2= Seldom 3= Occasionally 4 = Frequently 5 = Repeatedly {Distinct columns provided for “Present” and “Past” time frames.}

Questions:

1. I get upset when I think about my problem behavior.
2. I stop to think about how my problem behavior is hurting people around me.
3. I find that keeping myself busy reduces my desire to engage in my problem behavior.
4. I avoid people I hang out with when engaging in my problem behavior.
5. When I am tempted to engage in my problem behavior, I distract myself by doing something else.
6. I have someone who listens when I need to talk about my problem behavior.
7. I see advertisements and/or news stories on T.V. about how society views my problem behavior.
8. I spend time with people who reward me for not engaging in my problem behavior.
9. I am ashamed of some of my actions when I engage in my problem behavior.
10. Someone in my life tries to make me feel good when I do not engage in my problem behavior.
11. I have strong feelings about how much my problem behavior has hurt the people I care about.
12. I see some signs in public places encouraging people not to engage in my problem behavior.
13. I have heard that engaging in my problem behavior may result in mood swings and depression.
14. I stop and think that my problem behavior is causing problems for other people.
15. I feel ashamed or disappointed in myself when I feel dependant on engaging in my problem behavior.

16. I am frightened by some of the situations I have found myself in as a result of engaging in my problem behavior.
17. I find it helpful to do something physically active to keep from engaging in my problem behavior.
18. I leave places where people are engaging in my problem behavior.
19. I have someone who tries to share their personal experiences with me about when they have engaged in my problem behavior.
20. Other people in my daily life try to make me feel good when I'm not engaging in my problem behavior.
21. Information from the media (magazines, news, radio, T.V.) about my problem behavior seems to catch my eye.
22. I make commitments to myself to not turn to my problem behavior at times when I am feeling anxious or unsure of myself.
23. I feel frightened by the strength of my desire to engage in my problem behavior.
24. I tell myself that if I try hard enough, I can keep from engaging in my problem behavior.
25. Dramatic portrayals of the dangers of engaging in my problem behavior affect me emotionally.
26. I stay away from places generally associated with my problem behavior.
27. I notice some people who are quitting their problem behavior make known their desire not to be pushed into continuing the behavior.
28. I have heard about medical problems that could result from engaging in my problem behavior.
29. I tell myself that I do not need to engage in my problem behavior to make me feel good about myself.
30. I have someone I can count on when I'm having difficulties related to my problem behavior.

	<u>Process of Change</u>	<u>Items</u>		<u>Alpha</u>	
Processes of Change Questionnaire: Adapted from <i>Cocaine:</i> <i>Processes of Change Questionnaire</i> (the Cancer Research Prevention Center, retrieved from www.uri.edu/)	Consciousness Raising	13	21	28	.74
	Counter Conditioning	3	5	17	.78
	Dramatic Relief	16	23	25	.70
	Environmental Reevaluation	2	11	14	.84
	Helping Relationships	6	19	30	.82
	Reinforcement Management	8	10	20	.81
	Self Liberation	22	24	29	.74
	Self Reevaluation	1	9	15	.79
	Social Liberation	7	12	27	.60
	Stimulus Control	4	18	26	.85

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TURN-IT-AROUND WORKSHOP SURVEY
PART III, SECTION 2: UNIVERSITY OF RHODE ISLAND
CHANGE ASSESSMENT (URICA) QUESTIONNAIRE
(McConnaughy, Prochaska & Velicer, 1983)

Overview: In the *URICA Change Assessment Questionnaire*, each statement you encounter will describe how a person might feel when beginning the workshop. When answering this set of questions, keep in mind the following: (1) For the purpose of this questionnaire, the “problem” means the action or behavior leading to your participation in TIA; (2) “Here” refers to your participation in the *Turn-It-Around Workshop*;

Directions: Please select the response that best indicates the extent to which you agree or disagree with a statement. First respond from your viewpoint “now,” after completing TIA. Next, think back to your viewpoint “before,” just prior to participating in TIA.

Response Scale: Strongly disagree, disagree, undecided, agree, and strongly agree. {Distinct columns provided for “Present” and “Past” time frames.}

Questions:

1. As far as I’m concerned, I don’t have any problems that need changing.
2. I think I might be ready for some self-improvement.
3. I am doing something about the problems that had been bothering me.
4. It might be worthwhile to work on my problem.
5. I’m not the problem one. It doesn’t make much sense for me to be here.
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.
7. I am finally doing some work on my problem.
8. I’ve been thinking that I might want to change something about myself.
9. I have been successful working on my problem, but I’m not sure I can keep up the effort on my own.
10. At times my problem is difficult, but I’m working on it.
11. Being here is pretty much of a waste of time because the problem doesn’t have to do with me.
12. I’m hoping this place will help me to better understand myself.
13. I guess I have faults, but there’s nothing that I really need to change.
14. I am really working hard to change.
15. I have a problem and I really think I should work on it.
16. I’m not following through with what I had already changed as well as I had hoped, and I’m here to prevent a relapse of the problem.
17. Even though I’m not always successful in changing, I am at least working on my problem.
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.

19. I wish I had more ideas on how to solve my problem.
20. I have started working on my problems but I would like help.
21. Maybe this place will be able to help me.
22. I may need a boost right now to help me maintain the changes I've already made.
23. I may be part of the problem, but I don't really think I am.
24. I hope that someone here will have some good advice for me.
25. Anyone can talk about changing; I'm actually doing something about it.
26. All this talk about psychology is boring. Why can't people just forget about their problems?
27. I'm here to prevent myself from having a relapse of my problem.
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.
29. I have worries but so does the next guy. Why spend time thinking about them?
30. I am actively working on my problem.
31. I would rather cope with my faults then try to change them.
32. After all I had done to try and change my problem, every now and again it comes back to haunt me.

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TURN-IT-AROUND WORKSHOP SURVEY

PART III, SECTION 3: DECISIONAL BALANCE QUESTIONNAIRE

Overview: In the *Decisional Balance Questionnaire*, each statement you encounter will describe a benefit (the pros) or detriment (the cons) of changing. When answering this set of questions, keep in mind the following: for the purpose of this questionnaire, the “problem” means the action or behavior leading to your participation in TIA.

Directions: Please select the response that best indicates the item’s importance in influencing you to act or not act to change the problem behavior. First respond from your viewpoint “now,” after completing TIA. Next, think back to your viewpoint “before,” just prior to participating in TIA.

Response Scale: 1 =Not Important, 2 =Slightly Important, 3 =Somewhat Important, 4 =Quite Important, 5 =Extremely Important. {Distinct columns provided for “Present” and “Past” time frames.}

Questions:

1. Some people would think less of me if I change.
2. I would be healthier if I change.
3. Changing takes a lot of time.
4. Some people would feel better about me if I change.
5. I’m concerned I might fail if I try to change.
6. Changing would make me feel better about myself.
7. Changing takes a lot of effort and energy.
8. I would function better if I change.
9. I would have to give up some things I enjoy if I change.
10. I would be happier if I change.
11. I get some benefits from my current behavior.
12. Some people could be better off if I change.
13. Some people benefit from my current behavior.
14. I would worry less if I change.
15. Some people would be uncomfortable if I change.
16. Some people would be happier if I change.

Decisional Balance: Pros and Cons of Changing adapted from *Changing for Good* (Prochaska, Norcross & DiClemente, 1994, p. 169). Pros of changing score: add odd numbered items; Cons of changing score: add even numbered items. For people in the pre-contemplation stage, the mean score on the pros of changing is ~21. One SD = 7; For people in the contemplation stage, the mean score on the cons of changing is ~21. One SD is 8; Readiness for change requires both 1SD above the mean on the pros and .50 SD below the mean on the cons.

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TURN-IT-AROUND WORKSHOP SURVEY

PART III, SECTION 4: READINESS RULER QUESTIONNAIRE

Overview: In the Readiness Ruler Questionnaire, each question you encounter will address the relative importance to you and/or confidence you have as it pertains to disengaging from the problem behavior. When answering this set of questions, keep in mind the following: (1) For the purpose of this questionnaire, the “problem” means the action or behavior leading to your participation in TIA; (2) In answering these questions, think of a “ruler” that is numbered from 0 to 10, with “0” as the low point and “10” the high point on the scale. Directions: Please select the response that best indicates your level of importance and confidence. First respond from your viewpoint “now,” after completing TIA. Next, think back to your viewpoint “before,” just prior to participating in TIA.

Response Scale: 0 = Not at all Important or Confident, 10 = Extremely Important or Confident; 0 = Not at all Likely, 10 = Extremely Likely. {Distinct rows provided for “Present” and “Past” time frames.}

Questions:

1. How important is it for you to change your problem behavior?
0= Not at all Important 10= Extremely Important
2. How confident are you that if you decided to quit your problem behavior you could make that change?
0= Not at all Confident 10= Extremely Confident
3. How important is it for you to stop engaging in your problem behavior?
0= Not at all Important 10= Extremely Important
4. How confident are you that you could leave your problem behavior behind if you decided that is what you really want?
0= Not at all Confident 10= Extremely Confident
5. How likely is it that you will repeat the action for which you were sanctioned?
0= Not at all Likely 10= Extremely Likely
6. Why did you select the rating in number 5 above?

Motivational Readiness Indicators: Importance and Confidence Rulers

adapted from *Motivational Interviewing: Preparing People for Change* (Miller & Rollnick, 2002, p. 53)

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TURN-IT-AROUND WORKSHOP SURVEY
PART IV: PARTICIPANT FEEDBACK, PAGE 1

Directions:

This section allows you to respond more in-depth and in your own words. Please share any feedback you would like to provide to the TIA administrators, including a critique of the program and recommendations for improvement.

Question:

From the perspective of someone who has experience with the ASU judicial system, what do you think officials from ASU, the Offices of Student Rights and Responsibilities, Residential Life, ASU Police, and ASU Counseling Services need to know or better understand?

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**TURN-IT-AROUND WORKSHOP SURVEY
PART IV: PARTICIPANT FEEDBACK, PAGE 2**

Thank you for taking the TIA Workshop Survey!

As noted in the Information Letter, a \$25 iTunes gift card or an ASU Sun Devil Dining card worth \$25 will be issued to students completing this survey. The card will be available for pick up at the front desk of ASU Counseling Services three (3) business days following survey completion.

We sincerely appreciate your feedback about TIA, and would like to interview a few students in person or via telephone. Students participating in the Follow-up Interview will receive a \$40 iTunes gift card or an ASU Sun Devil Dining card worth \$40. If you would like more information, please check "yes" below.

Question:

Would you consider being interviewed in-person or via telephone? A "yes" response is not an agreement to participate.

☐ Yes

☐ No

Question Logic:

For "Yes" Option . . . go to "Follow-up Interview Information Page"

For "No" Option . . . go to "Survey Exit"

**TURN-IT-AROUND WORKSHOP SURVEY
FOLLOW-UP INTERVIEW INFORMATION PAGE**
{For “no” option, this page skipped}

Dear {TIA Completer}:

Thank you for inquiring about the Follow-up Interview. I will be conducting face-to-face or telephone interviews with up to a dozen (12) students to gather more participant opinions and feedback about their experiences with *Turn-It-Around*. During the interview process, I will furnish each student with a summary report that presents a comparison of their survey responses representing the “before” and “after” TIA participation viewpoints. The Follow-up Interview will require approximately 40-45 minutes. Participants who complete the interview will receive a \$40 iTunes gift card or an ASU Sun Devil Dining card worth \$40 that can be used at any food vendor on campus.

If you would like to participate in a follow-up interview, please provide me with your telephone contact information.

Please enter your telephone contact information in the spaces provided below.

Enter numerals only (no spaces, dashers, or parentheses). Example: 6029192000

Primary:

Secondary:

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**TURN-IT-AROUND WORKSHOP SURVEY
SURVEY EXIT**

{This is the end of the survey for those selecting “not”
to the Follow-up Interview}

We sincerely appreciate your time and consideration. Thank you!

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APPENDIX Q

TIA FOLLOW-UP INTERVIEW PLAN

Prelude to Interview:

For in-person interviews, Researcher will greet and thank the participant for coming, then review the *Information Letter* (consent form) and secure his or her signature on the document. The Interviewer will provide a copy of the signed form following the interview.

For telephone interviews, Researcher will review the contents of the *Information Letter* (consent form) with participant and secure his or her consent to proceed with the interview, and to audiotape the session. A copy of the form signed by the Researcher will be provided in an envelope enclosed with the participant's ASU Sun Devil Dining card to be picked up at the ASU Counseling Services front desk.

Introduction:

The Researcher will begin by describing what will be covered in the Follow-up Interview, which includes questions about (1) the TIA Workshop Survey, (2) each participant's individualized report of questionnaire results, (3) the TIA workshop, and (4) the Follow-up Interview.

Questioning Route:

TIA Workshop Survey

1. How long did it take for you to complete the TIA Workshop Survey?
2. Was the number of questions in the survey too many, about right, or too few?
Directions: For the next question set, please rate how "easy or hard" the survey was to answer, with 1 being "easy" and 5 being "hard."
3. How easy or hard was the survey to use (technology)?
4. How easy or hard was it to understand and follow the directions for answering questions in each section? (Participants will reference *Clarity of Directions Assessment* document when answering this question.)
 - a) Processes of Change (both, "before" and "after" directions)
 - b) URICA (both, "before" and "after" directions)
 - c) Decisional Balance Scale (both, "before" and "after" directions)
 - d) Readiness Ruler (both, "before" and "after" directions)
5. How hard or easy was it to answer the same questions about your viewpoint (or how you were thinking) first "after," and then "before," participating in TIA?
6. Do you have any further comments/feedback about the after, then before structure of the survey?

Individual Change Profile Reports

For these questions, each student will receive a summary report that presents a comparison of their survey responses representing the “before” and “after” TIA participation viewpoints. The Researcher will present *Individual Change Profile* reports and document responses following the *Participant Response Guide*.

7. Processes of Change Questionnaire (profile of participant “change processes” utilization)
8. URICA Stages of Change Questionnaire (participant “readiness to change” profile and score)
9. Decisional Balance Scale Questionnaire (profile of participant “pros” and “cons” of changing)
10. Readiness Ruler Questionnaire (profile or “importance” and “confidence indicators”)
11. Self report about the likelihood of repeating the behavior leading to the judicial sanction

Turn-It-Around Workshop

12. What did you learn or gain from attending TIA?
13. Do you recall anything about decision making that may be helpful to you in the future?
14. Do you recall anything about self-care that may be helpful to you in the future?
15. What does “to choose a behavior is to choose its consequence” mean to you?
16. What needs to change about TIA?

Final Question Set

Participants will be directed to complete the Follow-up Interview Feedback web survey.