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Evaluating Services for Women with Co-Occurring Disorders and Histories of Trauma: Challenges and Lessons Learned

Editorial Staff

As the *Women, Co-Occurring Disorders and Violence Study* (WCDVS) enters its final stages, valuable lessons have been learned regarding the development of integrated, trauma-informed and trauma-specific services for women with substance abuse and mental health disorders who have histories of violence. Many of these lessons are related to evaluation, a central component of the project. The knowledge that has materialized is important for understanding useful strategies for evaluating services for women with these experiences.

This edition of *The Tapestry* highlights some of the lessons that have emerged around aspects of the evaluation. The piece on instrument design discusses the process by which consumer/survivor/recovering (C/S/R) women influenced the research design and development of the instrument. The article on interviewing describes the methods used to prepare interviewers for their roles and highlights a few of the lessons to come

out of the interviewing process. The piece on recruitment and retention features several techniques used by WCDVS sites to maximize recruitment and retention efforts. The article on the Children's Study describes the intervention and evaluation and discusses some of the issues and challenges that emerged. The News from the Sites column provides a summary of what sites have learned from participating in a cross-site evaluation of programs and services for women with co-occurring disorders and histories of violence. The Resource column features various materials related to evaluation.

The knowledge that has materialized is important for understanding useful strategies for evaluating services for women...

Let us hear from you. You can email us at: dawn.moses@familyhomelessness.org or send a fax or letter to Dawn Jahn Moses, The National Center on Family Homelessness, 181 Wells Avenue, Newton Centre, MA 02459; fax number 617-244-1758. ■

The resources featured in this edition of *The Tapestry* focus on issues related to evaluation. Space limitations preclude exhaustive coverage here, but we welcome readers' suggestions for future resource columns.

RETENTION

An Evaluator's Guide to Detecting Attrition Problems

M. Foster, L. Bickman
Evaluation Review, 20(6), 1996

This article reviews simple methods for detecting attrition in longitudinal evaluations.

Factors Encouraging Cohort Maintenance in a Longitudinal Study

J. Marmor, S. Oliveria, R. Donahue, E. Garrahe, M. White, L. Moore, & R. Ellison
Journal of Clinical Epidemiology, 44(6), 1991, 531-5

This article discusses strategies that were used to minimize attrition in the Framingham Children's Study. Quality of communication with study participants and the subjects' perceived importance of the research were determined to be the most important factors in retaining participants.

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Collaboration in Instrument Design: Working Together to Better Understand

Ruta Mazelis

Women and Violence Coordinating Center

The development of the research instrument utilized in the *Women, Co-Occurring Disorders and Violence Study* required the collaboration of a great number of people, including the federal project officers, site representatives, and members of the Coordinating Center. Researchers, administrators, and clinicians joined with consumer/survivor/recovering (C/S/R) women to create an instrument that could capture the experiences of the research participants in the most thorough, informative, and respectful way. This was a painstaking and tenuous process at times, one that required commitment and collaboration from all concerned.

C/S/R women, women with lived experiences of recovery from abuse, mental health and substance use, were involved in all aspects of the *Women, Co-Occurring Disorders and Violence Study*. They participated in both local and cross-site activities and were involved in the development of the services, research design, and the creation of project literature. C/S/Rs from the individual sites served as co-chairs of all the Steering Committee subcommittees and had a representative to the Executive Committee. C/S/R women had an individual vote in all Steering Committee decisions, developed their own training and networking activities, and facilitated the development of peer-driven services at some of the participating sites.

There were several areas of the research design that were strongly impacted by the knowledge of the C/S/R women. From their experiential expertise, C/S/R women strongly

encouraged the steering committee to consider adding a measure of consumer satisfaction and/or empowerment, refining their current questions about parenting and custody/loss concerns, increasing their sensitivity to issues of culture and race, and considering the measurement of historical and current trauma from a survivor's perspective.

Both C/S/R women and evaluators were initially concerned about the impact of the instrument on the well-being of the women who would agree to be respondents. The extensive length of the questionnaire and the need for great sensitivity in the sections dealing with parenting and abuse history were areas addressed early on in the development of the cross-site instrument. Sensitivity and C/S/R input were particularly important during the development of the section dealing with traumatic life events.

Regarding questions about traumatic history, and after review of several instruments, the group chose to utilize a revised version of the Life Stressor Checklist. Modifications were made to decrease the negative impact of some questions and increase the clarity of others. For example, it was decided that requesting age specificity at the time of childhood sexual assault was not effective, and that asking the respondent to consider a particular block of time as determined by attendance or lack of attendance in school would be more useful. It was deemed unnecessary and overly stressful to request disclosure of the specific form of penetration a sexual assault survivor experienced. Also, due to the nature of trauma awareness,


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repression, and suppression, a decision was made to repeat questions regarding lifetime abuse experiences at six and twelve month intervals, and not only at the initial interview. This particular decision should facilitate knowledge development regarding how survivors manage and disclose their awareness of their traumatic histories.

As the instrument was being developed, a C/S/R woman identified aspects of trauma survival that were missing from the measures, and the group decided that a section on the various ways in which women cope with trauma should be included. Since no instrument was discovered to address this area, it was written by the C/S/R and voted for inclusion by the analysis subcommittee.

The importance of attending to coercion, forced treatment and institutional abuse was another issue raised by C/S/R women, and subsequently questions on these issues were included in the instrument. While including a measure of consumer empowerment added too much to the length of the instrument, a measure of consumer satisfaction was included. This section

was intended to assess consumer satisfaction with various service providers, the integration of services, and clinician focus on strengths-based and consumer-directed care.

In order to capture women's experiences most effectively, several qualitative questions were added to the instrument, including a question at the end of the traumatic life events section, as well as a final two question section, asking what was most helpful and most hurtful to the respondents. C/S/R involvement in the analysis groups dealing with these qualitative questions has been crucial in providing a perspective on the answers given.

As the development of the instrument progressed and neared completion, the analysis subcommittee elected a small group of members to complete the final draft. C/S/R women were significantly represented in this work group as their unique voice was clearly necessary to inform the development

of the instrument. C/S/R women were also involved in the training of interviewers, and focused on addressing issues of interviewer as well as respondent stress, culture and diversity, coercion and the ability to respond accurately, and concerns regarding retention.

C/S/R involvement in the research continues through involvement in the analysis of the results, as well as the publication and dissemination process. The unique perspective of persons in recovery has greatly enhanced thinking about the results and their interpretation. For example, C/S/Rs have cautioned clinicians as well as evaluators to consider recovery as a cyclical process rather than a linear one. With this perspective in mind, it becomes imperative that healing be assessed as much by consumer voice as by symptom identification. It was pointed out that a decrease in symptoms may not always be representative of recovery, as an increase in symptoms can be expected when dealing with historical trauma; this should not be immediately interpreted as an increase in pathology.

C/S/R women will co-author some of the cross-site and site-specific papers currently being written, as well as a C/S/R paper describing the evolution of C/S/R voice throughout the history of the project. C/S/R women have been involved in conference presentations regarding the *Women, Co-Occurring Disorders and Violence Study* at national professional as well as consumer conferences. C/S/R women are also publishing on topics specific to issues of recovery, such as culture, and will hopefully continue to address the learnings gained from this project. ■

The unique perspective of persons in recovery has greatly enhanced thinking about the results and their interpretation.

RESOURCES

Maintaining Response Rates in Longitudinal Studies

D.S. Freedman, A. Thornton, & D. Camburn
Sociological Methods and Research, 9(1), 1980, 87-98

This article describes techniques used to minimize response loss in a longitudinal study that maintained an 89% response rate. These techniques centered on the difficulties involved in locating respondents and maintaining respondent cooperation over repeated interviews.

Minimizing Attrition in Longitudinal Studies of Special Populations: An Integrated

Management Approach
A.S. Coen, D.C. Patrick & D.L. Shern
Education and Program Planning, 19(4), 1996, 309-319

This article describes an approach for minimizing attrition developed by the Colorado Treatment Outcome Study, a study of individuals with serious and persistent mental illness. It emphasizes the partnership of various parties, including the community, respondents, interviewers, and management. It incorporates strategies such as respect for the respondent, confidentiality, information systems, staff selection, supervision, training, and tracking techniques.

**Predictors of Attrition
in a Longitudinal Study
of Substance Abusers**

R.E. Claus, L.R.
Kindleberger
& M.C. Dugan
*Journal of Psychoactive
Drugs*, 34(1), 2002,
69-74

This article examines the influence of demographic, clinical, and process factors on attrition from a longitudinal study of substance abusers. Procedures that may help decrease study attrition in this population are discussed.

**Staying in Touch:
A Fieldwork Manual
of Tracking Procedures
for Locating Substance
Abusers for Follow-Up
Studies**

Center for Substance
Abuse Treatment,
Department of Health
and Human Services
National Evaluation
Data and Technical
Assistance Center
www.samhsa.gov

This manual is designed to help substance abuse treatment program evaluators establish systems and procedures for tracking substance abuse clients to maximize study retention. It offers numerous techniques, from simple to more indirect approaches for locating respondents.

Experiences from the Interviewing Process: From Planning to Implementation

*Brandy D'Ambrosio
Wendy Vogel*
Women and Violence Coordinating Center

The interviews conducted with women at baseline, six and twelve months provided the core information for the *Women Co-Occurring Disorders and Violence Study* outcome evaluation. These interviews were intended to assess trauma, mental health and substance abuse symptoms. The research interviewers who conducted these interviews at each of the study sites played critical roles in the study. Their work was essential for capturing the stories and experiences of the women being served. A variety of training methods were employed at both the cross-site and site levels to prepare interviewers for their work. As the interviews neared completion, valuable information emerged regarding this process.

Developing the Instrument

The development of the WCDVS standardized cross-site baseline instrument was a collaborative effort by members of the steering committee, including site representatives, federal project officers, C/S/R women, and Coordinating Center staff. The instrument combined standardized measures with significantly modified measures and some completely new measures. In order to access a culturally diverse sample of women, researchers developed a Spanish version of the instrument. The baseline instrument addressed both lifetime and current experiences in the areas of substance use, trauma, mental health, physical health, parenting, social support, empowerment, treatment, service use and consumer satisfaction with services. In addition, there were several qualitative items that addressed traumatic or stressful events and things

that have hurt or helped the respondent's healing and recovery. As a result of this convergence of measures covering multiple domains, the instrument was quite complex and sensitive in nature. Consequently, it became evident early on that extensive preparation and training of research interviewers would be required in order to carry out the study's commitment to human subjects protections and cultural sensitivity, as well as scientific rigor.

Interviewer Training

In November 2000, a 2-day research interviewer training meeting, sponsored by SAMHSA, was held in Tampa, Florida to prepare each of the nine study sites for the intense data collection effort. The primary focus of this meeting was to provide

research interviewers with an in-depth description of the study design details, an item-by-item overview of the screening forms and baseline instrument, standardized interviewing concepts and techniques, human subjects protections processes, and instruction on special interview situations and safety procedures. The training was heavily interactive and, in addition to informative presentations, there were several interviewer practice sessions using role-play and vignettes, as well as general question and answer sessions with the entire group. The training was videotaped and an edited version of the tape, including summaries of all decisions made at the training, was distributed to each of the study sites. All meeting materials were updated based on decisions made at the training, and re-distributed to the sites. The overall goal of the research interviewer training was to

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ensure scientific rigor by establishing a common standardized interviewing protocol across all nine study sites, as well as to develop common strategies and procedures for ensuring the safety and comfort of the respondents.

Lessons and Themes

Much has been learned from the interviewing process for the WCDVS. There are many issues to consider in preparing and supporting staff and participants through this. The summary below describes some of the strategies used by sites, and highlights the themes that emerged.

Interviewer Support

The use of interviewer support mechanisms was critical to the interviewing process. To help ensure positive experiences for the interviewers and participants, many sites chose to implement a diverse array of support strategies. Besides attending the cross-site training session, interviewers underwent an intensive training process beforehand that included basic interviewer skills development, one-on-one preparation with supervisors, mock interviewing and establishing familiarity with the instrument. This support continued once the interviews began. Most sites held regular team meetings to check in on progress. This time was also used to respond to questions, discuss concerns and manage scheduling issues. At many sites, supervisors would listen to tapes of their interviewers, later meeting with them to discuss their techniques and how difficult portions of the interview were handled. One site also tried this method during team meetings where they listened to portions of tape and followed with group discussion.

Interviewers could receive one-on-one support from their supervisors as needed. Many interviewers appreciated and took advantage of the opportunity to work through problems and concerns individually with

their supervisors. While supervisory support proved to be extremely beneficial, the support interviewers received from one another was equally helpful. They were pleased to have the opportunity to debrief with one another, particularly after meeting with participants who had especially difficult stories to tell or who were currently in difficult situations.

In addition to the emotional support interviewers received, sites instituted a variety of safety supports to protect interviewers while in the field. A critical aspect of the training process was its emphasis on safety for both the interviewers and respondents. Sites provided support by

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establishing safety policies and providing interviewers in the field with cellular telephones and access to contact people on-site. One site developed a field safety form, which required interviewers who were meeting with women in their homes or other non-public places to leave behind information that included the participant's name, the interview location, a telephone number if applicable, and how long the interviewer planned to be at the location. Once the interviewer arrived at the location, she was required to contact a staff member within her department to let that person know she had arrived. When the interviewer left the location of the interview, she reached the staff person again to inform him/her that she had safely completed the interview.

C/S/R Involvement

Many sites benefited from having C/S/Rs as interviewers and members of the research staff. These women provided critical perspectives that assisted other interviewers in working with the study respondents. Having been through similar experiences, C/S/R interviewers were able to offer the other interviewers valuable insight for understanding the women in the study. At one site, the importance of the C/S/R

Tracking and Interviewing Clients at Risk for HIV and Substance Abuse in a Latino Community
A. Juntunen, M. Hwalek & A.V. Neale
Evaluation & Program Planning, 22(3), 1999, 305-312

This article discusses the challenges associated with tracking and interviewing a bicultural high-risk population for outreach program evaluations. It describes a culturally sensitive approach to tracking and interviewing clients, which includes locating a bilingual/bicultural interviewer, translating the questionnaire, conducting interviews in Spanish, identifying incentives and tracking in a culturally-sensitive manner.

Tracking Non-Traditional Populations in Longitudinal Studies
J.D. Wright, T.L. Allen & J.A. Devine
Evaluation and Program Planning, 18(3), 1995, 267-277

This article describes the methods used to track a sample of homeless individuals with substance abuse problems. It emphasizes strategies such as telephone, mail and field tracking as well as maintaining respondent cooperation.

INTERVIEWING

Clinical Interviewing with Trauma Victims: Managing Interviewer Risk

A.J. Urquiza, G.E. Wyatt, & B.L. Goodlin-Jones
Journal of Interpersonal Violence, 12(5), 1997, 759-772

This article describes the risks involved in interviewing child and adult victims of violence. It discusses approaches for minimizing and managing interviewer distress with emphasis on recruitment of research personnel, initial and ongoing training, and structuring regular interviewer team meetings.

Handbook of Interview Research
 J. Gubrium & J. Holstein
 Thousand Oaks, CA: Sage, 2001

This book provides a discussion of conceptual and methodological issues surrounding interview practice including interviewing style, technology and interviewing, data gathering and analytic strategies, and how interviewing relates to different types of respondents.

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perspective was demonstrated in a situation that occurred early in the interviewing process. When interviewers began working, they expressed some initial frustration with women who appeared to be retreating from services. The interviewers were convinced that some inadequacy within the service system was facilitating their departure. A C/S/R staff member working with the interviewers received information about these concerns. Having been through recovery herself, she was able to explain the recovery process to the interviewers, particularly the ups and downs associated with it. She characterized the process as a series of steps forward and back, and that engagement in and withdrawal from services was not uncommon. The interviewers, more knowledgeable about the trajectory of recovery, were then able to work more effectively with the women.

Interactions with Women

Interviewers generally felt very positive about their experiences working with the women in the study. For some there was a sense of nervousness early in the process, which was later replaced by increased feelings of competence and confidence. They felt fortunate to have the opportunity to meet with women and hear their stories. They were amazed by the strength women exhibited, and their willingness to share such personal information. Since most interviewers followed the same women throughout their time in the study, they had great opportunities for rapport building and establishing connections with them.

Addressing Trauma

The highly sensitive nature of the instrument was cause for concern among interviewers. Some feared that sections of the instrument, in particular the section that discussed abuse and trauma histories, would be difficult and destabilizing for the women. While there

were some respondents that experienced emotional reactions to certain questions, given the resources and supports made available to the interviewers, many felt such circumstances were within their control. Some interviewers also suggested that while portions of the interview were difficult for women, they were, at the same time therapeutic. Some women expressed how helpful the interviews were in helping them work through their problems. To these women, the interview provided an opportunity to share their experiences with a caring and interested listener. As one interviewer explained, "I found that if I

...many [interviewers] left with a renewed appreciation for research and a strong commitment to the support and improvement of services for women.

entered each interview with a genuine interest in learning about the participant, that interest was communicated and the experience [had potential] to be rich and therapeutic."

Interviewers also found that expressions of empathy seemed to comfort some women who became distressed during the interview. One interviewer came to realize the power of nonverbal communication. She explains, "I became skilled at using my face, my body, and my tone of voice to

express interest, concern and empathy." Women were sometimes comforted by simple gestures such as an empathetic look or passing of a tissue.

Overall interviewers felt the experience of interviewing women for this study was unique and difficult to duplicate. Having the opportunity to learn about women's lives and experiences proved to be both humbling and inspiring. As the project end neared, many left with a renewed appreciation for research and a strong commitment to the support and improvement of services for women. ■

Maximizing Recruitment and Retention: Strategies Used in the Women, Co-Occurring Disorders and Violence Study

Brandy D'Ambrosio

Women and Violence Coordinating Center

There are many challenges associated with evaluating programs for vulnerable populations. One major concern involves recruiting and retaining study participants. The *Women, Co-Occurring Disorders and Violence Study* targets a difficult-to-reach group of women. Their lives are characterized by trauma, physical and emotional difficulties, substance abuse and mental health problems, and lack of adequate resources. They are faced with multiple challenges in roles as parents, sole breadwinners, and homemakers.

In addition to devastating life experiences, there are other circumstances that make these women difficult to reach. Many are mistrustful of providers due to prior negative encounters with service systems that have been unresponsive to their needs. Some may be unready to confront their traumatic past experiences. For women who agree to participate, there are other associated challenges. Logistics can be a major barrier in recruiting and retaining women. Most have childcare and transportation needs which pose challenges for scheduling of interviews. Women may be working or trying to secure employment, which takes priority over participation in research. High mobility also affects retention rates adversely. Many women move, particularly at the termination of services, posing difficulty for follow-up efforts.

Background

Research has highlighted strategies that help to enhance recruitment and retention rates. Thorough interviewer training is essential for maximizing enrollment and minimizing attrition (Fowler & Mangione, 1990; Marmor,

et al., 1991). This may include an overview of expectations, procedures and techniques, didactic interview observations and role-playing practice sessions. For engaging new participants, a detailed explanation of the study is necessary (Freedman, et al., 1980; Marmor, et al., 1991). It is important to underscore the importance of the research and the critical need for the participant's perspective. Participants should also be

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made aware of how their contributions will be used to improve services. Assurance of confidentiality is required for most research studies and should be thoroughly explained to all participants. Reimbursement can be a powerful motivator to participating in research (Coen, Patrick & Shern, 1996). This may be in cash form, voucher or gift certificate. For women

that are hesitant about participation, Coen, Patrick & Shern (1996) suggest the "open door" strategy whereby participants are given a few weeks and then approached again.

There are a number of techniques that are useful for maximizing retention rates. Simple procedures such as detailed record keeping can improve an organization's ability to track participants (Ciarlo, et al., 1992). Contact information should be obtained at baseline and at follow-up interviews (Wright, et al., 1995). Interviewers should also be encouraged to record any specific information about the participant, including work schedule or where she spends most of the day. It is also useful for interviewers to note the names, addresses and telephone numbers of persons in close contact with the participant. The research team should be easily accessible to those participating in the study. Techniques such as instituting a study 800 line, providing trinkets (e.g. key chains) with

RESOURCES

Interviewing

N. Fielding (Editor)
Sage Benchmarks in
Social Research
Methods Series
Thousand Oaks, CA:
Sage, 2003

This publication brings together several articles that have been published in various journals. It discusses a number of issues including interview methods, ethics in interview research, types of interviews, quantitative and qualitative research, instrument development, transcribing and managing data, and other relevant topics.

Practical Aspects of Interview Data Collection and Data Management

W. Van Kammen &
M. Stouthamer-Loeber
In L. Bickman & D. Rog
Handbook of Applied
Social Research
Methods
Thousand Oaks, CA:
Sage, 1998

This chapter offers guidance regarding the collection and management of personal interview data. It emphasizes planning and management as key aspects of research. It also describes strategies for training, selecting, supervising, and monitoring the work of interviewers, and procedures for ensuring efficient collection and management of data.

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Standardized Survey Interviewing: Minimizing Interviewer-Related Error

F.J. Fowler & T.W. Mangione
Newbury Park, CA:
Sage, 1990

This book incorporates various social science theories and research on interviewing dynamics to guide readers in developing standardized interviews. It discusses issues such as how to avoid errors, sampling design issues, question construction methods, supervision techniques and training methods.

CONSUMERS IN RESEARCH

A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services

E.S. Rogers, J. Chamberlin, M.L. Ellison, T. Crean
Psychiatric Services, 48(8), 1997, 1042-1047

This article discusses a scale developed by consumers of mental health services used to measure empowerment.

RESOURCES...
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the organization's contact information and setting up answering services are possible methods for accomplishing this (Shern, et al., 1994a). Establishing inter-agency connections within the community is another effective strategy that enhances retention efforts. Coen, Patrick & Shern (1996) found that by maintaining relations within the community and working with outside agencies they were able to track participants that used a variety of community services.

Lessons from the Women, Co-Occurring Disorders and Violence Study

Much has been learned from the recruitment and retention efforts for the *Women, Co-Occurring Disorders and Violence Study*. In addition to the strategies described above, WCDVS sites implemented several techniques to help maximize enrollment and minimize attrition. All sites were required to participate in an intensive, 2-day interviewer training (see *Experiences from the Interviewing Process...* for more information). This combined with the hiring of qualified and dedicated interview staff who were enthusiastic about the research was essential to the recruitment and retention efforts. Generating buy-in from the various agencies sites partnered with was also important. Many sites worked intensively with partnering agencies to explain the research and its importance.

The manner in which the study was introduced and explained to women was critical. One site offered informal information sessions for women before they were scheduled for interviews. These were pizza parties during which women were briefed on the purpose of the study, the interview process, and the clinical services that were available. Following these sessions, women were given the opportunity to decide whether or not they were interested in participating. Other strategies were used to help encourage enrollment. For women who were apprehensive, some sites chose to

introduce the study on a few different occasions before asking for their participation. Women were also provided with financial incentives.

For women who chose to participate, logistical difficulties, particularly at rural sites, were often a barrier. These occurred due to transportation problems, lack of childcare, or scheduling conflicts with treatment or other commitments. Staff determination and flexibility were critical for addressing this challenge. Though some sites chose to hire a combination of part-time interviewers and others only full-time staff, all sites credit the interviewers for their commitment to overcoming this barrier by

...sites credit the interviewers for their commitment to overcoming logistical barrier[s] by being accommodating to the women in the study.

being accommodating to the women in the study. Interviewers were highly flexible in terms of scheduling times and locations. The job often required their availability during the evening and on weekends. While most interviews were conducted at designated site locations, many occurred at other locations including respondents' homes, work, treatment programs, or nearby public establishments. On many occasions,

interviewers offered to pick women up or provide them with bus passes to get them where they needed to be.

Tracking women for follow-up interviews was a significant challenge. There were several factors that made this aspect of the research complicated. Once women completed the intervention it became increasingly difficult to locate them. Many women were mobile and their contact information changed during the course of the study. It was necessary for sites to utilize a variety of strategies to maximize retention. One technique involved the establishment of toll-free lines for use by participants. This made the evaluation team highly accessible to the women. Some sites provided the women with items (e.g., keychains, magnets) listing contact information for the site. It was also critical to consider any special requests made by participants. For example, staff

were sometimes asked to not leave messages on participants' answering machines or with another person. Often they were asked to not reveal who they were or their affiliation.

The relationships that developed between the interviewers and the women assisted in retention efforts. Some study participants were assigned to one interviewer who followed-up with them for each of the five interviews. Many interviewers believed that frequent contact and the rapport building opportunities were extremely important for locating and retaining women. The relationships that arose were also instrumental in allowing women to be comfortable with discussing the extremely sensitive subject matter. Interviewers worked tirelessly at locating women for follow-up interviews. At one site, tracking efforts included searching various agencies, and traveling to different communities, sometimes over 100 miles away, in attempts to reestablish contact. Participants appreciated their commitment and were frequently taken aback that interviewers had traveled so far or in such unusual circumstances to meet with them.

C/S/Rs were critical to both recruitment and retention efforts. Some sites hired C/S/Rs as members of the interview team. They were able to provide a unique perspective that was helpful to the other interviewers. Having

been through the recovery process, they offered insight on the circumstances women had been exposed to, and what they might be experiencing. At one site, the C/S/R interviewer felt more comfortable searching for women in places where other interviewers were unwilling to go. In doing so she was able to build a network with women in the community, which assisted her in tracking and contacting participants. Having C/S/Rs in peer support roles was also important for recruitment and retention. They were available to the women throughout their involvement in the project. At one site, peer support people followed up with women immediately following their interviews to answer any questions or concerns.

Many lessons have been learned about recruiting and retaining women for the *Women, Co-Occurring Disorders and Violence Study*. To truly maximize both requires a variety of creative strategies and a committed group of staff who are flexible and accommodating to the participants. This involves considerable effort on the part of the interviewers and a willingness to try unconventional tracking methods. In combination, these tactics have helped sites gain access to a difficult to reach group of respondents. ■

Collaborative Research: Perspectives on Consumer-Professional Partnerships

H. Woodside, P. Cikalo
Canada's Mental Health, 43(1), 1995, 2-6

This article explores experiences in collaborative research carried out by consumers and mental health professionals. Reflections of a consumer, an occupational therapist, and a research assistant are presented.

From Our Perspective: Consumer Researchers Speak about Their Experience in a Community Mental Health Research Project

P. Reeve, S. Cornell, B. D'Costa, R. Janzen & J. Ochocka
Psychiatric Rehabilitation Journal, 25(4), 2002, 403-408

This report describes a community mental health project in which people who had utilized the mental health system were hired and trained as researchers. It offers insight into how consumers experienced the process and includes their own thoughts about being involved in the project.

REFERENCES:

Ciarlo, J.A., Shern, D.S., Twee, D.L., Kirkpatrick, L.A., Sachs-Ericsson, N. (1992). The Colorado social health survey of mental health service needs: Sampling, instrumentation, and major findings. *Evaluation and Program Planning*, 15, 133-147.

Coen, A.S., Patrick, D.C. & Shern, D.L. (1996). Minimizing attrition in longitudinal studies of special populations: An integrated management approach. *Education and Program Planning*, 19(4), 309-319.

Freedman, D.S., Thornton, A. & Camburn, D. (1980). Maintaining response rates in longitudinal studies. *Sociological Methods and Research*, 9(1), 87-98.

Fowler, F.J. & Mangione, T.W. (1990). Standardized survey interviewing: Minimizing interviewer-related error. Newbury Park, CA: Sage.

Marmor, J., Oliveria, S., Donahue, R., Garrahe, E., White, M., Moore, L. & Ellison, R. (1991). Factors encouraging cohort maintenance in a longitudinal study. *Journal of Clinical Epidemiology*, 44(6), 531-5.

Shern, D.L., Lovell, A.M., Tsemberis, S., Lacombe, M.A., Anthony, W., Richmond, L., McCormick, C.A., Winarski, J. & Coen, M. (1994a). Housing homeless street populations with psychiatric disabilities: A rehabilitation approach. Proceedings of the Fourth NASMHPD Research Institute National Conference on State Mental Health Service System Research. Annapolis, MD: NASMHPD.

Wright, J.D., Allen, T.L., & Devine, J.A. (1995). Tracking non-traditional population in longitudinal studies. *Evaluation and Program Planning*, 18, 267-278.

Evaluating an Intervention Program for Children Exposed to Trauma: Issues and Challenges

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Women and Violence Coordinating Center

The Study

The Children's Subset Study of the larger *Women, Co-Occurring Disorders and Violence Study* sought to evaluate the effectiveness of a three-pronged intervention program developed for use with children who, through witnessing and/or direct experience, have histories of exposure to violence in their lives. Specifically, the intervention program was developed to address four primary domains: safety, self-care, interpersonal relationships and self-identity, with the hypothesis that addressing these issues through the development and implementation of a trauma-informed intervention designed specifically to promote skills-building across these domains, would result in improved outcomes for the children who participate. These domains were identified as being of particular importance in the development and fostering of resiliency in children who have histories of abuse.

The Intervention

As part of the intervention program, each study site was required to provide a standardized intervention to children whose mothers were enrolled in the WCDVS. The three components of the standardized intervention included a clinical assessment, resource (service) coordination and advocacy, as well as a comprehensive skills-building group intervention which included topics such as the development of a safety plan, learning self-care strategies, and addressed issues such as abuse, anger, violence, and assertiveness.

The Approach

One of the main tenets which drove the activities of both the model development and evaluation was the desire for not only the intervention, but also its evaluation, to be one whose focus was on the strengths of the children enrolled in the program. Given the great disadvantage at which many of the children who would be enrolling in the intervention would be, the decision to maintain and foster a strengths-based approach to the evaluation was of primary importance.

Issues and Challenges

Evaluation Design: Unique Considerations for an Understudied Population

Early in the process, it was recognized that finding measures that had their roots in the strengths of the child was going to be a challenge. This was perhaps the most salient challenge faced throughout the course of the evaluation. Traditionally, measures designed as tools for the assessment of a child's emotional and behavioral issues have been primarily deficit-based in nature. Typical questionnaires often ask the parent (or some other adult figure with whom the child is in close contact) to rate the degree to which specific traits, behaviors and/or issues are

characteristic of the child he/she is being asked to rate. Given the strengths-based focus of the evaluation, the tenor of most of the existing measures were, by design, in direct opposition to the primary guiding principle of the evaluation. Much effort was expended in locating a well-validated and widely accepted measure that would serve as the primary measure of child outcomes, but would also have a strengths-based orientation. After much deliberation, a strengths-based measure, the Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998) was found which not only assessed our primary domains of interest, but did so with a strengths-based orientation. However, since this measure was relatively new in comparison to traditional measures, the challenge was not over. Although meeting the study criteria for a primary outcome measure, the newness of the BERS made it considerably less universally accepted and not as well validated a measure as the more traditional measures. Thus, the interpretation of the information obtained from this measure has been, and will continue to be, one of the major challenges faced in this evaluation.

The difficulty in selecting a measure of child outcomes was further compounded, because very few measures existed that were appropriate for use with the age group of primary interest (5-10 year olds). Although the lack of age-appropriate measures did present a challenge, hopefully, one of the most important "unintended" outcomes of this study will be the contribution that is made to both the body of knowledge and the field with regard to age-appropriate measures, as well as to the validation and refinement of a strengths-based alternative to traditionally deficit-based measures.

Along with the decisions regarding what measure(s) to utilize for the evaluation came the question of with whom the interviews should be conducted. Several different scenarios were discussed and debated: with the mother, with the child, with other adults close to the child, or with some combination of the above. After much deliberation, it was decided that the evaluation interviews would be conducted exclusively with the mothers. Given the young age of the children enrolled in the study, as well as the logistical and additional human subjects concerns that accompany the interviewing of children, this decision seemed to be the only feasible choice.

Evaluation Implementation: The "Real World"

In addition to the challenges faced during the model development process and evaluation design, there were also several "real-world" challenges encountered throughout the evaluation process. Recruitment and retention issues were paramount in this effort, and evaluation teams across each of the study sites were confronted with a vast array of related challenges. Issues faced by the women in the study ranged from the concrete (transportation, relocation, custody) to those more

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News from the Sites

For this issue of *The Tapestry*, sites were asked to provide a brief summary of some of the lessons learned from participating in a cross-site evaluation of programs and services for women with co-occurring disorders and histories of violence. Please contact the individuals listed below if you would like additional information on the summaries provided. The column that follows includes the four sites that responded to this request.

New Directions for Families

Thornton, Colorado

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One of the strengths of the WCDVS at Arapahoe House (AH) is the very low study attrition rate. Enrolling 165 participants in the study, AH conducted follow-up interviews with 155 participants at both the 6- and 12-month points for a retention rate of 94% at each point.

The Research Associates (RA's) attribute their success to receiving strong training, being full-time employees committed to the project and population, and achieving a thorough and friendly approach to rapport building and tracking. Having collected detailed contact information at baseline, the RA's conducted all follow-up interviews at places and times most convenient for the participants—often in the clients' homes. Each participant was also interviewed by the same RA over time, allowing the RA's to build stable, safe, and comfortable relationships with participants. The RA's also mailed attractively packaged correspondence and holiday cards to the participants as two-fold rapport building and tracking efforts. Clients received pens, magnets, and key chains with the number to call for interviews. AH staff believes all these factors contributed to a high retention rate.

District of Columbia Trauma Collaboration Study

Washington, District of Columbia

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The District of Columbia Trauma Collaboration Study evaluation has highlighted two special concerns: timing of trauma interventions and complex service utilization. Many women in the study needed help getting stable housing, medical care, entitlements, and other supports. They needed attention to their mental health problems, including medications, and services to address their substance abuse. Despite the interrelationship between their trauma history and current problems, many women were not ready to gain from understanding this connection until certain basic needs were met, and they had built a trusting and supportive relationship with the clinical service agency. This study also reinforced for us just how difficult it is to assess service utilization in this

population. Because of their understandable concerns about engagement in services as well as their complex needs, many of the participants receive services in diverse settings. Reports of specific service episodes and their purposes often blend together, due both to overlap in service goals and to the time lag between the services and the research interviews. Research that aspires to understand the cost-effectiveness of trauma services for this population will face many methodological and inferential obstacles.

Boston Consortium of Services for Families in Recovery

Boston, Massachusetts

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At the Boston Consortium of Services for Families in Recovery (BCSFR), women were recruited into the study from 3 modalities of treatment, residential, outpatient and methadone maintenance. The recruitment goals were successfully completed due to ongoing communication and collaboration between the program staff and the evaluation staff/interviewers at New England Research Institute (NERI). We learned the importance of having diverse, African American and Latina interviewers who reflected the background of women in the study, and who understood the values, strengths and experiences of the participants. The rapport that the interviewers were able to establish with participants contributed to a high follow-up rate and to the validity of information obtained in the interviews.

A month into the study the evaluation team designed a short set of open-ended questions to assess client satisfaction with the interventions. Each month NERI sent copies of the information to the Program staff without identifying information. The participants reported consistent positive feedback about the Consumers' Leadership Training Institute (CLTI), a group run by women in recovery for women in recovery, to help women use their voices to improve services for families. Examples: "It was fun and informative. It helped to bring you out of yourself. It helped improve my leadership skills and to [make me] feel better about myself." Some participants noted that participating in TREM was difficult at first, e.g.: "remembering painful things, I did not want to remember", and too long for the structure of the substance abuse programs. Yet, they also reported it was very important in their healing process. Some said they made a connection between their substance use and past trauma for the first time. There was also positive feedback regarding the Spanish versions of TREM and CLTI. The valuable comments provided by participants proved to be critical as we implemented the project. They provided the program staff with immediate feedback on how the intervention was working and helped us to identify areas that needed to be addressed. Open-ended questions can provide important information in the implementation process and should be part of all evaluations.

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The Women, Co-Occurring Disorders and Violence Study is generating knowledge on the development of integrated services approaches for women with co-occurring substance abuse and mental health disorders who also have histories of physical and/or sexual abuse.

The Tapestry is a product of the Women, Co-Occurring Disorders and Violence Coordinating Center which is operated by Policy Research Associates, in partnership with The National Center on Family Homelessness and the Cecil G. Sheps Center for Health Services Research. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations, and develops a range of application products from the study sites. This publication was developed by The National Center on Family Homelessness.

The Women, Co-Occurring Disorders and Violence Study is funded by the Substance Abuse and Mental Health Services Administration's three centers – The Center for Substance Abuse Treatment, The Center for Mental Health Services, and The Center for Substance Abuse Prevention.

For more information on this initiative, please contact Policy Research Associates, 345 Delaware Avenue, Delmar, NY, 12054, 518-439-7415, e-mail: wvcc@prainc.com, web: www.prainc.com/wcdvs

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inherent in their life experiences (trust, readiness for treatment). Garnering a mother's trust was a particularly salient issue from both the research and program perspective. For a variety of reasons, mothers were often hesitant to have their children participate in the intervention. Without having developed a rapport with the woman on which a trusting relationship between she and the evaluation/program staff could be based, it would have been, in many cases, nearly impossible to secure her participation, as well as the participation of her child in the intervention and evaluation. Although sites varied in terms of their approach to these issues, due both to site characteristics and the unique characteristics of each woman, the fact that the evaluation staff were aware and respectful went a long way to fostering an environment conducive to the success of the evaluation.

Parting Thoughts

Despite the myriad issues and challenges encountered throughout the model development and evaluation process, it is encouraging to note the apparent effect that participation in this intervention had, in the eyes of the mothers, and the children who participated. Through the collection

of qualitative data from the mothers, we were able to learn much anecdotally. When asked what types of changes they had noticed in their child from his/her participation in the intervention, mothers mentioned things such as:

- "He was feeling unsafe about where we were living, and all that seemed to disappear. It was good timing."
- "She's more open to people now — not as angry."
- "He's more open for communication on how he feels with me."
- "She is strong-willed and independent now."
- "[She has a more] positive outlook towards her life [and is] well-adjusted."

Clearly, the perspectives shared by these mothers represent a perceived positive impact of this intervention on their children's lives. Regardless of the outcome of the formal evaluation, with its numbers, statistics and significance tests, the real life experiences of these mothers and their children have made this an endeavor that, despite its many challenges, has resulted in significant rewards for all those involved. ■

REFERENCE:

Epstein, M. & Sharma, J. (1998). Behavioral and emotional rating scale. Austin, TX: Pro-Ed Publishing.

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Women Embracing Life and Living (WELL) Project

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A wonderful aspect of participation in a cross-site study is the synergy between the cross-site and local evaluations. Information learned through the WELL Project's local process evaluation enriched its research team members' contributions to the analysis of cross-site qualitative data. For example, local knowledge helped members of the Women's Qualitative Workgroup identify regional differences in the way women talk about treatment. Similarly, learnings from work on the cross-site qualitative workgroups helped to shape the questions in the WELL Project's in-depth interviews with a subsample of study participants. One reason these interviews explore the role of spirituality in recovery is that this emerged as a significant

theme in women's responses to the cross-site open-ended question about what helped their healing.

Members of the WELL Project team are on the many cross-site workgroups, whose work ranges from determining measures to guiding outcomes analysis. Most of these workgroups' work is done on conference calls, including the weekly ones of the three cross-site qualitative workgroups. The lack of visual cues, the complexity of the analytical task, and differences of opinion about methodology and interpretation challenge communication on these calls, but the "culture" of the WCDVS, with its emphasis on respect for and integration of differing perspectives, both facilitates and strengthens the analyses of women's responses to the cross-site open-ended questions. C/S/R, clinical, and research perspectives have all contributed to discussions about how best to constitute dose measures for the interventions for children of women in the WCDVS.