

Using Qualitative Data to Refine a Logic Model for the Cornell Family Development Credential Program

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Human service practitioners face challenges in communicating how their programs lead to desired outcomes. One framework for representation that is now widely used in the field of program evaluation is the program logic model. This article presents an example of how qualitative data were used to refine a logic model for the Cornell Family Development Training and Credentialing (FDC) Program. This interagency training program teaches a strengths-based, family support, empowerment-oriented approach to the helping relationship. Analysis of the qualitative data gathered from interviews and focus groups with stakeholders led to revisions and further development of the program's initial logic model. The logic model format was then used to organize the representation of findings relative to program activities and outcomes. Key Words: Qualitative Inquiry, Program Logic Model, Empowerment, Outcomes Evaluation, Human Service Training, Strengths-Based Practice, Family Development, and Family Support

Introduction

The call for accountability harkens loudly. As policymakers and foundations increasingly base decisions about funding on evidence of outcomes, human service providers face pressures to demonstrate that positive changes occur for the populations they serve. For new programs, it is not always clear what effects occur. Given the open-ended nature of constructivist research, this is an opportune time to use qualitative inquiry. By studying the experiences of participants as a social phenomenon, evaluators can capture their perceptions of program effects. The information-rich (Patton, 2002) data gathered provides meaningful stories about real people and their perceptions of the impact of the program on their lives.

This article presents an example of how qualitative data were used to refine a program logic model (e.g., Julian, 1997) for a human services training program called the Family Development Training and Credentialing (FDC) Program (Cornell University, 2008).

Using the logic model

Elucidation of a program's theory of change is an important first step in theory-based evaluation of multi-level effects in comprehensive, interagency programs (Knapp, 1995). Using a logic model one can present a graphic depiction of assumptions about

how the program works to achieve particular results. Program logic models are varied in their level of detail. The model I used has five columns¹, as shown in Table 1.

Table 1

Program Logic Model Framework

Inputs/Resources (If these resources are applied)	Activities (And if these activities are completed)	Initial outcomes (Then...)	Intermediate Outcomes (And then...)	Long-term Impact/ Vision (And finally...)
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The first two columns of the model, Inputs/Resources and Activities, represent implementation theory in that they list the elements necessary for a program to produce desired results. The Activities listed in the second column, which are crucial to successful implementation, depend on the inputs/resources available, and are required for the outcomes that can ensue. There is a timing sequence to the set of activities, although all do not have to be completed before the effects start to take place.

The effects of the program are represented in the third, fourth, and fifth columns. The third column, Initial Outcomes, includes first-level effects that may occur, whereas the Intermediate Outcomes column indicates those effects that may occur subsequent to the earlier changes. In deciding where to place outcomes, I considered whether any particular effect could reasonably be expected to happen, for most people, in the first few months of involvement. If so, I placed it in the Initial Outcomes column. If one could assume that an effect might take longer, it became an Intermediate Outcome. This placement suggests, for future researchers, when it might make sense to assess for that effect. Assignment of outcomes within the columns is somewhat arbitrary in the sense that many of these effects happen simultaneously. I see this as reasonable because change is not a linear process. The items in the final column, Long-term Impact/Vision, are meant to represent the larger, long-term goals to which the program may contribute. While these are important for a program to identify as a vision of the possible, they are seldom evaluated.

Evaluators often draft logic models based on understanding of the program. Then, stakeholder perceptions of assumptions, activities, and outcomes are added until a comprehensive program theory emerges. Researchers in the field of family services have argued for the usefulness of logic models in conceptualizing intended program outcomes and causal pathways (Rogers, 2003; Weiss, Klein, Little, Lopez, Rothert, Kreider, et al., 2005). As well, funders such as the Centers for Disease Control (CDC) Program Evaluation Working Group (n.d.), W. K. Kellogg Foundation (2004), and the United Way (Hatry, van Houten, Plantz, & Greenway, 1996), encourage the development of logic models as a tool for program planning and evaluation.

¹ Some models have an additional column called Outputs that follows Activities. It is used to list program outputs such as number of classes offered, or people served.

In this research qualitative data gathered from a purposive sample of stakeholders in the FDC program were first analyzed for the purpose of identifying program outcomes. I then used data from this study to refine an initial logic model created before the study, to more accurately represent the program. Part of my rationale for using my research data to refine a logic model related to seeing the potential usefulness of such a tool for FDC program stakeholders.

Problem Statement

This research is a response to the problem of how to best provide helping services, and how to best prepare program staff to offer such services effectively. Awareness is growing that the traditional model of providing assistance often fails to lead to desired outcomes for those being helped, and that a strengths-based (Poulin, 2005) empowerment-oriented approach can be more successful. However, changes in helping practice require training for staff as well as related changes in agency procedures.

What is problematic about how helping services are offered? Paradoxically, the traditional helping model can lead to a learned helplessness (Peterson, Maier, & Seligman, 1993) on the part of those receiving assistance. Human service practice evolved over the last century during a time of a modernist belief in professionalism, the efficiency of bureaucracy, and the role of science, including social science, to provide answers. The therapeutic model that resulted involves, according to Patterson (1994), “contact with the marginal family, diagnosis of the problem, implementation of normalizing measures, ongoing contact with agencies, and continued oversight” (p. 6). The *normal* to which families were to move was based on the “white, middle-class, native-born, nuclear family” (p. 6).

The result for families seeking help is that they confront a *deficit model* of practice (Cornell Empowerment Group, 1989, p. 3) that defines them as deficient, often based on agencies’ and/or workers’ culturally-based ideas about families. Those who staff such programs have *power over* families, and are trained to see them as people who have problems that need to be *fixed*. All too often, such fixes do not work, leading to frustration for both helpers and those being helped.

Many service recipients, frontline workers, program managers, educators, and policymakers realize the need for change in the models and norms/beliefs of human service programs. A paradigm shift is taking place in health and human services from an expert, power-over model to one based on empowerment and strengths-based principles (Cochran, 1992; Poulin, 2005; Rapp, 1998). An increase in cultural competence on the part of health and human service organizations is a critical part of this change (Goode, Jones, & Mason, 2002). Darling (2000) describes this change as moving from a *status inequality model* in which the practitioner’s perspective is valued more than the client’s, to a *partnership model* in which the point of view of the person being helped is also valued and serves as the basis for service delivery.

Dunst, Trivette, Boyd, and Brookfield (1994) found that the practices used by human service staff directly affected the degree to which parents indicated they could procure needed supports and resources from the help-givers and their programs. Their findings are consistent with research showing that participatory experiences considered empowering are associated with enhanced feelings of self-efficacy and personal control

(Afflect, Tennen, & Rowe, 1991; DeCoster & George (2005); Karuza, Zevon, Rabinowitz, & Brickman, 1982; Lord & Farlow, 1990; Ozer & Bandura, 1990).

Given evidence that workers using strengths-based and empowerment-oriented practices can be more effective in assisting individuals and families, the challenge for policymakers and program directors is to assure that human service workers have the knowledge, attitudes, and skills required for empowerment-oriented practice. The FDC is a training program designed explicitly as a systems change initiative, in response to the problems discussed above.

FDC Program Description

The FDC program grew out of a major interagency collaboration in New York State designed to reorient the way services are delivered from a deficit-based, expert driven model, to an empowerment-oriented, strengths-based approach. The three primary goals of the program address desired changes for those seeking help, as well as the frontline workers and agencies/communities who provide assistance (Crane, 2000):

1. Families will develop their own capacity to solve problems and achieve long-lasting self-reliance and interdependence with their communities.
2. Frontline workers will develop skills and competencies needed to work effectively with families.
3. Agencies and communities will transform the way they work with families, focusing on strengths, having families set their own goals, and fostering collaboration.

Those involved in the collaborative effort responsible for the development of the FDC program included the New York State (NYS) Department of State's Community Services Division, which provided funding for development of the curriculum and training system to Cornell's NYS College of Human Ecology, as well as 15 state agencies convened by the NYS Council on Children and Families as the Workgroup on Family Support and Empowerment. The involvement of these governmental agencies, combined with the family support research and curriculum expertise at Cornell, were critical ingredients in creating the FDC program.

Hundreds of service providers and program recipients participated in 15 focus groups held around the state to gather input regarding what to include in the curriculum and how to best offer the training. Focus group participants who expressed interest reviewed and gave feedback on drafts of the curriculum, as did state agency officials who were Workgroup members. The Robert Wood Johnson Foundation provided funding to Cornell for program implementation after the completion of the planning phase (Crane, 2000).

Community-based instructors, prepared by a weeklong training-the-trainer institute at Cornell, offered the first FDC classes in 1996. These trainers used a standardized curriculum including a Worker Handbook (Dean, 1996) and Trainers Manual (Crane & Dean, 1996) to implement FDC classes in their local settings. To earn

an FDC credential, frontline workers: (a) participate in 110 hours of training² offered locally over five to twelve months by community-based trainers, (b) develop portfolios which include reflections on their learning and reports of *skills practice*, and (c) take an exam. Over 11,000 individuals have now earned the FDC credential in 18 states, plus the District of Columbia (K. Palmer-House, Cornell University, personal communication, May 5, 2008).

Researcher Positionality

I see this study of the FDC as an example of practitioner research (Noffke, 1999), that is, research carried out by and with practitioners. I carried out the research while in a staff position of Senior Trainer and Collaboration Manager for the Cornell FDC program, working collaboratively with other practitioners who were engaged in the program as trainers, supervisors, and trainees. I was also a graduate student at Cornell working on a Ph.D. in Human Service Studies with a concentration in program evaluation. Prior to taking this position in academia I had worked in the community for 23 years doing prevention education related to mental health and family planning.

As Noffke (1999) states, “research by and with practitioners has brought new recognitions, even celebrations of the knowledge or wisdom of those who engage at the day-to-day level in social practices that are both educational and healing-caring” (pp. 25-26). I believe that my staff position in this program as a co-creator of the curriculum and training system, enhanced the credibility of the research because of my in-depth knowledge of the program’s goals and anecdotal knowledge of its effects. Patton (2002) sees such prolonged engagement as contributing to the quality of findings in qualitative research. In conducting this research, I was able to ground this knowledge empirically in the everyday practical experience of those who experienced the program: FDC trainers, workers/trainees, and family members/help-seekers³ who have engaged with workers/trainees.

Purpose of Study

This study began when, after five years of program implementation, the FDC project director asked for a report that would systematically capture some of the outcomes we had been hearing about anecdotally. The meaning of the term outcomes, as used in human services, is “specific changes in program participants’ behavior, knowledge, skills, status, and level of functioning” (W. K. Kellogg Foundation, 2004, p. 2). Because the program’s goals were very broad, it was not clear what outcomes to

² At the time this research was conducted 110 hours of training was required, however a revised curriculum implemented in 2003 now calls for 90 hours.

³ A note about language - Some researchers use the terms “help-giver” and “help-seeker” to replace “caseworker” and “client” in order to be clear about the partnership nature of these programs. The FDC curriculum uses the terms “frontline worker” and “family member.” For the sake of clarity, in this study I have used worker/trainee to indicate those taking FDC training, and family members/help-seekers. Also at the time of this research, those who taught FDC classes at the local level were referred to as trainers. Cornell has changed this and they are now referred to as instructors.

assess or what assessment criteria to use. The open-ended nature of qualitative inquiry offered a way to conduct an exploration of program effects based on stakeholder perceptions. A second purpose, related to my doctoral dissertation research, was to use the data to refine a logic model that would identify the key elements in how the program lead to identified outcomes. The research questions for the study were:

1. Based on perceptions of program participants, what are the effects of the program and the steps in the change process?
2. How might a program logic model be refined and used as a framework for the representation of these findings?

The study had two phases. First, data were collected and analyzed for the identification of program outcomes, followed by a separate phase in which data were used to refine to the logic model and describe the elements of the model.

Methods

I grounded this study in a constructivist paradigm. From this perspective, the role of the investigator, according to Guba and Lincoln (1989), is to “tease out the constructions that various actors in a setting hold, and so far as possible, to bring them into conjunction—a joining—with one another” (p. 142). The constructivist research paradigm has similarities to the interpretive or hermeneutic approaches. What is appropriate to know, according to Greene (1998) “is the meaningfulness of lived experience—people’s interpretations and sense making of their experience in a given context” (p. 384). This description fits with my experience of engaging participants in this study.

These concepts and the philosophy of science they reflect were vital guiding principles for my research. Prior to my graduate training, I had known only about the post-positivist paradigm of social science in which research is carried out by objective, outside researchers. I was heartened, especially considering my insider position, to learn about a philosophy of science in which constructions are seen as coming about, “by virtue of the interaction of the knower with the already known and the still-knowable or to-be-known” (Guba & Lincoln, 1989, p. 143). Guba and Lincoln continue, saying,

Constructions come about through the interaction of a constructor with information, contexts, settings, situations, and other constructors (not all of whom may agree), using a process that is rooted in the previous experience, belief systems, values, fears, prejudices, hopes, disappointments, and achievements of the constructor. (p. 143)

Considering this epistemology, I see my findings as constructed through the interaction of my experience of the program with the data gathered from research participants.

Sampling strategies and participant recruitment

My strategy for sampling was to first identify communities where FDC training had strong implementation, (i.e., more than one FDC class had been offered, and there was evidence of interagency collaboration). Drawing from the tradition of utilizing positive case examples and “best practices” as sources of learning, I used purposeful sampling of information-rich cases (Patton, 2002) to select research sites and interviewees. Such sampling is not random or representative, but instead is purposefully biased in the direction of cases that are most likely to reveal important perceptions of the program. Using a simple metaphor as a guide, I thought, if one is going fishing, it makes sense to fish in a stream where there are fish. I wanted to go fishing where people had experienced strong implementation of FDC training. For example, there were areas in the state where little or no FDC training had yet been offered, or where the classes were being held primarily for the staff of only one agency. Given the important FDC goal of effecting change through interagency training, gathering data in such a community would have netted less useful information about outcomes.

I developed five sampling criteria, using the concept of maximum variation sampling that Patton (1989) defines as “purposefully picking a wide range of variation on dimensions of interest” (p. 182). The criteria for choosing local FDC training sites were:

1. FDC training had well-developed community support and implementation.
2. Trainers were experienced, having taught at least two full FDC programs.
3. Sites had geographic and regional variability.
4. Interagency and in-house training programs were represented.
5. Programs were offered in college and community settings.

Based on these criteria, I chose three sites for data collection⁴:

- Brooklyn/ New York City - Urban, college-based interagency FDC program. Classes were offered at a college through Continuing Education, and co-led by a career services counselor and an adjunct instructor with a background in mediation.
- Poughkeepsie/ Dutchess County - Mixed small city and rural. Classes were taught by a Community Action Agency deputy director and an instructor in the community college Human Services Associate Degree program, and offered at the community college and the offices of the Department of Social Services.
- Rochester/ Monroe County - Urban community-based program. Classes were co-led by a nurse who supervises Health Department community health worker program and a social worker at a Child and Family Resource Center.

⁴ Sites are identified by name with permission of local trainers.

Selection of research participant.

At each of the sites I obtained input from four groups of FDC stakeholders: trainers, workers/trainees, family members/help-seekers, and supervisors/community leaders. After obtaining approval from the Cornell University Institutional Review Board (IRB), I began the research by interviewing the two trainers who were teaching FDC classes at each of the chosen sites. To select workers/trainees, I asked the trainers to recommend workers/trainees whom they saw making good use of the family development skills taught in the FDC training, and who would be good interviewees, (i.e., likely to provide useful perceptions about the program and its effects). This is an example of intensity sampling, defined by Patton (2002) as “information-rich cases that manifest the phenomenon intensely but not extremely” (p. 243).

To select family members/help-seekers for focus group interviews, I sought people who had experienced the process of family development, and who were willing to share their experiences and perceptions. To recruit participants, I asked workers/trainees from the FDC classes at each site to invite family members/help-seekers to attend the focus groups.

Selection of supervisors of trainees and/or community leaders involved in sponsoring or advocating the FDC program was based on advice of the local FDC trainers. I asked them to recommend individuals who had been important to the process of program implementation in their community. In Dutchess County, I also attended the first meeting of an interagency FDC Advisory Council, and having received permission to audiotape the session, I was able to include perceptions of the program and its effects from several community leaders in attendance.

Demographics of research participants

The selection process led to 48 participants: six trainers; 14 workers/trainees; 12 family members/help-seekers; and 16 supervisors/community leaders.

The six FDC trainers interviewed included five women and one man. All were in their 30s, 40s, or 50s, One was Hispanic and five were European-American. They brought varied educational backgrounds: a registered nurse. one person with a bachelor's degree who was completing a master's degree; four with master's degrees, including one in Social Work, and one who was pursuing a Ph.D.

The 14 workers/trainees interviewed represented a variety of human service agencies including an Even Start family literacy program, a family-centered mental health program, Hispanic family services, and a prison program. The majority were African-American and/or Hispanic. Demographically they were fairly representative of the population of credentialed workers in NYS at that time, except for the variations as shown in Table 2.

Table 2

Key demographic differences between interviewees and all FDC credentialed workers

	Workers/trainees interviewed:	All FDC credentialed workers in NYS:
Sex	21% male	7% male
Age	65% over age 41	48% over age 41
Education	38% associates degree	23% associates degree
	15% bachelor's degree	22% bachelor's degree

The 12 family members/help-seekers who attended the two focus groups were involved with a range of family service programs including community action agencies, family literacy program, family resource centers, and a child abuse prevention agency, as well as housing, special education, and child welfare services. They ranged in age from 22 to 38, with an average age of 30.4. All were parents, having an average of 2.4 children, including stepchildren, with a range of one to six children. About half were African-American, one was Hispanic and nearly half were European-American.

Data collection: Interviews and focus groups

Data was collected through interviewing trainers and workers/trainees and from focus groups with family members/help-seekers. I chose to use standardized open-ended interview guides (Patton, 2002) for both the interviews and focus groups (see Appendix A) to minimize variation in the questions posed. My rationale for using similar questions with the various stakeholders in the three communities was to obtain comparable data related to the key program elements. In keeping with the empowerment values of the FDC, I gave participants the interview questions prior to the interview because I wanted to reduce the “power over” element of my position in order to draw out the “power from within” (Starhawk, 1997, p. 3). By giving them the opportunity to reflect on the questions before the interview, I also thought I might obtain stronger data.

I offered to interview trainers and worker/trainees at a site of their own choosing, and they all chose to meet with me at their workplace office. In the interviews with the FDC trainers, and with supervisors/community leaders, I focused on their experience with the FDC training program, their perceptions of changes occurring in the workers personally and in their practice with families, and their perceptions or theories as to why and how these changes occur. I asked about their own participation in the FDC program, why they choose to be involved (in order to surface assumptions about the potential of the program), and any effects that they had noticed in themselves, their organizations, and their communities.

The focus of interviews with workers/trainees was on their experience with the training and credentialing process, why they took the training, whether and how they felt it affected them personally, their opinions about whether and how their own way of working with families had changed because of the training, and what forces in the workplace had supported or prevented them from using family development skills and tools.

For the focus groups with family members/help-seekers, I made arrangements to meet at an agency affiliated with the FDC program. I emailed the workers/trainees from FDC classes in the area asking them to encourage people they had worked with to participate, and provide them with a letter of invitation. To encourage participation I offered reimbursement for transportation expenses and refreshments. I also gave them a list of the questions to be discussed, hoping to allay any concerns they might have about what they would be asked.

The focus groups met successfully in two of the sites, where the agency-based FDC programs helped to organize and recruit participants and provide childcare. In Brooklyn, where a college offered the FDC class, the recruitment effort was unsuccessful and no group was held. This lack of data from family members/help seekers in Brooklyn means that my constructs and examples around the effects of the practice of family development are less rich than they might have been.

I started the focus group interviews by asking participants to recall times they had met with the worker(s), what they actually did during that time, what was useful, and what they did not like. I waited until later in the conversation to ask whether certain practices expected of FDC-trained workers had occurred, such as whether they worked on specific goals and to what degree they felt they had made progress on those goals. My reason was to first see what participants would offer in an unprompted way, and then to provide the specific prompts.

On a process note, I found that by triangulating data collection—talking with people who had varied perspectives at each site—enabled a more complete reporting of program effects. Interviewees seemed to report more fully and openly about outcomes in others than those in themselves. They could tell stories about their own experiences and uses of the training but they were more expressive and expansive in their convictions about changes they had seen in others; trainers and supervisors told stories about changes they had seen in workers/trainees, and workers/trainees shared outcomes for family members/help-seekers.

Having collected the data, I then engaged program stakeholders to assist in reducing and coding the information.

Data analysis

To begin the data analysis I listened to audiotapes of the interviews and focus groups, and then reviewed transcripts of the tapes. I highlighted segments relevant to the research questions in order to reduce the data to useful sections for coding. Maintaining my commitment to participatory processes, I used a group coding method described by Belenky, Clinchy, Goldberger, and Tarule (1997) for their research on *Women's Ways of Knowing*. I invited all interviewees and other FDC stakeholders who had expressed interest in the research to a meeting to review quotes from transcripts and create coding categories.

Seven people attended, the FDC program director, FDC training coordinator, three FDC trainers, and one worker/trainee; they received a stack of interview segments cut out of six color-coded transcripts, including quotes from each type of stakeholder—trainers, workers/trainees, family members/help-seekers, and

supervisors/community leaders. Working first by themselves, participants read each quote and gave it a label of their own choosing.

Then they placed each quote on sheets of newsprint I had attached to the walls, based on whether they saw the quote as an outcome (initial outcome, intermediate outcome, potential long term impact), a mechanism of change, inhibitor of change, or a miscellaneous category. I chose these broad categories to represent the elements of a logic model or a theory of change for the program. Next, working as a group, participants read the posted quotes, moved quotes that did not seem to be in the right place, clustered quotes that seemed to represent the same or a similar theme, and working together, suggested a name for that cluster. One example relates to quotes about worker/trainees becoming more critically reflective. The group created the code “Reflect” for this group of quotes, which they decided to put on the initial outcome newsprint, under a broader category they created called *Increase in knowledge/self confidence of workers/trainees*. One such quote was:

I think students are also challenged in the way that they’re kind of able to, for lack of a better word, face their demons and come to terms with that, saying “Maybe some of the things that I was doing before really haven’t been working. Maybe when I’ve worked with a client before and they weren’t successful in something, I put the blame on that individual. In looking at that in retrospect, maybe I was at fault for some of that also or most of it,” so it’s kind of helped them to have a reality check for themselves as well.

After the group agreed upon categories, codes, and placement of the quotes on the newsprint sheets, I led and tape-recorded a group discussion about the meaning of the findings from the data we had analyzed thus far. This became an analytic memo that I consulted when I wrote up the findings. At the conclusion of the meeting I recorded where each quote was placed and put them in files by theme. This provided an initial coding and analysis model that I used in developing my coding schema. The categories that emerged at that time were:

- Why they got involved (primarily trainers and workers/trainees)
- Workers/trainees seeing strengths in families
- Increase in self-knowledge/confidence for workers/trainees
- Workers partnering with families
- Family members feeling supported
- Family members setting goals/making plans
- Family members learn/are strengthened
- Family members using services as stepping stones
- Workers’ personal growth
- Workers’ professional growth/increase in skills
- Workers implement what they had learned
- Workers/trainees benefit from training/credentialing
- Agency changes/effects
- Systems change/large effects
- Why it works/mechanisms of change
- Inhibitors to change

I next coded the 22 remaining transcripts using these categories, noting quotes that stood out as important examples. To add to the credibility of the findings, I then reviewed other data sources to look for evidence that might confirm or disconfirm the categories we had created. Documents reviewed were: notes from a discussion of observed training outcomes at a meeting of FDC trainers in New York City; portfolios submitted by workers/trainees after they completed the program; a transcript of the Dutchess County FDC Advisory Council; notes from informal discussion with trainees at the FDC classes in Dutchess County and at the Head Start Parent Training Institute in Brooklyn. I saw no disconfirming evidence, but did find some additional examples for the outcome categories already created, especially in the areas of community-wide changes and statewide response.

Use and Representation of Findings

The data collected and analyzed in this research study were utilized in two ways, for an Outcomes Report (Crane, 1999a) requested by the program director, and to refine the program logic model, which became the framework for representation of findings in my dissertation (Crane, 2000).

Outcomes Report

The first representation of findings from the research was a report of outcomes showing the multiple levels of effects reported, as occurring in four primary areas:

1. Effects of the family development process on individuals and families
2. Personal and professional development of trainees
3. Skills and competencies on the job; changes in practice
4. Organizational and community change

Before releasing the report I did a member check (Patton, 2002) by asking program stakeholders for their feedback on the findings of the research. I mailed a draft of the report to interviewees and other FDC participants who had expressed interest in the research, asking them to let me know whether the report was understandable, believable, and useful. Eleven people responded, six of whom had been interviewed, all saying that the data as reported were believable and useful; some suggested ways to reorganize it to make it more clear. The revised report became a program monograph (Crane, 1999a).

Creating the FDC program logic model

My interest in creating a logic model for the FDC program preceded the research project. In 1998, during the second year of the program's implementation, I created a first draft of a logic model to share at a meeting of FDC trainers, portfolio advisors, and the program's funder. After presenting the logic model I asked for feedback on its usefulness as well as suggestions for changes to make it more accurate. There was a high degree of engagement in the process, which is not always the case when input is requested on program evaluation.

Table 3

Initial FDC Program Logic Model (1998)

Inputs/Resources (If these resources are applied)	Activities (And if these activities are completed)	Outputs/ Short-term outcomes (Then...)	Intermediate Outcomes (And then...)	Long-term Impact/Vision (And finally...)
<p>1. Trainers/field advisors in local agencies, coalitions, and statewide programs.</p> <p>2. Funds at local level for workers to pay for training and credentialing.</p> <p>3. Cornell curriculum developers, researchers, trainers, and credentialing process (and fees to support these resources)</p> <p>4. State agency support</p> <p>5. NYS Family Development Assoc.</p> <p>6. Local agencies, FDC Coordinators and Advisory Councils</p> <p>7. Families - engage in the process, and advocate</p> <p>8. Workers who enroll and learn.</p> <p>9. Empire State College and PONSI who give college credit</p>	<p>1. Representatives of agencies/coalitions and colleges participate in Cornell Institute and become FDC Trainers.</p> <p>2. Trainers organize and offer FDC program (choose/orient Field advisors).</p> <p>3. Frontline workers register, pay fees, participate, and do portfolio work/ earn FDC credential.</p> <p>4. Cornell provides effective curriculum, training and TA, and credentialing process.</p> <p>5. State/local agencies and other funding sources assist workers in paying for training and credentialing.</p> <p>6. State/local agencies and the FDA carry out awareness building activities.</p> <p>7. Local supervisors support workers to enroll in training and use new skills.</p>	<p>1. FDC Trainers increase their skills and competencies around family development practice and ability to effectively organize and lead sessions.</p> <p>2. Counties and boroughs in NYS have at least one interagency FDC program each year.</p> <p>3. Frontline workers <i>increase their skills and competencies</i> in family development practice.</p> <p>4. Frontline workers <i>use</i> family development principles and practices in their work.</p> <p>5. Families have workers who are more respectful and culturally competent assist them in reaching their goals.</p> <p>6. Awareness of and support for FDC program, and belief in practice grows.</p> <p>7. Workers who took training together form interagency support groups.</p>	<p>1. Service providers begin to adapt program policies, practices and forms to support family development practice.</p> <p>2. Support for family empowerment increases among local service providers and state and federal programs, (e.g., policies and practices support family strengths and decision-making).</p> <p>3. Family members are more involved as leaders, in agencies and communities.</p> <p>4. Families are more able to set and reach their own goals.</p> <p>5. Outcome measures reflect changes in family and community functioning.</p> <p>6. Workers progress in their educational goals and careers.</p> <p>7. Agencies reward credentialing (e.g., promotions).</p> <p>8. Regional and statewide networks provide workers with FD support.</p> <p>9. Increased collaboration among local agencies.</p> <p>10. FDC Trainers become leaders in agencies and communities.</p> <p>11. Greater employee awareness of value of FDC training.</p>	<p>1. Individuals and families develop healthy self-reliance and interdependence with their communities.</p> <p>2. Communities, states, and nations create conditions through which individuals and families can reach their goals.</p> <p>3. Democratization - family members and workers realize their power and use their "voice" for needed changes.</p> <p>4. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is recognized as an important reality in our society and as valuable.</p>

One suggestion for a refinement of the model was to add *families/help seekers who engage in the process* to the Input/Resources column. I see this addition as representing the FDC stakeholders' commitment to considering families as full partners in the process, not only as recipients of services, but also as advocates for needed changes in service delivery. Once it was suggested, I could see its relevance; it had not occurred to me previously. I made the suggested changes, and the revised logic model, depicted in Table 3, represented my understanding of the program theory as I approached the qualitative inquiry. I see it as being based on my understanding of FDC program goals and principles and how it worked to achieve effects, as modified by input from program participants at the meeting discussed above.

Refining the logic model

After having carried out the qualitative inquiry, analyzed the data and reported it in the Outcomes Report (Crane, 1999a), I set about refining the initial FDC program logic model. As I describe below, I added some constructs to the model, removed some, and moved others into different columns. As a reference see Table 4: Final FDC Program Logic Model (Crane, 2000).

Changes to inputs/resources column. Minimal refinements were made to the Inputs/Resources column. I moved the item called *Local agencies, FDC Coordinators, and Advisory Councils* from number six in the initial model to become the first item in the final logic model to signal a more logical order. Because this program uses a community-based, training-the-trainer model, if there are no local sponsors for the training, it will not happen. Also, using better logic, I put the item called *Families engage in the process* below *Workers who enroll and learn*. If the workers do not learn and use what they've learned, they cannot engage families in the process.

Changes to activities column. As with the Inputs column, I rearranged some items in the Activities column based on reconsideration of the logic in the flow of activities, with the earlier activities placed higher in the column. However, two new activities that I had not included in the initial logic model were added based on the research findings. These appear as numbers seven and eight in the Activities column in the Final Logic Model.

Number seven, "Trainers and trainees/workers create a class environment that encourages personal reflection and sharing," came from a multitude of remarks made in interviews. For example, a Trainer said:

We had great discussions, and arguments. People at times didn't even speak to each other in class. But I saw it as a positive, because it challenged people to think, and to stand up for their beliefs and values. The FDC program allows you a safe environment to deal with the practical yet essential issues that workers are going through. Not only in their agencies, but in their personal lives as well. I saw it written in their course evaluations; that the training allowed them the forum to speak, and to really have someone listen to them without judging them. They spoke

from the heart. This is who I am. This is what I do. This is what I'm going through. This is what irks me and this is what I think would be better. Saying all this without being judged.

Table 4

Final FDC Program Logic Model (2000)

Inputs/Resources (If these resources are applied)	Activities (And if these activities are completed)	Initial outcomes (Then...)	Intermediate Outcomes (And then...)	Long-term Impact/Vision (And finally...)
<ol style="list-style-type: none"> 1. Agencies, coalitions and Advisory Councils that market FDC training locally. 2. Funding available for workers to pay for training and credentialing. 3. Cornell curriculum, training, technical assistance, credential. 4. State agency support and funds for training at local level. 5. Family Development Association of NYS. 6. Workers who enroll and learn. 7. Families who engage in the process and are advocates for family development. 8. College credit for FDC training through PONSI, Empire State and local colleges 	<ol style="list-style-type: none"> 1. Representatives of agencies/coalitions and colleges apply to and participate in Cornell Institute and become Trainers. 2. Cornell provides training and technical assistance for the trainers and field advisors, and the credentialing process. 3. Trainers choose and orient Field Advisors. 4. Interagency FDC training classes and field advisement are offered. 5. Supervisors support workers to enroll in training and use new skills. 6. Frontline workers register, pay fees, participate, and do portfolio work/earn FDC credential. 7. Trainers and trainees/workers create a class environment that encourages personal reflection and sharing. 8. Local programs hold celebrations for those who earn credential. 9. State and local agencies, Cornell, FDC trainers and trainees, and the FDANYS carry out awareness-building activities. 	<p>Trainers: Trainers use skills they learn in FDC in their personal and professional lives.</p> <p>Workers/trainees: 1. Workers/trainees develop personally. 2. Workers/trainees increase their knowledge about and skills in family development practice. 3. Workers/trainees use skills they learn in FDC in their personal and professional lives.</p> <p>Families/help-seekers: Family members/help-seekers experience the "seven steps of family development:"</p> <ol style="list-style-type: none"> a. Develop a partnership with the worker, a mutually respectful relationship. b. Assess needs and strengths. c. Set own goals and ideas for reaching them. d. Make a written plan. e. Learn and practice skills. f. Use services as stepping-stones to goals. g. Sense of responsible self-control is restored. 	<p>Workers/trainees: 1. Workers/trainees network with and make referrals to each other. 2. Workers/trainees progress in their educational goals and careers. 3. Workers/trainees provide leadership.</p> <p>Families/help-seekers: 1. Families demonstrate ability to set and reach their own goals. 2. Family members/help-seekers are less dependent and more involved in community.</p> <p>Agency/Community: 1. Service providers adapt policies, procedures, and forms to support family development. 2. Agencies see more efficiency and fewer crises. 3. Higher staff morale and lower turnover. 4. Agencies reward credential in hiring and promotions. 5. Support for family empowerment increases among service providers and officials.</p>	<ol style="list-style-type: none"> 1. Family development principles and practices are applied in all helping services. 2. Family development is taught in preservice education. 3. Families have adequate, sustainable income. 4. Youth are engaged in their family, school, and community. 5. Children and youth are safe in their homes and communities. 6. Democratization – family members and workers realize their power; use voice for change. 7. Individuals and families have healthy self-reliance and interdependence. 8. Communities, states, nations create conditions through which families can reach their goals. 9. Diversity (race, ethnicity, gender, class, family form, religion, physical/mental ability, age, sexual orientation) recognized as important reality. 10. Hope

This data and other similar quotes reinforced the idea that it is not enough to offer the FDC classes; trainers and workers must together create a class environment in which participants feel safe to share thoughts and feelings. Most FDC classes are offered for groups of workers from across various local agencies and systems. Important learning occurs when, for example, workers from child welfare or Probation can dialogue with Head Start or school-based workers. Creating an open and safe class environment contributes to learning and to what trainers and workers/trainees talked about in interviews as being a healing process for some trainees. This may occur for example, when workers who themselves have been recipients of services have an opportunity to be open about their experiences in an atmosphere that affirms them, and allows for re-examination of the stigma and shame that have often been a part of the traditional client role.

The other item in the Activities column that came from research findings is Number eight, “Local programs hold celebrations for those who earn credential.” It was clear from interviewees that such events provide an important affirmation of accomplishment, as well as enhancing visibility and understanding of the program. For example, the New York City Department of Youth and Community Development (DYCD) holds an annual graduation ceremony for workers from FDC classes across the city who have earned the credential, and encourage “graduates” to invite their families, supervisors, and co-workers to attend.

Changes to initial outcomes column. In the refined logic model the third column, Initial Outcomes, has a different title; it had been Outputs/Short-term Outcomes. Logic models sometimes include an Outputs column that specifies what occurs, how much, and for whom. The one actual output in the Initial Logic Model was two. *Counties and boroughs in NYS have at least one interagency FDC program each year.* I dropped this from the refined logic model because I decided to focus on use of the qualitative data for conceptualizing the outcomes of the program. Future FDC researchers may want to examine this item, essentially hypothesizing the dose of FDC training needed for outcomes to occur, particularly for agencies and/or communities.

The first item in the refined Initial Outcomes column relates to the FDC Trainers themselves: *Trainers use skills they learn in FDC in their personal and professional lives.* This is a modification of the wording in the initial logic model: *trainers learn about family development practice and how to organize and lead training sessions.* The interviews with trainers revealed strong evidence of how participation in this program has affected them outside of FDC. For example, a trainer who was also a community college instructor shared how doing FDC training has affected her teaching in other courses and in her life. She said,

It has helped my teaching tremendously because when you're working from an empowerment-based curriculum, you don't cut it off at the end of your family development day. It becomes who you are. I feel that I am more patient, more respectful of where students may be coming from and how all students are different and it's okay to be different. I use I-

messages⁵ so much in the family development curriculum that you just naturally take them home and take them into the classroom.

A related addition made to this column is in the section on workers/trainees, which now begins, with an item called *Workers/trainees grow personally*. This change emerged strongly from the data. The coding schema developed at the participatory coding meeting included an effect labeled as *Increase in self-knowledge/confidence for workers/trainees*. Looking at the transcripts, I saw many examples of workers/trainees talking about having grown personally from their participation in the FDC program. An example of this personal change relates to cultural competence, which is very important in this diverse nation. It involves being open to change, as a worker said, “The FDC training made me more open to criticism and flexible to changes. I am now more apt to handle difficult situations and to cope with differences such as race and culture.”

A final addition for workers was again related to effects in their own lives. Item four in the initial model, *Frontline workers use family development principles and practices in their work*, was revised to read, *Workers/trainees use skills they learn in FDC in their personal and professional lives*. For example, a worker remarked:

I used FDC in my personal life... My youngest son was just starting puberty and he was going through all kinds of changes, and I didn't know how to deal with it. I started using the I-messages because we were getting into this tug-of-war on a regular basis, and it just was not me and it wasn't him. I found that I started calming down more, listening to him more. And then all the sudden he started feeling more respected, starting to feel his space. Over a period of three or four months we started seeing that we were back to normal again. We were able to talk and he could express himself.

The next major refinement in this column was the addition of initial outcomes occurring for families/help seekers. In the focus groups I had asked family members/help-seekers, in an open-ended way, what they did when they met with the worker (who had taken FDC training). In examining their responses and the outcomes for families reported by the workers/trainees, I looked to see if there was a correlation with the *Seven Steps of Family Development* (Dean, 1996) taught in the curriculum. While not every person's story reflects this entire process, there were enough examples to provide evidence that when workers/trainees were using the skills taught by FDC, family members/help-seekers were experiencing this process. I thus decided to bring the seven steps into the logic model. For example, the fifth step is: *The family learns and practices skills needed to become self-reliant*. This mother shared what she had experienced with the worker using the family development approach:

⁵ I-messages are a form of assertive communication taught in FDC classes, in which a person says what she or he thinks or feels, clearly and respectfully.

It was not so much of her doing; it was me being responsible for myself. She would just say, "These are your options and this is what you can do." When I would make these calls, usually I felt like she would have to hold my hand. When she saw me doing everything by myself she was like, "Wow."

In retrospect, I would move the final step, which is more about the result of the family development process, to the Intermediate Outcomes column. This step is about how *the family's sense of responsible self-control is restored*; the family and each individual in the family is strengthened by the process. This can be seen as an increased sense of self-efficacy or personal power. A mother talked at a focus group about this process of gaining a sense of self-reliance:

I was amazed myself, because [after awhile] I didn't need anyone to hold my hand. She [the family worker] sits back and she watches me make my mistakes, and she listens. I'm glad she's allowing me to learn to make my mistakes. And she doesn't judge me. I've learned I don't need anybody's approval but my own.

Changes to intermediate outcomes column. Refinement of the Intermediate Outcomes column included categorizing outcomes by Workers/Trainees, Families/Help-Seekers, and Agency/Community. For example in the Initial Logic Model, Intermediate Outcome nine: *Increased collaboration among local agencies*, was narrowed in scope to become an outcome related to effects of FDC classes on workers/trainees and was reworded to become Intermediate Outcome 1: *Workers/trainees network with and make referrals to each other*. I also removed an outcome in the initial model, ten: *FDC Trainers becoming leaders*, because in retrospect, and after collecting data, I saw it as over-reaching. While there is evidence in the data of workers/trainees taking greater leadership in their agencies and communities, it was insufficient to warrant inclusion in the logic model.

A new item added for workers/trainees, based on the data collected, is 3: *Workers/trainees provide leadership*, an outcome that seems to follow the personal and professional development occurring for trainees in the FDC program. It can happen within the agency where they work, in the community in informal or formal roles, and/or in the statewide FDC program. Leadership can be informal, as when people provide a direction for a group, and others listen. An interview with an official for a regional office of a state agency revealed this story about a worker who showed those qualities:

There is a lady. They told me she used to be quiet as a mouse. This woman [after taking FDC] now sits up tall at meetings. She's talking loud. She has a soft voice but you can hear her clearly. We had a meeting and everybody was talking and wondering where we going, and all of a sudden she brought serene quietness to the meeting. She raised her hand and she said, "Well I feel that we ought to do x, y, and z." All of a sudden everybody was saying, "Yeah, I'm with her." She became a leader in her own right, a real quiet leader, where before I don't think she had enough courage to say

anything. She probably did her job well and that was it, but she didn't take it beyond that.

Two new items added to the Intermediate Outcomes at the level of Agency/Community came from research findings. Intermediate Outcome two: *Agencies have more efficiency and less need to respond to crises* was added because supervisors in agencies that have trained most or all of their staff in family development reported an increase in efficiency of operations, fewer "no-shows," and less demand for after-hours care. For example, one supervisor asserted in an interview:

When they are using family development techniques, there's more efficiency, numbers-wise, fewer ineffective visits, scheduled visits where you show up and there's nobody there. More families are calling and rescheduling or canceling, as opposed to simply not being home. They want to maintain a relationship.

As well, outcome number three for workers, *Higher staff morale and lower turnover*, became part of the refined logic model because several supervisors described staff members who had taken FDC training as having higher morale and the agency was seeing lower staff turnover. The reasons may be many and complex. Supervisors talked about the enthusiasm for FDC and sense of validation that seems to be so prevalent. One spoke about a worker who is taking FDC:

She has come back with this high level of enthusiasm. I get the weekly run down of what the session was, and she's very high energy. She said that it affirms some of what we're already doing in our agency so that helps; that we're on point on our own mission.

Changes in long-term impact/vision. I added several constructs to the final column called Long-term impact/vision. This part of logic model is seldom evaluated empirically because of the expense of longitudinal studies. However this section is important to the communicative function of logic models in that it represents the long-term impacts that a program's activities and outcomes are intended to reach. The items added to the refined logic model from the stakeholder interviews included the first two, which are related to the spread of family development as a practice. The next three constructs came from perspectives of the interviewees about what the impact could be if this program were implemented broadly. I added item four. *Youth are engaged in their family, school, and community*, in recognition that youth workers are taking FDC classes and using family development practices in their work with adolescents. For example, a worker/trainee who works in an urban school setting uses what she learned to help youth set their own goals and make plans for how to reach them. She shared her vision for how things might change if FDC were widely implemented:

I think we would have higher school graduation success rates [if this was more widespread]. Many of the children I work with, if you asked, “What do you want to be?” They don’t have the foggiest idea. [With this kind of assistance] they would have direction. This can help them formalize their dreams.

Items seven, eight, and nine, came from FDC program goals that were validated by the research data. The final item, *Hope*, came from a poignant statement by an official in New York City when asked about his vision on what this program could accomplish in the long run: “I think this is something that gives workers hope.” When I asked him what, if any, effects this program had had on him either personally or in his work life, he said, “It’s given me hope.” I added the construct “hope” to the model because it seemed to sum up an important effect of the empowerment process.

Having explained how I used the qualitative findings to refine the logic model for the FDC program, I will now describe how I structured the presentation of findings in the dissertation to provide the rich, detailed, and concrete description what Patton (2002) and others called “thick description” (p. 438) that characterizes qualitative research findings.

Using data to illustrate elements of the logic model

In the dissertation, the Final Logic Model became the framework for presenting examples of the key elements related to what occurs in the FDC program and the outcomes that can result.⁶ Given limits of this article, not all the elements can be shared, however the following chart provides an example of how I presented quotes from the qualitative inquiry to illustrate the first three steps of the initial outcomes for families/help-seekers.

Creation of separate logic models by stakeholder group

Following submission of the dissertation, I decided to use the qualitative data to further refine the logic model by creating three separate models, one for Workers/trainees, another for Families/help-seekers, and the third for Agencies/Communities (see Appendix B). For each of these, I left columns one and five as they were, but created a more refined set of Activities, Initial Outcomes, and Intermediate Outcomes to portray the process that can occur with the FDC program by level of effect. I shared this as an example of the flexibility of the logic model format at a presentation at the American Evaluation Association (Crane, 1999b).

⁶ For full description, see *Research from Dr. Betsy Crane: FDC Program Theory*, at <http://www.fdc-pa.org/resources.html>

Outcomes	Examples:
<p>1. The family develops a <u>partnership</u> with a family development worker; a mutually respectful relationship</p>	<p>In a focus group with family members/help seekers, a mother said: <i>(What the family worker did was) not judging and just being there. That's the biggest thing. A lot of people will prejudge you and say, "You got yourself into this situation. You've got to get (yourself) out." And that does something to your self-esteem.</i></p> <p>A worker said: <i>I think the families can really sense that partnership that comes with this whole program, that feeling of being a part of this. It's not something that's just given to them, like, "I'm coming to your home to just give you a service." It's a partnership. It's something that we're building together.</i></p>
<p>2. A family development worker <u>helps the family assess</u> its needs and strengths; an ongoing process.</p>	<p>In focus groups with family members/help seekers, mothers made the following comments:</p> <p><i>(What) struck me were the goals, the needs, the strengths, and the weaknesses. (When the family worker asked about strengths) I couldn't think of one good thing I could say about myself. Then I'm sitting at the meeting and (the family worker) said, "She's doing this, and she's doing that, and she's good." I'm looking at her thinking, "You got that from one meeting?" She said the main thing (strength) was, I wanted all my kids to be together.</i></p> <p><i>They (family development workers) are the light of my life right now because if it wasn't for them I'd be lost. My best strength, they said, was my parenting. And they used my stubbornness - that everybody else uses as evil - they used that as good. They said, "Your stubbornness is what's going to keep your family together, and keep your head above water." And I'm like "Yeah, okay." They said, "You're a good parent." I'm thinking, "Well, if I'm a good parent, then I wouldn't be going through the problems that I'm going through, and my daughter would be with me." They said, "Remember you went through this for six years. Nobody helped you, everybody downed you, but you stuck in there and you proved all these people wrong, and that's your biggest strength."</i></p> <p>A worker talked about helping a man plan for how to stay out of jail: <i>One young man just recently got out, and we had used the model with him. He was able to pick up on his strengths quite fast because he's probably be a pretty bright guy. He had a long history of drug abuse. (We worked on) what he wanted when he got out, and the strengths. We looked at that week to week, and how things were going in terms of plans that he was making. I heard he's now doing well and he even called us back, saying he's doing quite well.</i></p>
<p>3. <u>The family sets its own major goal</u> and <u>smaller goals</u> working toward the major goal, and identifies ideas for reaching them.</p>	<p>A family member shared these experiences around goal setting: <i>We set up my goals. One is to get my GED (General Equivalency Diploma). That's on the top of the list. Then go out and see if I can either go back to school or get a job, besides raising my grandchildren. I already graduated from Office Tech at BOCES. My career was on hold while I was raising my grandchildren, but I have a husband who supports me and he wanted me to go back. And hopefully this next month I'll pass my GED because I'm going for it. I'm hoping.</i></p> <p>A youth worker talked about guiding a youth through this process. <i>I had to take a 15-year-old youth, who had been arrested for possession of cocaine, to Probation. While we were riding he was telling me about school and why it's difficult for him. He finally told me he couldn't read very well, and that he felt frustrated when the other children were able to get finished with their assignments faster than he was. I asked him what he was going to do all summer. He said, "I'll probably get a job." I asked, "Will your grades be high enough for you to get a job?" He said, "No." So I said, "Where should we start first?" He wrote out his goals while we were waiting for his probation officer. He wrote out what he was going to do, and how he was going to do it. He was going to speak with each teacher on Monday and find out what he needs to do to raise his grades. So I asked him, "What are you going to do about the inability to read?" I had to let him know that I'm not judging him. It's unfortunate, but it's something that we can work on. So he is going to stay after school, and I'm going to investigate looking into someone to tutor him in reading.</i></p>

Having described both how the study was conducted, as well as how the findings were utilized, I will now discuss the criteria used for this research as relates to quality.

Quality: Trustworthiness of Knowledge Generated

A key tenet of the constructivist paradigm guiding this research is the assumption that all knowledge is socially and historically constructed. The traditional assessments of validity and reliability of quantitative measurement do not apply. I therefore used the Guba and Lincoln (1989) concept of trustworthiness that they conceptualized for constructivist researchers, and in particular their criteria of credibility and transferability, as my guideline for assuring that the findings from this study would have value.

Credibility

Credibility as discussed within the constructivist paradigm is the “match between the constructed realities of respondents (or stakeholders) and those realities as represented by the evaluator and attributed to various stakeholders” (Guba & Lincoln, 1989, p. 237). I used techniques suggested for increasing this match, or verifying it, including member checks, prolonged engagement, peer debriefing, and progressive subjectivity (Patton, 2002).

Member checks

Member checks refer to checking in with stakeholders from whom data was collected for their feedback regarding data summaries, categories, and interpretations. This occurred in several ways in this study. FDC trainers reviewed the first logic model and I used their feedback to add to the model. I engaged research participants and other stakeholders to help create categories from the actual interview transcripts. All research participants and some other interested stakeholders reviewed a draft of the Outcomes Report (Crane, 1999a). I asked reviewers to give me feedback as to whether it was believable (i.e., credible), understandable, and useful.

Finally, I sent a first draft of the refined logic model and related descriptions/quotes to research participants, asking for their feedback. I received responses from five; of those, four had been interviewed and two had participated in the categories meeting. Their general responses were, “Sounds right on,” and “You absolutely have it right.” That being said, there were some constructs they thought I should emphasize more, and they made suggestions for improving the text. One trainer presented her own theories about the mechanisms of change that I integrated into my discussion of findings. This willingness to critically read and give feedback increased my trust in the conclusions I had drawn.

Prolonged engagement

Patton (2002) asserts that prolonged engagement with the research context improves constructivist research in that researchers can build trust and rapport needed to uncover meaning. As a program developer and statewide senior trainer I had five years of participant observation and investment in relationship development with key partners in this program. My impression during the data collection process was that even though my

relationships with the participants, and therefore their comfort with me, varied, the rapport needed to access important interviewee perceptions was quite good.

Peer debriefing

Lincoln and Guba (1985) described peer debriefing as sharing interpretations of the data with a peer who has no investment in the outcome of the research. Peer debriefing is recommended by Patton (2002) as a key strategy in guarding against bias, in that researchers must externalize their thinking and feelings about their findings, and respond to questions and challenges, thus gaining greater clarity. I engaged in this process in a dissertation support group with three colleagues who were also using qualitative methods for dissertation research.

Progressive subjectivity

Patton (2002) encourages the use of progressive subjectivity to monitor one's own developing constructions as the researcher. I kept notes throughout the process about my impressions, along with successive iterations of the logic model. After each interview, I tape-recorded my thoughts about data quality as well as the key themes that had seemed to emerge. I reviewed these as I was drafting the report to help me recall my earlier impressions of program outcomes and key examples.

Transferability

Guba and Lincoln (1989) suggested the idea of transferability as a corollary of the standard of external validity or generalization in quantitative research. When qualitative researchers provide careful description of the time, place, context, and culture in which data were gathered, persons in other settings can assess the potential usefulness of the knowledge generated. In reports of my research, I described the FDC program in terms of the curriculum and training process as well as the settings and demographic characteristics of the research participants. It seems that my findings are transferable, as many of the outcomes in my logic model have subsequently been found in other states that have adopted this program, as described below.

Limitations of Research

By conducting an evaluation based on a working model of program effects, I used an interpretivist inquiry to refine a logic model for the program. So the program's *theory of change* is closer to being a *theory in use* as opposed to being exclusively the espoused theory (Argyris & Schön, 1996). The logic model predicts steps in a sequence of change that can occur for at least some families, workers, agencies, and communities. The model is based on "best case scenario" examples gleaned from purposive sampling, demonstrating that these outcomes can and do occur for some individuals, in some communities.

A key limitation of this research is that it cannot predict whether the elements in the refined logic model will be present in all FDC programs. It is also important to

recognize that this model cannot predict any individual's path through family development. The outcomes may not occur for all individuals, all agencies, or all communities participating in FDC training programs. This is particularly the case because these data were collected in just three areas of one state where implementation was quite strong. Also, the research occurred at a time when the program was quite new, and it had a certain glow based on the initial excitement of the program developers and early stakeholders. One cannot predict whether the same outcomes can occur over the life of the program. As well, the program elements found in this study to be important for the New York State program may vary across the 19 states currently offering the FDC program, given differing leadership and organizational contexts.

Discussion and Concluding Remarks

I present this research as a case study in the use of qualitative inquiry for outcomes evaluation. As well, it argues for the usefulness of the logic model as a framework for conceptualizing program outcomes, and provides an example of use of qualitative research findings to refine a logic model, and for use of the logic model to organize the representation of findings with related description and examples of the elements in the model.

My experience of carrying out this complex qualitative project has confirmed for me the value of partnership-oriented participatory research, in which actors in a variety of institutional settings can be engaged to bring valuable perspectives to the inquiry. As a new qualitative researcher I wrestled with the idea of objectivity, engrained in me from my previous scientific training. Despite reassurances from other qualitative researchers that my in-depth knowledge as a co-developer of the FDC program was actually a positive aspect of the study, I feared accusations of bias. By engaging other program stakeholders throughout the planning and implementation of the study, including data analysis and review of findings, I felt more confident that the story emerging from the findings would be warranted.

Generally the degree of interest and follow-through by program stakeholders was excellent. However participatory research also has its challenges. Relying on FDC workers in far-off communities to recruit family members for focus groups for example, proved to be a challenge. This problem is however not so different than what survey researchers experience in locating and engaging respondents to quantitative studies.

One result of the study I had hoped for was that the elements in the logic model might be considered as cogent constructs, useful for other researchers studying the FDC program. While no other researchers have explicitly created measurable indicators based on the constructs in the logic model, subsequent studies do cite this research. Nicole Hewitt, a doctoral student whose dissertation research is focused on the FDC program, used the logic model refined in this study as a framework to synthesize findings from 11 research studies of FDC programs across the country (Hewitt, Crane, & Mooney, 2008). Findings from these studies validate several of the outcomes in the logic model. For example, ten FDC studies found professional and/or personal impacts upon workers, while three also reported findings associated with changes in knowledge, skills, and values of workers who completed FDC.

So what are the surprises, learnings, and lingering questions? I have been both surprised and pleased to see the growth of the FDC program. That over 11,500 people in 19 states have now taken FDC training and earned the FDC credential is testimony of belief in its value. It may be that this research, with the refinement of the logic model, has helped people to understand its potential. For example, the orientation for new instructors and portfolio advisors in the FDC program in Pennsylvania, where I am now involved in an advisory role, includes presentation of the logic model as a way to explain how the FDC program works.

In terms of learnings, this research gave me a much greater appreciation for the complexity of discerning what occurs in a human services program—what the outcomes or effects really are, and the process by which those outcomes are achieved. How can we actually know except by asking those most involved? For that I am grateful to have qualitative inquiry. The depth of sharing that occurred during the interviews and focus groups demonstrated a real generosity of spirit on the part of the participants. The interviewees, whether they had engaged in FDC training due to their employment or because they sought assistance from someone trained in this mode of helping, all showed a remarkable willingness to be reflective, responding to my questions with useful examples and perspectives.

While using the refined logic model as a framework for representing my data with quotes to illustrate the elements was functionally useful, that choice had its negatives as well. The findings do not convey the sense of lived experience of participants that can be evoked when the richness of qualitative findings are woven into stories. Alternatively, I might have chosen to use my data to produce a composite narrative of the experience of a worker in learning and using the knowledge and skills gained from the FDC program, as well as a similar composite story of a family that has grown in its ability to function well through the experience of family development. While such a project would have its own merits, I believe it was the complexity of the program and its mechanisms for change as well as outcomes for stakeholders that drove my interest in the logic model format. I wanted to be able to explain and demonstrate how this visionary change-oriented collaborative program actually operates to produce desired effects.

As I reflect on the problem of changing the paradigm within which helping services are offered, which drove the creation of the FDC program and this research, I have to wonder whether what I observed and learned from my research participants is happening in other settings, as the program grows, and leadership diffuses into the differing state programs. The highly interactive nature of the curriculum, based on adult education principles, is oriented toward helping people make the change from a deficit orientation—seeing and solving problems for people—to a strengths-based empowerment-oriented way of being. This requires a parallel process (Williams, 1997) whereby all who are involved in FDC, from the statewide coordinators to the portfolio advisors, are *walking the talk*. In other words, do those who attend the training—the trainers—institute have the transformative and consciousness-raising experience reported by my interviewees, which they can then pass down to the workers/trainees who take their classes? I see this as an underlying mechanism in the program's theory of change as identified in the logic model. Is that happening? I suggest it as an area for future research, a ripe question for future qualitative inquiry.

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Appendix A

Interview and Focus Group Questions

Interview Guide for Workers/Trainees

1. How was it that you came to be involved in the FDC program?
2. Thinking back on it, what was it like for you to take the FDC class?
3. How about doing the portfolio, and field advisement? How was that for you?
4. What effects, if any do you think the FDC program has had on you, either personally, or in your work life?
5. To what extent have you been able to use family development skills or practices in the work you do? Any examples?
6. What if anything keeps you from using what you've learned?
7. When you use what you learned in family development, what happens with families? Can you give me any examples?
8. I'd like to get your ideas on actual outcomes of the FDC program in your community, for workers, families, the community, agencies, etc. Let's start with any short-term effects you have seen or know about.
9. What happens next? If these changes occur, what have you seen that might be a result of these initial changes?
10. If you had one minute to tell a program director or politician why they should support family development and the FDC, what would you say?
11. What is your vision for what the FDC program can accomplish, in the long run?
12. When you think about your experiences with FDC and family development, is there anything else you'd want to share?

Focus Groups with Parents/Family Members: Discussion Guide

1. When you think about times you or your family has needed help or you have wanted to work toward a goal, what have people done that has been most useful? This might be help from friends, your family, or agencies.
2. When you think of agency workers who have been the most helpful to you, how have they acted, or what did they do, that you liked?
3. You are all here because you have, in some way, been involved in working with someone who took a training program called "Family Development" Sometimes

- it's called FDC. Thinking about the times you've met with this person, can you talk about what you did? What kinds of things you talked about or did together?
4. What's it been like for you?
 5. What is the most helpful thing that you and this person did together?
 6. What are some goals that you've worked toward, or goals you've achieved?
 7. Is there anything they did that didn't work so well?
 8. Family development is about empowerment. The idea is to for families to learn how to work toward your goals, and to get help for your family when you need it (from friends, family members or community groups) and also how to help others. Can you think of how this has been for you?
 9. Do you have any other thoughts or suggestions?

Interview Guide for FDC Trainers and Community Leaders

1. How was it that you came to be involved in the FDC program? What attracted you to it?
2. Can you talk for a few minutes about what it has been like for you?
3. What is your vision for what the FDC program can accomplish, in the long run?
4. We are trying to figure out what changes if any are happening because of this program. What effects, if any, do you think the FDC program has had on you, either personally, or in your work life? Let's start with personally.
5. What effects do you think it has had on you, if any, in your work life?
6. What about the effects it has had on the workers in your classes? It helps to think in terms of attitudes, knowledge, and behavior. What changes in attitudes have you seen, if any?
7. What knowledge or skills do you see the workers gaining?
8. When workers use what they learn in family development, what happens with families/ those they work with? Can you give me any examples?
9. What about changes in agencies, or the community? (attitudes, knowledge, or behavior)
10. Have there been any unanticipated outcomes?
11. What helps workers use the methods or skills they are learning in their work with families?
12. What keeps them from using the knowledge and practices they are learning? (probe for system issues, supervisory issues, family issues, etc.)
13. Thinking about the outcomes or changes that you have seen, what is your theory about how it works? What is it about the FDC program or curriculum that is making these changes happen?
14. What role do you think the portfolio work and field advisement plays in their learning?
15. What are the conditions that have made FDC possible in your community? What is propelling it forward now?
16. If you had one minute to tell a program director or politician why they should support family development and the FDC, what would you say?
17. Is there anything else you would like to share?

Appendix B

NYS FDC Program Logic Models Refined by Levels of Effects

FDC Logic Model for *Trainees/Workers*

<u>Inputs/Resources</u> (And if these resources are applied)	<u>Activities</u> (And if these activities are completed)	<u>Initial outcomes</u> (Then...)	<u>Intermediate Outcomes</u> (And then...)	<u>Long-term Impact/Vision</u> (And finally...)
<p><u>Local organizational support</u> for trainers and field advisors to offer FDC.</p> <p><u>Funds</u> at local level for workers to pay for training and credentialing.</p> <p><u>Cornell</u> curriculum, training and technical assistance (and fees to support these resources).</p> <p><u>State agency support</u> and funds for training at local level.</p> <p><u>College credit</u>: Empire State, PONSI and other colleges.</p> <p><u>Family Development Association</u> (FDANYS)</p> <p><u>Local agencies</u>: FDC Coordinators and Advisory Councils.</p> <p><u>Families</u> who engage in the process and are advocates.</p> <p><u>Workers</u> who want to enroll and learn.</p>	<ol style="list-style-type: none"> 1. Supervisors support workers to enroll in training and use new skills. 2. Trainees read Worker Handbook and participate in class activities. 3. Trainees do reflective thinking and writing for their portfolio. 4. Trainees work with their Field Advisor to discuss and get feedback on their portfolio work. 5. Trainees do “Skills Practice” for their portfolios and write reflections on what they learned. 6. Trainees work with one family to do three Family Development Plans for their portfolio, and write a reflection about that process. 7. Trainees submit portfolio to Cornell, take exam and earn FDC credential. 8. Local programs hold celebration for those who earned credential, their families, and supervisors. 	<ol style="list-style-type: none"> 1. Trainers and trainees create class environment that encourages personal reflection and open expression. 2. Trainees increase their knowledge about and skills in family development practice. 3. Trainees adopt or are reinforced in their belief in family empowerment. 4. Trainees feel validated and more confident. 5. Trainees are more self-aware and reflective, personally and professionally. 6. Trainees gain communication and relationship skills; set boundaries. 7. Trainees are positive and empowering. 8. Trainees express their own ideas; gain “voice.” 9. Trainees increase cultural awareness and competence. 10. Workers who took training informally network with and make referrals to each other. 11. Supervisors help workers use what they learn. 	<p>Trainees use family development principles and practices in their work.</p> <ul style="list-style-type: none"> -Form mutually respectful relationships with families. -Assist people in setting their own goals and making their own plans. - Communicate skills. -Advocate for families setting their own goals. -Outreach skills. -Prioritize and use time management . <p>Workers who took training network with and make referrals to each other.</p> <p>Workers progress in their educational goals and careers.</p> <p>Workers become leaders in agencies and communities.</p> <p>Credentialed workers become FDC field advisors and trainers.</p>	<ol style="list-style-type: none"> 1. Family Development principles and practices are applied in all helping services. 2. Family Development principles and practices are taught in preservice education. 3. Individuals and families have healthy self-reliance and inter-dependence. 4. Families have adequate, sustainable income. 5. Children and youth are safe in their homes/communities. 6. Youth are engaged in their family, school, and community. 7. Communities, states, nations create conditions through which individuals/families can reach their goals. 8. Democratization - family members and workers realize their power and use their voices for change. 9. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is recognized as an important reality. 10. Hope

FDC Logic Model for *Families*

<p><u>Inputs/Resources</u> (And if these resources are applied)</p>	<p><u>Activities</u> (And if these activities are completed)</p>	<p><u>Initial outcomes</u> (Then...)</p>	<p><u>Intermediate Outcomes</u> (And then...)</p>	<p>Long-term Impact/ Vision (And finally...)</p>
<p><u>Local organizational support</u> for offering FDC.</p> <p><u>Funds</u> at local level for workers to pay for training and credentialing.</p> <p><u>Cornell</u> curriculum, training and technical assistance (and fees to support these resources).</p> <p><u>State agency support</u> and funds for training at local level.</p> <p><u>Family Development Association</u> (FDANYS).</p> <p><u>Local agencies:</u> FDC Coordinators and Advisory Councils.</p> <p><u>Families</u> who engage in the process and are advocates.</p> <p><u>Workers</u> who want to enroll and learn.</p> <p><u>College credit:</u> Empire State PONSI and other colleges.</p>	<p>FDC classes are offered; workers take classes and earn credential.</p> <p>Frontline workers use family development principles and practices in their work.</p> <p>Families have workers who are respectful and culturally competent partnering with them to assist them in setting and reaching their goals.</p> <p>Individuals and families engage in the family development process.</p>	<p>(Outcomes 1-7 follow the program's definition of Seven Steps of Family Development)</p> <p>1. The family develops a <u>partnership</u> with a family development worker, a mutually respectful relationship</p> <p>2. A family development worker <u>helps the family assess</u> its needs and strengths, an ongoing process.</p> <p>3. <u>The family sets its own major goal and smaller goals</u> working toward the major goal, and identifies ideas for reaching them.</p> <p>4. The family development worker <u>helps the family make a written plan</u> for pursuing goals with some tasks being the responsibility of the family members and some the worker's. Accomplishments are celebrated, and the plan is continually updated.</p> <p>5. The family <u>learns and practices skills</u> needed to become self reliant.</p> <p>6. <u>The family uses services as stepping stones</u> to reach their goals.</p>	<p>7. The family's sense of <u>responsible self-control</u> is restored. The family and each individual within the family is <u>strengthened</u> by the process so they are better able to handle future challenges.</p> <p>Family members gain in self-confidence and self-reliance; sense of efficacy.</p> <p>Family members demonstrate ability to set and reach their own goals.</p> <p>Families have a support network that allows for backup/assistance in emergency in high stress times (less dependent on agencies).</p> <p>Family members are more involved in agencies, schools and communities with greater interdependence.</p> <p>Family members advocate for themselves and their families.</p> <p>Family members take FDC training and become workers.</p>	<p>1. Family Development principles and practices are applied in all helping services.</p> <p>2. Family Development principles and practices are taught in preservice education.</p> <p>3. Individuals and families have healthy self-reliance and interdependence.</p> <p>4. Families have adequate, sustainable income.</p> <p>5. Children and youth are safe in their homes/communities.</p> <p>6. Youth are engaged in their family, school, and community.</p> <p>7. Communities, states, nations create conditions through which individuals/families can reach their goals.</p> <p>8. Democratization - family members and workers realize their power and use their voices for change.</p> <p>9. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is recognized as an important reality.</p> <p>10. Hope</p>

FDC Logic Model for Agency/ Systems Change

<u>Inputs/Resources</u> (And if these resources are applied)	<u>Activities</u> (And if these activities are completed)	<u>Initial outcomes</u> (Then...)	<u>Intermediate Outcomes</u> (And then...)	<u>Long-term Impact/Vision</u> (And finally...)
<p><u>Local organizational support</u> for trainers and field advisors to offer FDC.</p> <p><u>Funds</u> at local level for workers to pay for training and credentialing.</p> <p><u>Cornell</u> curriculum, training and technical assistance (and fees to support these resources).</p> <p><u>State agency support</u> and funds for training at local level.</p> <p><u>Family Development Association</u> (FDANYS).</p> <p><u>Local agencies</u> coordinators and Advisory Councils.</p> <p><u>Families</u> who engage in the process and are advocates.</p> <p><u>Workers</u> who want to enroll and learn.</p> <p><u>College credit:</u> Empire State PONSI and other colleges.</p>	<p>Representatives of agencies/coalitions and colleges become FDC Trainers and Field Advisors.</p> <p>Trainers choose and orient <u>Field Advisors</u>.</p> <p>Interagency FDC training classes are offered.</p> <p>Supervisors support workers to enroll in training and use new skills.</p> <p>Trainees register, pay fees, participate, and do portfolio work/earn FDC credential.</p> <p>Cornell provides curriculum, training and TA, and the credentialing process.</p> <p>State and local agencies, Cornell, and Family Development Association carry out awareness-building activities.</p>	<p>(See outcomes for trainees)</p> <p><u>Changes within agencies:</u> Trainees teach other staff what they learn in FDC.</p> <p>Supervisors support use of empowerment practices; model that in supervision.</p> <p>Service providers adapt policies, procedures and forms to support family development practice.</p> <p>Less crisis orientation; more focus on ongoing family development.</p> <p>Efficiency and effectiveness</p> <p>Higher staff morale and lower turnover.</p> <p>Agencies reward credentialing, (e.g., hiring, promotions)</p>	<p><u>Changes in communities and systems</u></p> <ol style="list-style-type: none"> 1. Expectation of family development practices by service recipients and workers. 2. Support for family empowerment increases in state and federal programs, (e.g., policies and practices support family strengths and decision-making). 3. FDC and family development being adopted across a community. 4. Officials advocate family development and FDC. 5. Officials use FDC principles and practices 6. FDA regional and statewide networks provide FD workers with ongoing education and support. 7. Funding for FDC training and credentialing. 8. Colleges offer credit for FDC. 9. Other states use FDC curriculum and replicate credentialing program. 	<ol style="list-style-type: none"> 1. Family Development principles and practices are applied in all helping services. 2. Family Development principles and practices are taught in preservice education. 3. Individuals and families have healthy self-reliance and interdependence. 4. Families have adequate, sustainable income. 5. Children and youth are safe in their homes/communities. 6. Youth are engaged in their family, school, and community. 7. Communities, states, nations create conditions through which individuals/families can reach their goals. 8. Democratization - family members and workers realize their power and use their voices for change. 9. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is recognized as an important reality. 10. Hope

Author Note

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