THE INNOVATIVE JOURNEY MAPPING INTERNET EVALUATION TOOL: STAFF AND CLIENT PERSPECTIVES ON IMPLEMENTATION IN A DRUG COURT PROGRAM

by

DHIRA DIANNE CRUNKILTON

(Under the Direction of Margaret M. Robinson)

ABSTRACT

The purpose of this study was to assess staff and client perspectives on implementation of the Internet-based Journey Mapping evaluation tool. A drug court program setting was chosen for a case study research design. Six drug court treatment staff who utilized the Journey Mapping technology were purposefully selected to participate in this study. In addition, 10 clients were selected via stratified random sampling to represent all five treatment phases among the approximately 100 clients in the program. The 16 staff and clients participated in interviews and observations, and also responded to a questionnaire. A staff survey, a researcher's journal and program records provided additional data.

The predominant qualitative data analysis strategy, coding according to the constant comparative method, was employed for the data from interviews, program records, and the researcher's journal. Coding, according to pre-identified themes, was applied for analysis of the observation data. Descriptive statistical analysis was utilized for the quantitatively-based questionnaire and staff survey.

The analysis revealed that the practice of using Journey Mapping included discovery of the tool, applying unique technology, and completing contextual tasks. Participants' perceptions were that Journey Mapping offered ease of use, saved time, promoted positive thinking, facilitated communication, increased learning, and created client voice. Performance of Journey Mapping as a program evaluation tool revealed that it supported treatment and administrative functions of the drug court, but was not utilized to its maximum potential.

Major conclusions from these findings are (1) Journey Mapping implementation was relatively easy, while commitment for potential and long-term use was challenging; (2) Journey Mapping provided a novel context for facilitating communication while effectively completing evaluation tasks; (3) Journey Mapping supported a learning environment that encouraged positive thinking and personal growth; and (4) Journey Mapping created client empowerment. Journey Mapping offered innovation as well as a viable option for using narrative methods along with quantitative methods in program evaluation. The study concludes with implications for social work practice and administration, along with recommendations for future research.

INDEX WORDS: Journey Mapping, Innovation, Internet, Program evaluation, Technology, Drug court, Case study, Social work, Client empowerment, Narrative methods

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DEDICATION

This dissertation

is dedicated

to

A.C. Bhaktivedanta Swami Prabhupada

who taught the true purpose of knowledge.

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> There's two kinds of people—those who live hard and the ones who take it easy. The hard livers are tough on themselves. They take chances. They never stay comfortable too long.
>
> *What's Worth Knowing*
> by Wendy Lustbader

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CHAPTER 1

INTRODUCTION

Background

The glowing preface of a 21st century text on program evaluation prompts high expectations of the promise of program evaluation:

> The beginning of the twenty-first century is an exciting time for evaluation. The field is growing. People--schools, organizations, policy makers, the public at large--are interested in learning more about how programs work--how they succeed and how they fail. Many people are interested in accountability from schools, government agencies, nonprofit organizations, and corporations. They want to know whether organizations are doing what they claim to do. Performance measurement and outcome assessments are expanding around the globe. People who work in organizations are also interested in evaluation. They want to know how well they are doing, how to tackle tough problems, and how to improve performance. (Fitzpatrick, Worthen, & Sanders, 2004, p. xiii)

The actual implementation and effects of program evaluations, however, might generate a less optimistic scenario. Patton (1997) notes that two presumed functions of evaluation, guiding funding decisions and helping improve programs, may not always be achieved. “Producing data is one thing! Getting it used is quite another” (House, 1972, p. 412). When evaluations are produced, the results may be underutilized or not utilized at all. Patton concludes that program evaluation has a utilization challenge, that is, a “gap between generating evaluation findings and actually using those findings for program decision making and improvement” (p. 6). Similarly,

Havelock (1980) stated that "there is a gap between the world of research and the routine organizational practice, regardless of the field (p. 13)."

To begin addressing this gap, Patton (1997) recommends asking: "What has to be done to get results that are appropriately and meaningfully used?" (p. 10). In addition to Patton's (1978; 1986; 1997) articulations on this subject, this question has been seriously contemplated by experts on program evaluation including Donaldson and Scriven (2003); Edwards, Scott, and Raju (2003); Grasso and Epstein (1992), Grinnell, (1997); Kettner, Moroney, and Martin (1999); Mark, Henry, and Julnes (2000); Posavac and Carey (1997); Rossi, Lipsey, and Freeman (2004); and Royse, Thyer, Padgett, and Logan (2001). Such experts have studied the factors that threaten the utilization of evaluation reports.

Fitzpatrick et al. (2004) cite several emerging trends influencing the practice of program evaluation. Four of these trends have the potential to increase the utilization of program evaluations. One trend is "increasing priority and legitimacy of internal evaluation" (p. 44). Utilizing pre-determined criteria, many programs will decide that an outside evaluator is just not needed. When an internal evaluator is used instead a number of advantages, including the fact that he or she knows the program and the stakeholders, could increase utilization.

A second trend is "a strong shift toward using multiple and diverse methods (qualitative and quantitative) in program evaluations to address evaluation questions more fully and appropriately" (p. 44). We see this shift in research and evaluation texts (Creswell, 2003; DeMarrais & Lapan, 2004; DePoy & Gilson, 2003; Kirk, 1999; Stake, 2004). DePoy and Gilson (2003) state that "with the increasing use and respect for interpretive approaches to inquiry, knowledge generated through these diverse methods has joined the ranks of empiricism.

Experimentation and replicability, while still respected, are outdated as the sole criteria for empirical knowledge" (p. ix).

A third trend is "increased education and involvement of stakeholders . . . to empower stakeholders to conduct their own evaluations and/or to bring a new sense of learning to the organization" (Fitzpatrick et al., p. 44). The dynamism, creativity, and opportunities for learning that professional evaluators experience can be shared with stakeholders. Finally, a fourth trend that Fitzpatrick and her colleagues identify as influential is "advances in technology available to evaluators" (p. 44). The authors explain that "the impact of electronic and other technological advances on the lives of today's citizens, in almost every country and society, has been enormous, perhaps incalculable. Its impact on evaluators is no less" (p. 46-47).

In summary, these four trends--internal evaluations, multiple paradigms of inquiry, empowering stakeholders, and technological advances--may generate new answers to Patton's (1997) question, "What has to be done to get results that are appropriately and meaningfully used?" (p. 10). While many highly qualified researchers have offered good answers to this question in the past, other solutions may be needed to provide answers for certain evaluation environments.

Statement of the Problem

Referring to the history of evaluation and the call for accountability, Patton (1997) stated that "the call for accountability became a watershed at every level – national, state, and local; the pubic sector, non-profit agencies and the private sector" (p. 13). Program administrators could not in the past, and cannot today, avoid the need to demonstrate program effectiveness. It is not enough for a program to offer effective strategies for preventing and treating client problems; the program must also develop methods of assessing and reporting its effectiveness. Programs are

under constant pressure to document their effectiveness through evaluation and to do so in an accurate and cost-effective manner.

However, challenges exist for both program evaluation accuracy and adequate program evaluation funding. Programs under the pressure of the "accountability push" may measure what is most easily measured, rather than what is most important. Measuring what is easy or convenient to measure may get the job done, but it may not promote understanding of what programs have actually accomplished. Schorr (1997) observed that the emphasis on outcomes may have the unintended drawback of distorting program outcomes, so that "*even effective programs will seem to accomplish less than they actually do*" (p. 121). Social service programs experiencing budget cuts may struggle to provide continuing services and face further economic challenges in costs associated with program evaluation. Not only must program directors scramble for enough funds to continue providing quality services for clients, they must also figure out ways to allocate additional resources to document their success.

Computer technologies may offer an accurate and cost-effective way to complete program evaluations. In a social work environment, it is common for direct practice staff and administrators to use computer technology to store and retrieve data about their clients. Various types of technology can be very useful in assisting with required administrative tasks. It is commonplace for administrators to seek support systems, specifically computer technology, that will help the program and its staff work together more efficiently and achieve desired goals in a cost-effective manner.

Computer technology may provide a cost-effective, accurate method of program evaluation, and recent technologies have made it possible to collect and evaluate qualitative data, instead of restricting researchers to the quantitative methods of data analysis that are traditionally

associated with the use of computer technologies (SPSS, etc.). Narrative analysis is one form of qualitative evaluation that has become available through the use of these new technologies. Narrative methods may be particularly useful to social service programs because of their ability to capture a more accurate picture of initiative accomplishments. McClintock (2004) discussed the value of including narrative methods in evaluations and noted that program evaluation within social service organizations has evolved over the past half century to include narrative data.

A recently developed Internet-driven system that shows promise for overcoming multiple barriers to social work program evaluation is "Journey Mapping" (Kibel, 2000a, 2001, 2003b). For the past 2 years, the Health Promotion Resource Center of the Morehouse School of Medicine in Atlanta, Georgia has promoted the use of Journey Mapping with 11 of its initiatives in two prevention regions (B. M. Kibel, personal correspondence, September 23, 2004). In a summary report regarding these initiatives, Kibel (2004a) highlights the essence of Journey Mapping:

> Evaluations of programs that aim to impact the lives of participants they serve have frequently been criticized for focusing on the numbers and not on the people themselves, on counting bodies while missing souls, on failing to capture the human drama and associated opportunities for impacting individuals in profound ways. Journey Mapping was conceived as a way to capture the "spirit" as well as the data of these programs. The primary strategy for accomplishing this is to encourage all or representative samples of stories of program participants and activities to be captured, ideally by those closest to these stories (i.e., the participants themselves). (p. 1)

Kibel (2004a), acknowledging that the use of stories may evoke questions, explains how Journey Mapping may legitimize and facilitate utilization of narrative methods:

> While informative and sometimes heart-tugging, these [narrative] data are viewed as anecdotal and likely unrepresentative of a program overall. This criticism is warranted, as the very best accounts are often selected to stand out and are not, in fact, typical of what goes on in a program. To respond to this criticism, Journey Mapping draws on a concept from the legal profession: preponderance of evidence. In short, programs using this form of evaluation are challenged to provide *enough* narrative accounts so it is clear that these, in total, reflect the program overall. The use of the Internet helps to make this task manageable. (p. 1)

The use of narrative methods in program evaluation is not strikingly new. However, narrative methods uniquely integrated in the context of electronically-supported evaluation tasks is innovative. Hypothesized to be cost-effective, to have a user-friendly format, and to integrate both qualitative and quantitative methods, Journey Mapping exploits 21st century technology for "capturing and sharing data as no assessment or accountability tool has heretofore done" (Kibel, 2001, p. x).

A computer-mediated evaluation system such as Journey Mapping can be considered as belonging to the class of systems known as "electronic performance support systems" (EPSSs). EPSSs have been frequently described in the education, business, and technology literature (G. Gery, 1995; Ho, 2001; Mauldin, 1996; Moore, 1998; Peterson, 2003; Raybould, 1990, 1995; Scott, 2003; Sleight, 1993; Sultan, 1997) since Gloria Gery (1991) first published her revolutionary book, *Electronic performance support systems: How and why to remake the workplace through the strategic application of technology.* As Gery (1991) states, "No one sponsors a change--particularly an unfamiliar one--unless he or she sees sufficient benefit to make necessary risks worthwhile" (p. 204). Based on published studies, there is not only a lack

of investigation into the use of EPSSs for social work program evaluation, but also a lack of awareness of the very existence of such tools and of the ways in which the power of the Internet can be harnessed in the service of program assessment.

A few recent studies (Archibald, 2000; Blanchard, Kibel, Roper, & Reed, 2000; Jha, 2001; Rockwell, Jha, & Krumbach, 2003) have explored how Internet-based systems may be used for social services program evaluation. However, these studies come from outside the profession of social work. There is a lack of information in the social work literature about Internet-based systems that are specially designed for program evaluation, including information about the practicality of using such systems and whether the cost of implementing them provides adequate returns to a program or organization.

Purpose Statement

The purpose of this study was to assess staff and client perspectives on the implementation of the Internet-based Journey Mapping tool for evaluating a drug court treatment program**.**

Research Questions

The participants in this study used the Internet-based Journey Mapping tool for evaluating a drug court treatment program**.** The overarching research question is, "What are staff and client perspectives on the implementation of the Internet-based Journey Mapping tool for evaluating a drug court program?" Within this general question are specific research questions:

1. What factors support the successful implementation of the Journey Mapping tool?
2. How do participants use the Journey Mapping tool?
3. What behaviors of program staff and clients have changed as a result of implementation of the Journey Mapping tool?

4. How does the Journey Mapping tool change evaluation tasks of program staff and clients?

5. How does implementation of Journey Mapping meet the evaluation needs of the program?

The research questions direct attention to the factors of implementation, usage, and actual performance of the Journey Mapping tool as an evaluation device.

Significance of the Study

This study attempts to increase understanding about a promising tool embodying elements of enhanced evaluation practice. Research on new developments in evaluation may offer options for enhanced evaluation practice. Fitzpatrick et al. (2004) capture the essence of the new trends in evaluation and identify the key issues involved in these changes:

> Evaluation, today, is changing in a variety of ways to help stakeholders obtain this information. Many different methods are being developed and used - a wide *array of qualitative and quantitative approaches* [italics added] to design and data collection, increasing *involvement of new and different stakeholders* [italics added] in the evaluation process, expanded considerations of the uses of evaluation, and *more effective and diverse ways to communicate the findings* [italics added]. (p. xiii)

Most recent scholarship on social work evaluation methods has addressed such key issues and changes in evaluation (Bickman & Rog, 1998; DePoy & Gilson, 2003; Devaney & Rossi, 1997; Dobmeyer, Woodward, & Olson, 2002; Ginsberg, 2001; Grinnell, 1997; Kazi, 2003; Kettner et al., 1999; Kirk, 1999; Kisker & Brown, 1997; Krause, 1996; Mark et al., 2000; Mullen & Magnabosco, 1997; Neuman, 2003; Owen & Rogers, 1999; Posavac & Carey, 2003; Rossi et al., 2004; Rubin & Babbie, 2005; Sonenstein, 1997; Yegidis & Weinbach, 2002). However, there

is little information about how social workers use Internet-driven electronic tools in their evaluation work environment. By examining how an Internet-driven evaluation tool is implemented, social workers can gain insight into understanding systems and tools facilitating evaluation practices.

Learning what happens when an EPSS is introduced into the work environment is essential to understanding the functions and roles of the EPSS. The appropriateness of an evaluation approach, computer-based or not, is related to factors operating in the organizational context during the evaluation. Specifically, implementation requires learning not just how to use the system, but how the system fits or does not fit into a particular environment. "Innovation and change are the cornerstone of EPSS" (Hardin, 1995, p. 5), and as Gery (1991) reminds us, "Innovation and change have consequences, both anticipated and unanticipated" (p. 282). Without knowing the details of implementing an EPSS, social work evaluators and administrators have little or no guidance for the successful application of such innovative and potentially useful tools.

Weiss (2003/2004) accurately described the opposing forces in program evaluation today: "Programs are increasingly called on to justify their existence, their expenditure of funds, and their achievement of objectives. Behind the calls for accountability is an awareness of the gap between almost unlimited social needs and limited resources" (p. 1). The increase in accountability concerns juxtaposed with a decrease in resources requires social work professionals to carefully consider available evaluation options. This study, as the first of its kind in social work, holds the promise of becoming a significant communication device promoting understanding of innovative methodology and technology that is potentially efficacious for social work program directors, administrators, and evaluators.

The methodology utilized in the proposed research is an instrumental case study. The instrumental case study form seeks to understand a phenomenon in interaction with a particular context. In this study, the focal point is the implementation of Journey Mapping in the context of a social services setting.

Definitions

The following terms and phrases are significant to the study and are defined in this section.

Drug Court: An alternative court of law in some states for nonviolent drug offenders. Drug courts expedite routine cases and provide intensive supervision of those convicted, including testing and treatment, in an effort to curtail recidivism. (*Encarta Dictionary*, 2005). "Since the first drug court in Miami, Florida in 1989, the drug court movement has spread throughout the United States influencing how drug-involved offenders are treated in the criminal justice system" (Wolfe, Guydish, & Termondt, 2002, p. 1155). Goldkamp, White, and Robinson (2001) describe the drug court model as a "paradigm shift away from a predominantly punitive orientation to one that focuses on treatment, investment in human potential, second (and third) chances, and restoration" (p. 28). For example, the New York State Drug Court protocol "suspends adversarial behavior between parties in the court room, involves treatment providers in courtroom decision making, and provides ongoing interaction between the judge and program participants which reveals more personal needs and issues than the traditional courtroom process allows" (Wolf, 2001, Winter, p. 234).

Electronic performance support system (EPSS): "The electronic infra-structure that captures, stores, and distributes individual and corporate knowledge assets throughout an organization to enable individuals to achieve required levels of performance in the fastest possible time and with

a minimum of support from other people" (Raybould, 1995, p. 11). EPSSs are differentiated from other computerized instructions because they: (1) are computer-based; (2) provide access to the discrete, specific information needed to perform a task at the time the task is to be performed; (3) are used on the job, or in simulations or other practice of the job; (4) are controlled by the user; and (5) reduce the need for prior training in order to accomplish the task (Sleight, 1993).

Evaluation: "The key sense of the term refers to the process of determining the worth, or value of something, or the product of that process" (Scriven, 1991, p. 139).

Implementation: A dynamic process that is concerned with understanding, improving, and applying methods of putting some developed innovation into use by individuals or decision-makers in a social system (Rogers, 2003).

Innovation: An idea, program, object or process that is being implemented or adopted and is perceived as being new by individuals (Rogers, 2003).

Internet: "Computer-based global information system. The Internet is composed of many interconnected computer networks. Each network may link tens, hundreds, or even thousands of computers, enabling them to share information with one another and to share computational resources such as powerful supercomputers and databases of information. The Internet has made it possible for people all over the world to communicate with one another effectively and inexpensively. Unlike traditional broadcasting media, such as radio and television, the Internet does not have a centralized distribution system. Instead, an individual who has Internet access can communicate directly with anyone else on the Internet, make information available to others, find information provided by others, or sell products with a minimum overhead cost.

"The Internet has brought new opportunities to government, business, and education. Governments use the Internet for internal communication, distribution of information, and

automated tax processing. In addition to offering goods and services online to customers, businesses use the Internet to interact with other businesses. Many individuals use the Internet for communicating through electronic mail (e-mail), for news and research information, shopping, paying bills, and online banking. Educational institutions use the Internet for research and to deliver courses and course material to students.

"Use of the Internet has grown tremendously since its inception. The Internet's success arises from its flexibility. Instead of restricting component networks to a particular manufacturer or particular type, Internet technology allows interconnection of any kind of computer network. No network is too large or too small, too fast or too slow to be interconnected. Thus, the Internet includes inexpensive networks that can only connect a few computers within a single room as well as expensive networks that can span a continent and connect thousands of computers (Comer, 2005).

Journey Mapping: An Internet-driven tool providing both a framework and methodology for producing, via both quantitative and qualitative data collection, a clear and convincing picture of what has been achieved in a program. Developed by Kibel (2004b), Journey Mapping also provides thought-provoking feedback to guide delivery system improvements.

Outcome Engineering: An Internet-based resource for programs, Outcome Engineering is a combination planning, self-management, and self-evaluation system (Kibel, 2000a). It is composed of five tools, including Sharing the Vision, Declaring the Mission, Establishing the Outcome Challenges, Mapping the Journeys, and Re-designing the Delivery System. It was developed for use by initiatives that aim to promote fundamental and sustained change in the lives of individuals, families, groups, organizations, or communities. Its use enables these initiatives to present their often-complex work in rich, narrative forms; to track, gauge, and

report progress and growth of all key participants; to engage in productive self-reflection; and to pinpoint areas ripe for improvement as well as the types of creative actions most likely to foster these improvements (Kibel). "Why call it 'outcome engineering'? The term 'engineering' might appear at first glance to be too cold a word to describe what is meant to be a warm, people-centered process. Nonetheless, I selected that term because it conveyed the deliberate application of thoughtful, data-rich processes toward the solution of difficult challenges (in our case, the challenges inherent in promoting fundamental and sustained changes in the lives of individuals and groups)." (Kibel, 2000b, p. 3)

Program: "The general effort that marshals staff and projects toward some (often poorly) defined and funded goals" (Scriven, 1991, p. 285).

Program Evaluation: "The largest area of evaluation to which a self-conscious specialty has been devoted, although product evaluation may be the largest area of practice. Program evaluation has a long history as a practice, but only became a recognized specialty in the 1960s" (Scriven, 1991, p. 285).

Screen capture: Refers to the act of copying what is currently displayed on a screen to a file or printer (*Webopedia: Online Encyclopedia Dedicated to Computer Technology*, 2005).

CHAPTER 2

REVIEW OF THE LITERATURE

The purpose of this study is to assess staff and client perspectives on the implementation of the Internet-based Journey Mapping tool for evaluating a drug court program**.** This chapter provides a review of the relevant literature. It is organized into seven sections: Introduction, Theory, Models of Program Evaluation, Program Evaluation and Social Work, Drug Court Program Evaluation, Electronic Tools in Social Work Program Evaluation, and From Results Mapping to Journey Mapping and Outcome Engineering.

Introduction

I begin this chapter by providing an overview of social work theory and program evaluation theory, which provides the framework for my study. This framework guided my selection of relevant literature as well as my work in the field including interviews, observations, and document collection.

Creswell (2003) explains that qualitative researchers use theory in four ways: (a) as a broad explanation, much like theory is used quantitative research; (b) as an endpoint of a study, where a theory is inductively arrived at; (c) not at all; or (d) as a "lens" or perspective to guide their study. It is the fourth use, that of theory as a guiding lens, that I have chosen as appropriate for the characteristics of the present study.

When theory is used as a theoretical lens, the theory usually appears at the beginning of the study (Creswell, 2003). However, the appearance of the theory should not indicate that it is fixed in stone, thus violating the emergent nature of qualitative research. Lather (1986) qualified

the use of theory as a lens, stating that "data must be allowed to generate propositions in a dialectical manner that permits use of a priori theoretical frameworks, but which keeps a particular framework from becoming the container into which the data must be poured" [p. 267]. As such, a theoretical lens will be used in the present study, but to try to "fit" the findings about perspectives on Journey Mapping into a mold would not be true to the dialectical process that is inherent in qualitative research.

Theory

The word *theory* comes from the Latin "*theoria*," which means "a looking at, a contemplation, speculation." (Merriam-Webster Inc., 1993). While the first and original meaning listed is "contemplation, a mental viewing," the second meaning describes "a speculative idea or plan as to how something might be done." The third stated meaning is a "systematic statement of principles involved." The fourth meaning is "a formulation of apparent relationships of underlying principles." One may note the progression of the dictionary definitions. Each successive meaning becomes a little more specific. These meanings parallel the idea that there are different levels of theory in real life; that is, theory may be general or specific. For example, theory may exist on a continuum, from a general speculation on one end to a description of specific interrelated principles on the other. It is important to understand this variation in definitions when approaching any field of inquiry, and it is useful to investigate how the variations in definitions may apply in social work.

Theory in Social Work

Payne and Campling (1997) describe three types of theory used in social work practice. The first one is "theories of what social work is" (p. 38). This category includes both formal written accounts defining "the nature and purposes of welfare" and informal accounts of "moral,

political and cultural values drawn upon by social work practitioners for defining the functions of social work" (p. 38). The second category is "theories of how to *do* [italics added] social work" (p. 38). This classification includes both formal written theories of practice (like family therapy and casework) and informal theories of practice, which are "inductively derived and unwritten practice theories constructed from experience" (p. 38). The third and final category is "theories of the client world." This category includes "formal written science theories and empirical data (e.g. on personality, marriage, the family, race, class, and gender)" (p. 38) in addition to informal theory derived from social work practitioner experience.

To situate the current study within Payne and Campling's (1997) classification system of using social work theory in practice, one must consider which category fits this study of implementing an evaluation tool. Implementing an evaluation tool is a task of program evaluation. Since program evaluation is part of the many practices of *doing* social work, theoretical considerations of this study fall in the conceptual framework of the second classification, "theories of how to *do* [italics added] social work" (p. 38).

Theory of Program Evaluation

Given the importance of the theory of program evaluation to the present study, it is important to deconstruct the meaning of "theory of program evaluation." The dictionary defines "theory" as "a systematic statement of principles involved" (Merriam-Webster Inc., 1993). Scriven (1991) defines the word "program" as "the general effort which marshals staff and projects toward some . . . defined and funded goals" (p. 123). Finally, the dictionary defines evaluate, the root word of evaluation, as "to find the value of, to judge or determine the worth of" (Merriam-Webster Inc., 1993). Adding these up to a composite linear form creates the following: theory + program + evaluation = a systematic statement of principles involved + the

general effort which marshals staff and projects toward some defined and funded goal + to judge or determine the worth of. Simplified in readable fashion, it is: to judge the worth of + the general effort toward some defined and funded goal + (via) a systematic statement of principles involved. Thus, the theory of program evaluation is a systematic statement of principles to judge the worth of the general efforts toward some defined and funded goal.

A key word in this deconstruction is "systematic." "Systematic" prompts the idea of order and prescription; this is just what writers about program evaluation are seeking. As Shadish, Cook, and Leviton (1991) expound, "Without its unique theories, program evaluation would be just a set of loosely conglomerated researchers . . . . Program evaluators are slowly developing a unique body of knowledge that differentiates evaluation from other specialties . . ." (p. 31). Within the "systematic statement" are many details. Such details prescribe methods of what to do, when to do it in evaluation, and what to expect as the results of such strategies. Although program evaluation is diverse in many ways, each author's system of principles intends to give a particular result. Shadish et al. (1991) call this system of principles the basic logic that serves as the uniting factor across disciplines.

Where did theory of program evaluation come from? The answer to this question may be considered by examining theory of program evaluation in relation to two other topics, "program planning" and "evaluation theory."

Program planning and theory of program evaluation. Program planning invariably includes activities of program evaluation. According to many authors (DePoy & Gilson, 2003; Fitzpatrick et al., 2004; Kettner, 2002; Kettner, Moroney, & Martin, 1990; Kettner et al., 1999; Rossi et al., 2004), these activities are inseparable. A brief review of the history of program planning and related models provides a foundation for understanding modern-day program

planning and program evaluation. While not an exhaustive historical review, this summary is intended to highlight key trends of thought that informed the basic elements of theory of program evaluation.

An historical account begins with Frederick Taylor's contribution in the 1880's. Tugwell and Banfield (as cited in Friedmann, 1973) capture the events that led to Taylor's "scientific management":

> In the early eighties of the last century Frederick Winslow Taylor was a young man working in the shops of Midvale Steel. Through a series of accidental changes in a life which might normally have followed a routine middle-class course, he had become a foreman. He was, however, a new species of that all-important animal. For he did not believe in foremanship, at least of the old-fashioned kind, and almost at once he set out to displace the foreman's rule of thumb with a scientifically arrived at "one-best-way." He intended to reduce the functions of the shop to clearly and precisely stated locations, quantities of materials, forces applied, motions to be gone through, and output to be expected. These would then be the terms in which a planning office would set out the job to be done. The directions would be precise. And foremen--in the old sense--would be eliminated. He called it, later, scientific management. Actually it was planning. (p.xiii)

Taylor was described as "an intense person, deeply committed to the study and understanding of work and the improvement of worker efficiency" (Montana, Charnov, & NetLibrary Inc., 2000, p. 10). His ideas won favor at the time, and even today continue to influence job design, work layout, and task scheduling (Montana et al., 2000).

Taylor's scientific management meant "authoritative and directive planning" (Friedmann, 1973, p. xiv). The "one-best-way" approach, the heart of Taylor's legacy, influenced leaders

throughout the first decades of the twentieth century and promoted the idea of efficacy of central management. Scientific management influenced many arenas in which progress was sought. These included the emerging factories in the Industrial Revolution in the United States, as well as the Russian government, the first to apply scientific principles to the economy through the "5-year plans" (Friedmann, p. xv). Taylor's contributions laid the groundwork for developing future management and planning theories and introduced the idea of rationality in planning. Maroney (1987) notes, "Although social welfare planning may be thought of as a recent innovation, the attempt to introduce rationality into problem solving grew out of the scientific movement of the nineteenth century, which equated planning with the process of decision making" (p. 594).

Maroney (1987) described how rationality is related to planning: "Planning was viewed as a process that would introduce rational perspectives and methodologies into situations of uncertainty" (p. 594). In social planning, Maroney explains, rationality has two aspects. Knowledge is the first concern. Planning uses knowledge or information to describe, understand, and make predictions about phenomena. The second aspect of rationality deals with the relationship of means and ends, which could also be described as the relationship between intervention strategies and outcomes. Historically, "planners defined a rational course of action as one that was able to identify the most efficient means, the single best solution" (p. 495). The idea of "efficiency" is the bottom line of rational planning. According to Maroney, the idea of efficiency could be translated into one of two concepts, "serve more people without lessening the quality or the least costly solution with the best returns" (R. M. Maroney, personal communication, January, 1996).

In addition scientific management that emerged in the late 19th century, two other movements of the early 20th century contributed to the development of planning. One was the

Progressive Era. It was thought that if information was exposed, people would do something about it. “If community decision makers were given relevant data or information about existing problems, the community would organize resources to improve social conditions” (Maroney, 1987, p. 594). The work of such well-known figures as Teddy Roosevelt and Jane Addams reflected the ideas of the Progressive Era. This simplicity in approach to social planning and social reform worked for a while, but gradually the “facts” lost their power to bring about change (Maroney). The second movement was based on public interest. Unlike social reformers who used data to support predetermined solutions, the new public interest leaders and administrators sought a process of planning that would identify solutions by using a more comprehensive systems approach. This view parallels modern-day program planning in its inclusion of such elements as problem analysis and needs assessment.

A trend that also influenced planning for some time was that the planner was an objective technician who would find the best way to plan programs without consulting anyone. This trend promoted an elitist system where planners and CEO’s would talk, but they did not consider other stakeholder perspectives important for program planning. By the 1960s, such elitism provoked questions such as, “Why aren’t the people who are being served involved in planning?” (R. M. Maroney, personal communication, January, 1996). The idea that the intended beneficiary should be involved with the planner became popular. Promoting more realistic ideas about social planning to include dialogue between program participants and staff, this new idea was called transactive planning (Friedmann, 1973). Transactive planning parallels principles of empowerment evaluation, a type of evaluation designed to help people help themselves (Fetterman, 2001, 2003).

In summary, Taylor's "one-best-way" approach formed the groundwork for the development of planning, program planning, and its subcomponent, program evaluation. Just as there could be a best way to do things in the factory, so, in society, administrators sought a best way to do things with people and their communities. "Evaluation has evolved as a means of informing deliberations about social programs and policies, and by doing so evaluation can contribute to the attainment of social betterment" (Mark et al., 2000, p. 143).

Maroney (1987; personal communication, January 1996) suggested that theory of program planning could be identified by answering two key questions: "How do I go about problem solving?" and "How do I organize my process?" These two questions serve as a conceptual framework for defining not only program planning, but the concomitant activity of program evaluation. In looking for the best answer to these two questions, "inventors" have suggested steps and models. Sometimes the steps chosen are based on existing theory, and sometimes the steps chosen actually create new theory.

While these two questions may seem, at first glance, to oversimplify theory of program evaluation, these two questions are broad enough to encompass every theory of program evaluation cited in this review. More specifically, answering these two questions seems to be the driving force behind every model or approach to program evaluation. For that reason, I consider Maroney's (1987; personal communication, January 1996) conceptualization valuable for encapsulating the basic logic of theory of program evaluation. Based on the strength of this logic, I propose that every model or approach must answer these questions, and the model that answers these questions most effectively in a given environment should be the program evaluation model chosen for practice. Shadish, Cook, and Leviton (1991) corroborate this idea in their discussion on the logic of evaluation.

Evaluation theory and theory of program evaluation. Evaluation theory, covering a wide range of topics, is an umbrella term with applications to program evaluation. Thus, evaluation theory includes applications to program evaluation, but is not limited to the arena of a program. Stufflebeam (2001) writes, "Program evaluations both overlap with and yet are distinguishable from other forms of evaluation, especially evaluations of students, personnel, materials, and institutions" (p. 4). Scriven (1991) defines program evaluation as "the largest area of evaluation to which a self-conscious specialty has been devoted, although *product evaluation* may be the largest area of practice" (p. 285).

Several scholars (Alkin, 2004; Donaldson & Scriven, 2003; Fitzpatrick et al., 2004; Mark et al., 2000; Rossi et al., 2004; Scriven, 1991; Shadish et al., 1991) have discussed evaluation theory. Rossi et al. (2004) acknowledge that while "evaluation is at least as much an art as a science," there is "growing interest in identifying congruent elements among different perspectives to advance what is referred to as evaluation theory" (p. 26). In an effort to identify such congruent elements, Shadish et al. (1991) state:

> The ideal (never achievable) evaluation theory would describe and justify why certain evaluation practices lead to particular kinds of results across situations that evaluators confront. It would (a) clarify the activities, processes and goals of evaluation; (b) explicate relationships among evaluative activities and the processes and goals they would facilitate; and (c) empirically test propositions to identify and address those that conflict with research and other critically appraised knowledge about evaluation. (p. 30-31)

Rossi et al. (2004), acknowledging the important conceptual work of Shadish et al., note that the purpose of such an ideal evaluation theory is to provide a mechanism "that will serve as

a basis for decision making by evaluators as they proceed with their work" (p. 26). In the absence of such a perfect decision making process, Rossi et al. conclude, "inevitably, it is the evaluator's task to creatively weave together many competing concerns and objectives into a tapestry in which different viewers can find different messages" (p. 26). Bert and Rossi (1999) echo this idea of creativity in their note on the "craft of evaluation," stating, "There is no recipe . . . the techniques that evaluators bring to bear are only tools, and even the very best of tools do not ensure a worthy product. Just as for any craft, there is no substitute for intelligence, perseverance, and a touch of whimsy" (p. 99).

Mark et al. (2000) provide a commonsense tone for evaluation theory. The authors describe two features that illuminate the understanding of evaluation theory: sensemaking and realism. The first feature, "sensemaking," is literally "making sense" about incoming information. Sensemaking is the daily cognitive process of understanding one's world. Mark et al. distinguish "natural sensemaking" from "assisted sensemaking." Natural sensemaking is what people assume and believe about any given event without assistance beyond their human capacities. Humans are subject to fallibility such as making mistakes or concluding something which is not actually true (Prabhupåada, 1975). Such human limitations may affect the validity of beliefs about the results of program interventions:

> For example, when people see that a troubled youth exhibits improved behavior after participating in an intervention program, they may attribute improvement to the program without asking how much improvement might have occurred spontaneously or for reasons other than the program. (Mark et al., p. 5)

Mark et al. (2000) explain that because of the limits of natural sensemaking, people have created assisted sensemaking. Assisted sensemaking occurs when we use any type of tool to help

us know or see something. Eyeglasses are an example of assisted sensemaking because they extend the power of the eyes, and statistics have been developed to extend people's natural capacity to quantify (Mark et al.). Mark et al. argue that evaluation is a form of assisted sensemaking, and that it has been developed to "assist and support . . . natural abilities to observe, understand, and make judgments about policies and programs" (p. 5). Mark et al. summarize the strengths and limits of sensemaking:

> Sensemaking is a part of a naturalized epistemology, one that among other qualities has faith in the natural capacities of human sensemaking and rejects overly formal accounts of knowledge construction. This faith . . . is accompanied by limits . . . people fall prey to inaccuracies for a number of reasons . . . they often see things as they . . . want them to be. (p. 146-47)

Mark et al. (2000) cite realism as the second feature that adds to our understanding of evaluation theory. They state that when sensemaking is integrated with realism, there is "much to offer the practice and theory of evaluation" (p. 142). Drawing on realist theory of science (Bhaskar, 1978) and commonsense realism philosophy (Putnam, 1987; Putnam & Conant, 1990), Mark et al. explain that realism gives credence to everyday experiences. Placing emphasis on "practice and the lessons drawn from practice" (p. 16), realism does not expect "logical, formal solutions to vexing problems such as the nature of truth" (p. 15). Mark et al. conclude that embracing a realist philosophy not only transcends paradigm wars (realists see no epistemological difference between qualitative and quantitative methods), but also that realism guides and supports the theory and practice of evaluation via four inquiry modes: description, classification, causal analysis, and values. Kazi (2003) provides additional understanding of realist evaluation in the practice of social work and health.

The roots of evaluation theory. The most comprehensive understanding of evaluation theory is presented by Alkin (2004). Alkin argues that only by examining the roots of evaluation theory can we fully appreciate present-day evaluation. He notes that although it is conventional to use the word *theory* when speaking of evaluation literature, the terms *models* or *approaches* may actually be more appropriate. In this context, Alkin describes two general types of models:

> A prescriptive model, the most common type, is a set of rules, prescriptions . . . and guiding frameworks that specify what a good or proper evaluation is . . . The descriptive model is a set of statements and generalizations which describes, predicts, or explains evaluative activities. Such a model is designed to offer an empirical theory. (p. 5)

Just as it is conventional to talk about evaluation models as theory, it is also conventional to describe the proponents of evaluation models as theorists (Alkin, 2004). While technically the term *theorist* does not apply to proponents of many evaluation techniques, Alkin uses the convention, "theorist," as an umbrella term to include four categories of important writers on the subject of evaluation: methodologists, evaluation issue analysts, evaluation interpreters and teachers, and last, evaluation theorists.

It is the fourth term, *evaluation theorists*, which Alkin reserves for authors who are strongly associated with a particular evaluation theoretical position. Alkin (2004) notes that "theorists' views are not fixed in time" (p. 7). Evaluation theorists' published works may lag behind what their views actually are. The evolving nature of the thought of an evaluation theorist is reflected in the title of B. M. Kibel's (2003b) recent keynote address to the American Evaluation Association, "From Results Mapping to Journey Mapping: A 10-year Methodological Adventure." Kibel (personal communication, June, 2004) explained that he prefers to communicate his latest thinking and methodology changes via the Internet rather than use other

alternatives, as the Internet allows him the flexibility to provide users immediate access to recent changes.

After describing the two basic types of theory and the four categories of theorists, Alkin (2004) introduces the "Evaluation Theory Tree" (p. 12-13). The Evaluation Theory Tree is an ingenious pictorial representation that organizes major evaluation theory scholars. Alkin explains that the original tree was revised due to "responses to theorists' chapters as well as to the numerous personal communications that transpired about the tree over the course of completing the book" (p. 388). The revised tree, called Evaluation Theory Tree Revisited (Alkin, p. 389) appears as an adapted version in this study as Figure 2.1. This figure will be referred to as the Evaluation Theory Tree for purposes of this discussion. The Evaluation Theory Tree has a trunk and three branches. The trunk represents the arenas of social accountability, fiscal control, and social inquiry. The three branches represent "offshoots" that stem from the trunk of the tree. Alkin has located each theorist on each of the three tree branches, according to what the theorist primarily promoted. The first branch, and main branch according to Alkin, stems from the trunk's "social inquiry," and is called the Methods Branch. This branch represents "designated 'methods,' since in its purest form, it deals with obtaining generalizability, or knowledge construction" (p. 13). Shadish et al. (1991) state that "knowledge about generalizability concerns extrapolating from specific observations to constructs, places, people, and times with similar and dissimilar characteristics" (p. 43). The second branch of the tree is called the Valuing Branch because it "firmly establishes the vital role of the evaluator in valuing" (Alkin, 2004, p. 13). The theorists located on this branch maintain that the most essential role of the evaluator is placing value on data (Alkin). The third branch is called the Use Branch. Theorists on this branch focus on the way evaluation is used and on those who will use the evaluation (Alkin).

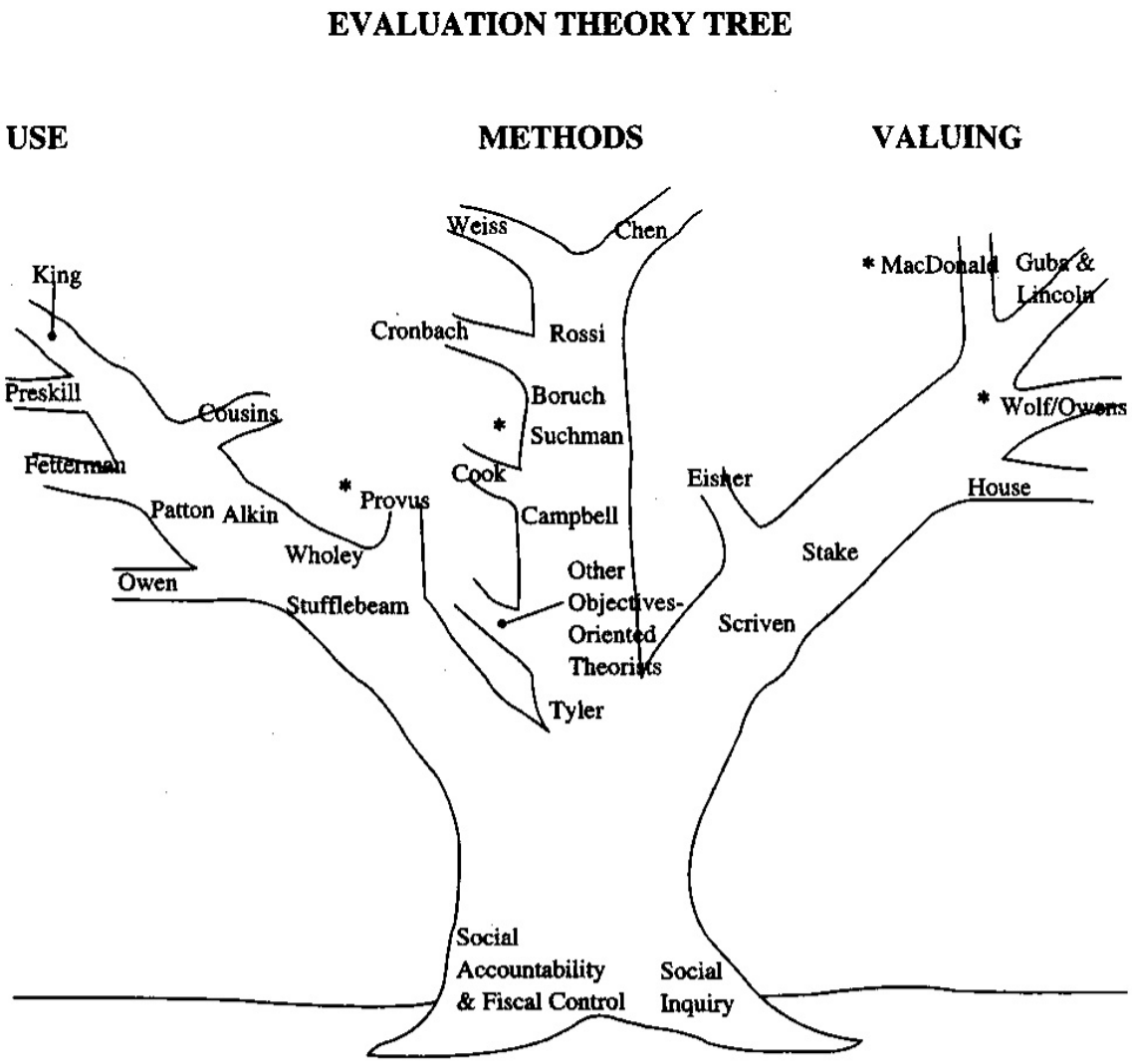

Figure 2.1. Evaluation Theory Tree

Note. Adapted from *Evaluation roots: Tracing theorists' views and influence* (p.389), by M. C. Alkin, 2004, Thousand Oaks, CA: Sage. Copyright 2004 by Sage Publications, Inc. Preprinted with permission.

An example of an author on the Methods Branch is Peter Rossi. Rossi's text *Evaluation: A Systematic Approach* (Rossi et al., 2004), now in its seventh edition, begins by stressing the use of experimental designs in evaluation (Alkin, 2004). Rossi's view on evaluation was that it was primarily social research. "Rossi's earlier work focusing on the use of experimental design was obviously concerned more within internal than external validity" (Alkin, p. 26). Over the years and throughout the subsequent editions, Rossi added a broader depiction of evaluation to include qualitative methods, evaluation utilization, and involvement of stakeholders (Alkin). However, Rossi has maintained a "dominant predilection for the purity of experimental and quasi-experimental methods" (Alkin, p. 27).

Guba and Lincoln can be cited as authors representative of the Valuing Branch (Alkin, 2004). While Guba and Lincoln's (1989) work attends to the Use Branch to a degree, it is predominately focused on the issue of valuing (Alkin). Guba and Lincoln differentiate themselves from other authors on the Values Branch; other authors view the evaluator as the "valuer" (Alkin, p. 42), while Guba and Lincoln "view stakeholders as the primary individuals involved in placing value" (Alkin, p. 42). Based on a constructivist view, Guba and Lincoln "use maximum variation sampling to identify the broadest scope of stakeholders who are interviewed sequentially in order to place on the table the greatest variation of individual constructions" (Alkin, p. 42). According to this perspective, facts have no meaning except in a value framework; facts and values are interdependent (Guba & Lincoln, 1989).

The Use Branch, "emphasizing procedures that would enhance the use of evaluation to a broader spectrum of identified stakeholders" (Alkin, 2004, p. 47- 48), is exemplified by Michael

Patton's work (1978; 1986; 1997). Patton's main concern is to promote the utilization of valuation findings. Patton's work is discussed in detail in a later sub-section, *Utilization-Focused Evaluation.*

Models of Program Evaluation

While many good systems exist for classifying program evaluation models (Fitzpatrick et al., 2004; Grinnell, 1997; Rossi et al., 2004; Rubin & Babbie, 2005), I have chosen Alkin's (2004) classification system as the most useful for this study, as it begins with basic theory and then identifies models that emphasize a particular focus of the theory. Utilizing Alkin's three branches (methods, valuing, and use), I will review one model exemplifying each branch in three subsequent sections. While there are several models that could be chosen to exemplify each branch, I have selected only three models to describe in some detail.

The first model, *effectiveness-based program planning* (Kettner et al., 1999), reflects the Methods Branch (Alkin) and has its origins in the discipline of social work. I have chosen this model due to its wide use in teaching in schools of social work. The second model, representing the Values Branch (Alkin), is Stake's (1975; 1995) *responsive evaluation.* This selection was prompted by the model's focus on stakeholder empowerment, and Stake's (1995, 2000, 2004) important publications in case study and qualitative research. The third model, *utilization-focused evaluation,* represents the Use Branch (Alkin). I based my selection on Patton's (1978, 1986, 1990, 1997, 2003) respected scholarship in evaluation utilization and qualitative methods.

Effectiveness-Based Program Planning

Kettner et al.'s (1999) model of program planning is based on the theme of effectiveness which "refers to the extent to which social programs and social services are successful in achieving positive changes in the lives of clients they serve" (p. 3). The text *Designing and*

managing programs: An effectiveness-based approach (Kettner et al., 1999) is utilized in many social work schools. P. M. Kettner (personal communication, March 8, 2001) explained how the book evolved:

> We wrote the book, as is true with all the texts I have written, to meet what we saw was a growing need for current, updated literature in planning for MSW students. When we first began to teach the program planning course, we were using monographs and articles, but there was no single text that helped to walk a student through the program planning process.

I have placed effectiveness-based program planning on the Methods Branch of Alkin's (2004) Evaluation Theory Tree because the Kettner et al. (1999) model adheres to a strict set of methods containing specific objectives that ideally require measurement by an appropriate experimental or quasi-experimental design.

The effectiveness-based program planning model incorporates program evaluation methods as part of the planning process. The Kettner et al. (1999) model has eight components or phases, including program definition, problem analysis, needs assessment, strategizing and creating objectives, program design, managing information systems, budgeting, and program evaluation. Kettner et al. maintain that upon completion of these phases, an accountable and measurable program is created. In addition, the authors suggest that there is a likelihood that the program development process will flow logically and succinctly.

The first phase of the effectiveness-based program planning model is program definition. Concerned with accurately defining a proposed program, program definition enables a social service agency to separate programs "so that each is clearly identifiable in terms of staff, resources, clients, and services provided" (Kettner et al., 1999, p. 8). The second phase in the

effectiveness-based program planning model is problem analysis. “Problem analysis initially should focus on understanding the problem, not on generating the solutions” (Kettner et al., p. 25). Often, people in the field feel that they “know” what the problem is or what should be done about it, but jumping to such conclusions should be avoided until the facts are known. Instead, data must be collected to clarify and assess the social problem and needs of people. Historical analysis and etiology are important to problem analysis because finding the root of a problem can often lead to identifying more effective interventions to deal with the problem. The third phase, needs assessment, contributes to problem analysis by specifically defining the nature, scope, location, and characteristics of people involved in the problem (Kettner et al.).

The fourth phase in the effectiveness-based program planning model is selecting a strategy and creating objectives. This phase begins with developing program hypotheses, which are if-then statements that provide a framework for program evaluation by identifying the desired results or objectives of the program. Hypotheses are developed from professional information and research literature and are related to the cause or consequences of the problem. A unique function of the hypothesis is that it forms a “bridge” from the problem statement to the rest of the plan, specifically the program goals and objectives (Kettner et al., 1999). As Kettner et al. state, “The development of goals and objectives provides a framework for action by establishing the expectation that program planners describe in clear terms what they are attempting to achieve and how it is to be achieved” (p. 89).

The fifth phase, program design, entails basic components of inputs, throughput, outputs, and outcomes. Kettner et al. (1999) explain that inputs include “clients, staff, material resources, facilities, and equipment” (p.113). Throughputs refer to the services or interventions. During the throughput stage, resources are utilized for the service consumers. Outputs are the amount of a

service used by an individual or the completion of treatment by the individual. Outcomes are the magnitude of change in the client from intake to completion of treatment (Kettner et al.).

Various methods are used to measure outcomes. Standardized measures, with established reliability and validity, can be utilized to assess outcomes, with the potential for comparison across studies. Client satisfaction is also a popular method of outcome evaluation because it informs program planners of the consumers' level of contentment in response to the program and the results achieved through the program. Ideally, multiple methods would be used to measure program outcomes (Kettner et al., 1999).

The sixth phase is developing management information systems which refer to data entry, management, and analysis. A crucial aspect of this step is to create maximum efficiency by gathering a great deal of data with the minimum number of forms. After appropriate forms are created, a flow chart including the form name and completion time frame can be created to ensure uniformity of form completion. Compiling, analyzing, and displaying the data is typically achieved by utilizing an existing computer software package (Kettner et al., 1999).

The seventh phase, budgeting, is an important element in the effectiveness-based program planning model. There are four main types of budgeting systems. The non-budgeting system looks at revenues and expenses from a lump-sum perspective. The most common system, the line-item budget system, put expenses and revenues into categories. Functional budget systems identify the costs of program services and products as well as service completion. The program budgeting system targets costs for achieving program results, impacts, and accomplishments. "The planning purposes of budgeting deal with the determination of what revenues will be used to achieve what goals and objectives and the establishment of policies governing the acquisition and use of those revenues" (Kettner et al., 1999, p. 207).

The eighth and last phase of Kettner et al.'s (1999) effectiveness-based program planning model is program evaluation. This piece brings strength to the model as a program planning theory and that also qualifies the model as a program evaluation model. Kettner et al. explain what prompted them to emphasize planned inclusion of assessment:

> Historically, many social service agencies waited until a program had been in existence for some time before thinking about performance measurement, monitoring, and program evaluation. This approach virtually ensured that the data needed to assess the implementation, performance, results, and impacts of programs were not available when needed. (p. 215)

Kettner et al. mandate that program evaluation must be planned as the program is being developed; a program evaluator cannot come into a program and evaluate it if the tools were not included during the planning process. "Through the use of these assessment tools, social service agencies can determine if their programs are working as intended or are in need of refinement" (p. 215).

There are three facets to program assessment: performance measurement, monitoring, and program evaluation. Performance measurement, utilizing feedback on program quality, efficiency, and effectiveness, is concerned with data collection for purposes of external reporting. Monitoring employs program feedback for managerial purposes to make sure that the program is implemented as designed and to ensure efficiency and quality. Program evaluation is concerned with using the data for assessing program results, determining impact, and planning future programs. Using all three measures of program assessment provides a complete picture of program impact (Kettner et al., 1999).

Responsive Evaluation

Dr. Robert Stake's responsive evaluation is placed on the Valuing Branch of the Evaluation Theory Tree (Alkin, 2004). Stake (2004) explains, "Responsive evaluation is a general perspective in the search for quality and representation of quality in the program" (p. 86). Stake, describing responsive evaluation as more of an attitude than a recipe, proposes that any type of evaluation can be responsive to some degree. Stake points out that program evaluation itself is a departure from building scientific theory. He advises: "The question is not 'How representative is this?' but 'Does it even happen once?' Finding a single occurrence may change perceptions of program" (p. 88). Stake notes that responsive evaluation is not his invention, nor does the term have a fixed definition:

> The concept of responsive evaluation belongs not only to me . . . but to all those who use it. So the definition changes and diffuses as other people and I use it differently. Even those who do not call their work "responsive evaluation" participate in the continuing definition as they use the term. (p. 89)

The three defining characteristics of responsive evaluation are "responsiveness to key issues or problems, especially those experienced by people at the sites" (Stake, p. 89); relatively high attention to stakeholder concerns compared to written program goals; and the "understanding of goodness" (p. 89). It is the idea of "understanding" which is a central theme. Stake notes that "users may go on to alleviate or remediate or develop or aspire, but the purpose of this [responsive] evaluation is mainly to understand" (p. 89). In emphasizing understanding, Stake explains, "Our evaluating business is not one of categorizing things but finding the worth of the special thing we have before us" (p.104).

Specific procedures help define this notion of finding worth and understanding. Stake (2004) calls these procedures "prominent events in a *responsive evaluation*" (p. 103). Specific procedures, or steps, are to:

> (1) talk with clients and program staff; (2) identify program scope; (3) discover purposes and concerns; (4) conceptualize issues and problems; (5) identify data needs related to issues; (6) select observers, judges, instruments; (7) observe designated antecedents, transactions, outcomes; (8) thematize, prepare portrayals, case studies; (9) validate, confirm, and attempt to disconfirm; (10) winnow, match issues to audiences; and (11) format for audience use. (p. 103)

While the above list suggests that these events are linear steps, in actuality they are not. In fact, Stake graphically presents these events in circular fashion on a "clock," and further explains that "any event can follow any event . . . many events occur simultaneously, and the evaluator returns to many events many times before the evaluation ends" (p. 103).

In applying the concepts of responsive evaluation, four consequences can be expected. First, the evaluation work changes as the program changes. Initial decisions about the evaluation standards may be less relevant as changes to standards are expected. Second, using responsive evaluation is almost certain to bring the evaluator into closer contact with people in the program being evaluated. This closer contact with people engenders not only the risk of becoming emotionally involved with certain groups or views, but the possible demands of dealing with details such as subtle language differences (Stake). Such attunement to people and their language puts the evaluator in the position of having to discern what is "considered *meaning* and *evidence*" (p. 88).

A third consequence is that while responsive evaluation may use both criterial and interpretive methods, it relies more heavily on interpretive thinking, thus "relying on the human observer, the portrayer of human experience, to give meaning and value to the evaluation" (p. 90). A fourth and final consequence of using this type of evaluation is that the reports generated will include not only value statements of the evaluator, but also "*vicarious experience*, some sense that each reader was there in person" (p. 93). In summary, an evaluator using responsive evaluation must be flexible in response to the program process, be willing to become close to people and their views, be sensitive to subtle meanings, and have a comfort level with interpretive writing.

Stake (2004) does not propose responsive evaluation as an isolated system; rather, he says there is a need to join responsive and criterial evaluation. Responsive evaluation may also be thought of as interpretive or qualitative evaluation. Criterial evaluation is synonymous with standards-based or quantitative evaluation. Criterial thinking builds on the analysis of descriptive variables, while interpretive thinking builds on "experiential, personal knowing in real space and time with real people" (p. xv). Stake believes that these two genres should be considered complementary, observing, "These two ways of thinking may stand side by side, but like an optical illusion, only one is seen at a time" (p. xv). The utility of connecting these two methods is depicted by Stake:

> A personal narrative is likely to mention criteria, but its take on merit will be known to audiences through vicarious experiences. An analytic statement will often make references to personal experience, but its take on merit will be known to audiences though propositional statements implying standards. (p. xv)

Utilization-Focused Evaluation

Dr. Michael Patton's work is placed on the Use Branch of Alkin's (2004) Evaluation Theory Tree. Patton (1978, 1986, 1997) is considered the strongest representative of "use" in evaluation (Alkin). The essence of Patton's (1997) view is captured in the questions he poses: "Given expected uses, is the evaluation worth doing? To what extent and in what ways are intended users committed to intended use?" (p. 376). Patton argues that not only are these questions often overlooked, but the answers are often nonexistent. Thus, many evaluations seem to have less value than the time and money invested in them would suggest.

In addition, many evaluations do not capture what the beneficiaries really intended. For example, Patton (1997) describes a school evaluation in which an outside, expensive firm came in and "produced" a lengthy report. A school administrator reported that the evaluation did not have any use, except to "legitimize" the school. Patton quotes the administrator:

> Now to be fair, the evaluation did produce something useful. When parents or other educators ask if the program had been evaluated, and what the findings were, we say, "Yes, the evaluation shows the program is effective." On the other hand, anyone worth their salt, I suspect, if they read the evaluation carefully, would decide it doesn't show much of anything, really, when you come right down to it. *We're left where we began, but we have the illusion of at least having been evaluated*. (p. 374)

Staff who fail to find the process or results of this sort of evaluation useful tend to develop an ambivalent or negative view of evaluation. Such negative views are apparent in the administrator's words: "Most reports look like they were written the last week before they were published, with hastily drawn conclusions and sometimes data that is manipulated for a preconceived conclusion fitting evaluators' or funders' biases" (Patton, 1997, p. 375). In fact, the

school administrator in this case, said, "I'd guess that 99% of evaluation is done on a model of education that I consider obsolete, like a factory trying to perfect its way of making wagon wheels. We need more relevant and useful approaches . . ." (p. 375). What the administrator wanted was "careful evaluation . . . what we are doing well and not doing well . . . we want the best that is available . . . *we just desperately want and need that information, to know if we're on the right track*" (p. 375).

Patton (1997) describes five steps of utilization-focused program evaluation. While Patton lists the steps in a flow chart as ordered in time, he warns that this is "not a linear process. Patton describes the steps in real-world use: "In a style that is active-reactive-adaptive and situationally responsive, the evaluator helps intended users answer . . . questions" (p. 376). The first step is to identify the intended users of evaluation and to organize them in such a way that they meet with the evaluator and share in major decisions about the evaluation (Patton). The second step is for the intended users of the evaluation and the evaluator to make a commitment to using the results of the evaluation (Patton), and to decide on the focus of the evaluation. Since there is a large "menu" of flavors of evaluation, the evaluator may need to discuss with the group not only the priorities of different types of evaluations, but also the ethical and political considerations (Patton). This is very important, as there are 58 "alternate ways of focusing evaluations" (Patton, p. 192). When this second step is finished, answers should have been found, for the most part, to the aforementioned questions: "Given expected uses, is the evaluation worth doing? To what extent and in what ways are intended users committed to intended use?" (p. 376).

The third step in the process of utilization-focused evaluation is to determine methods for data collection. Just as there are many alternatives for focusing evaluations, there are many

possible evaluation methods. Patton (1997) mentions familiar choices: “qualitative and quantitative data; naturalistic, experimental and quasi-experimental; and purposeful and probabilistic sampling choices” (p. 380). He also points to the need to discuss issues such as “believability of the data . . . practicality . . . and cost” (p. 380). All concerns of methodology must address the question, “Will the results obtained from these methods be useful – and actually used?” (p. 380).

After data have been collected and organized, the fourth step, interpretation, begins (Patton, 1997). In utilization-focused evaluation, “intended users are actively and directly involved in interpreting findings, making judgments based on the data, and generating recommendations” (p. 380). An important part of this step is to create specific strategies for use, in light of the actual data (Patton).

The fifth and last step in utilization-focused evaluation is to distribute the findings. Patton (1997) advises that this is the time to consider the original commitment for intended use, or “planned utilization” (p. 380). Findings are distributed according to what was decided in the planned utilization, but other avenues of distribution may also be chosen. Patton mentions the possibility of “more general dissemination for broad public accountability” (p. 380).

Patton (1997) delineated fourteen “premises” or principles of utilization-focused evaluation. Patton’s 431-page book impressively presents the rationale and evidence for all fourteen premises. As a part of this discussion, the first five premises will be briefly highlighted. The first premise is “Commitment to intended use by intended users should be the driving force in an evaluation” (p. 382). Patton’s second premise is “Strategizing about use is ongoing and continuous from the very beginning of the evaluation” (p. 382). His third premise is “The

personal factor contributes significantly to use" (p. 382). Patton states that evaluation should be aimed at the needs of specific persons, and not left to "vague, passive audiences" (p. 382).

Patton's (1997) fourth premise is "Careful and thoughtful stakeholder analysis should inform identification of primary intended users . . ." (p. 382). Not only must stakeholders be identified, but the evaluator must be sensitive to political and ethical issues involving the stakeholders. His fifth premise concerns the issue of focus; Patton concludes that "focusing on intended use by intended users is the best way" (p. 382) to ensure utilization. An evaluation cannot address every single issue; time and money constraints prompt the necessity to prioritize questions and issues ahead of time.

At the end of his text, Patton (1997) acknowledges that "evaluators are faced with the ever-present possibility that, despite their best efforts, their work will be ignored, or worse, misused" (p. 384). Utilization-focused evaluation offers a balance of "style and substance, activism and science, perspective and systematic information" (p. 384). Utilization-focused evaluation may not be a panacea, but Patton claims it offers "active reality testing" (p. 384) that is not present in many other types of evaluation. It is this feature of "reality testing," or what actually happens in the real world of practice, that makes it such an important model for social work evaluators to consider.

Program Evaluation and Social Work

Scriven (1993) names evaluation a "transdiscipline." He explains, "the transdisciplines include statistics, measurement, logic,--and as is now suggested--evaluation" (p. 8). In his view of the 21st century, Scriven (2003) concludes that transdisciplines "are notable because they supply essential tools for other disciplines, while retaining an autonomous structure and research

effort of their own" (p. 19). A transdiscipline cuts across other areas of scholarship and practice; the concern in this section is how program evaluation cuts across social work.

Ginsberg, a notable social work scholar explains, "Since my earliest years as a social work practitioner, program evaluation has stood as one of the most complicated and controversial areas of practice and responsibility" (Ginsberg, 2001, p. ix). In reflecting on years of experience in program evaluation, Ginsberg concludes that "program evaluation is not for the meek" (p. ix). Explaining that evaluation is a challenging process, he cites the wide range of ramifications relating to program evaluation: programs may be stopped, people may lose their jobs, or on the other hand, people may get promotions and programs may gain funding. Ginsberg warns that evaluation may be "more exciting than one would want (p. ix)."

Ginsberg (2001) summarizes how the social worker doing good deeds is faced with issues of accountability:

> Effective social work is expected to demonstrate its effectiveness systematically and concretely. It is not enough to do good work--or what the social worker believes is good work. It must be systematically shown to be good and effective by measures that are sometimes prescribed by the funding organization or, in other cases, developed by the organization receiving the funds and ultimately approved by the funding agency. (p. 6)

Ginsberg's (2001) references to program evaluation challenges point to the amount of variation in the field and the need to make sense of it all. As a social work educator, Ginsberg obviously felt the need or obligation to make sense of it all, for the purpose of teaching social work students. He integrates his personal experience in evaluation with more standard information, such as applying experimental designs in social settings and using single system designs for individual practice. In relating his personal experience, he puts a face on sometimes

difficult concepts in program evaluation. Ginsberg believes there are "few better possibilities of learning about a subject than being directly involved in it, either as an evaluator or as a subject of evaluation" (p. 18). Stating that evaluation is a reality of practice for social workers in this century, Ginsberg explains that he has written his book "to encourage evaluators to understand their work as that of helping a program understand itself and improve its work" (p. 7).

DePoy and Gilson (2003) also felt inspired to write about program evaluation for social work. Their sense of urgency in addressing issues in program evaluation came from three changes: the emergence of the term "empirical practice," the metamorphosis of the common usage of empirical to include interpretive inquiry, and the challenges from social work scholars to "examine and revise current boundaries in social work curricula and practice" (p. ix). DePoy and Gilson offer a unique contribution to thinking on program evaluation; they propose evidenced-based structure as the organizing principle to frame all evaluative activities of social workers.

Allen Rubin, co-author of the widely used *Research Methods for Social Workers*, (Rubin & Babbie, 2005) now in its 5th edition, is another scholar whose work has advanced the understanding of program evaluation and social work. While Rubin and Babbie cover the essentials of program evaluation, their discussion of managed care and program evaluation is a valuable and unique contribution. Oftentimes, students are strikingly unaware of the implications of the managed care environment for social work, yet "One major impact of managed care is increased emphasis on program evaluation . . ." (p. 398). The authors explain how the increased pressures may affect choices of measurement instruments, the type of diagnoses reported, and outcome data reported. "It seems reasonable to predict that regardless of what designs direct service providers use to document their effectiveness to managed care companies, those

providers will have intense invested interests in reporting results that make their services look effective" (p. 399).

Drug Court Program Evaluation

As drug courts have increased in number nationwide since the first drug court was established in Miami, Florida in 1989, evaluations of drug courts have also proliferated (Bouffard & Taxman, 2004, Winter; Brewster, 2001, Winter; Goldkamp, White, & Robinson, 2001, Winter; Listwan, Sundt, Holsinger, & Latessa, 2003, July; Meekins, 2002; Senjo, 1999; Spohn, Piper, Martin, & Frenzel, 2001, Winter; Tsoudis, 2003; Turner et al., 2002; Wolf, 2001, Winter; Wolfe et al., 2002). "Most evaluations investigate whether drug courts reduce crime, decrease drug use, and save money" (Wolfe et al., 2002, p. 1156). The drug court model presents challenges to evaluators studying whether drug courts work better than traditional criminal courts, since each court is run somewhat differently. Wolfe et al., explaining that evaluators usually compare graduates to non-graduates or drug court participants to non-participants, discussed the drawbacks of this approach:

> Identifying an adequate non-participant group is also difficult and, once identified, often does not represent a true comparison. However, in the absence of randomized prospective cohort studies there are few evaluation design alternatives available. As a result, few studies have been published in peer-reviewed journals and information about effectiveness is generally less accessible. (p. 1156)

Wolfe et al. reviewed the 2000 Drug Court Publications Resource Guide of the National Drug Court Institute and found that "less than 20% of publications listed in the research and evaluation subsection have been published in peer-reviewed journals" (p. 1156).

Wolfe et al.(2002) performed a drug court outcome evaluation in San Mateo, California. The authors compared arrest rates for 618 drug court participants and 75 non-participants, and found there was no significant difference between arrest rates during a two-year follow up period. They also examined 257 graduates compared to 361 non-graduates, and found that graduates had lower arrest rates (19% vs. 53%, X^2 (1)=73.5, $p< 0.01$). Goldkamp, White, and Robinson (2001, Winter) noted that comparing graduates to non-graduates is somewhat faulty, because it basically demonstrates that successful people succeed and unsuccessful people fail.

Listwan, Sundt, Holsinger, & Latessa (2003, July) concluded that while outcome data for drug courts is positive, reduced re-arrest rates do not result from all drug court programs. Listwan et al. note that "little is known about the drug court model's ability to achieve its objectives in a variety of circumstances" (p. 389). Examining the effect of drug court programming on multiple indicators of recidivism, Listwan et al. found mixed results, with the drug court treatment group performing better when examining re-arrests for drug-related offenses.

In an earlier study, Dennis (1994, October) emphasized the need to employ qualitative methods integrated with quantitative methods in substance abuse evaluation. A few recent studies (Bouffard & Taxman, 2004, Winter; Staton et al., 2001; Wolf, 2001, Winter) have demonstrated the use of qualitative methods in drug court evaluations. Bouffard and Taxman (2004, Winter) note that while a number of recent evaluations have demonstrated the effectiveness of the drug court approach for reducing both substance abuse and criminal involvement among participants, "thorough process evaluations (inside the black box of treatment) of these courts have often not been met or have not been adequately conducted" (p. 195). Bouffard and Taxman examined four adult drug courts, using a combined

qualitative/quantitative methodology to explore the type and amount of treatment services offered within these courts. Results indicated that drug court effectiveness could be improved in several areas, such as by using scientifically-established cognitive-behavioral approaches.

Staton et al. (2001) utilized focus groups to assess employment issues of drug court participants. Encountering a variety of employment issues, drug court participants in this study expressed "consistent difficulty in balancing work and treatment involvement" (p. 73). The authors discussed how this focus group data led to valuable insights that helped create more effective employment interventions for drug court participants.

Using narrative observational data collected over 28 months from 104 drug court hearings, Wolf (2001, Winter) examined the relationship between problems that participants identified in court and their patterns of compliance with program requirements. Studying a drug court in a small to mid-sized city in New York state, Wolf's data revealed that approximately 130 problems mentioned by participants fall into three general categories or levels: "those associated with the individual participants (individual), those associated with their immediate surroundings (intermediate), and those associated with the social and economic environments in which they lead their everyday lives (structural) (p. 234)." Wolf summarized patterns of recovery as differing among program graduates:

> During their period of participation some "sail through" recovery, some "bloom late," some "occasionally stumble," while others "chronically stumble." Graduates who sail through the program are less likely than other recovery groups to report problems at all three levels. (p. 234)

Drug court participants' specific problems included provision of treatment, relationships with family and peers, physical health, the criminal and civil justice systems, and employment. Wolf

advised attention to barriers affecting successful treatment, and "suggested that treatment providers, case managers, and program administrators should be attentive to the variety of types of problems that affect the likelihood, as well as the process, of recovery" (p. 235).

Electronic Tools in Social Work Program Evaluation

A brief discussion of electronic performance support systems (EPSSs) provides a backdrop for considering the use of electronic tools in social work program evaluation. Over a decade ago, Gloria Gery (1991) challenged the current paradigm in corporate training, asserting, "We don't need new technology, we just need new thinking" (p. 15). The new thinking that Gery called for required corporations to change how they train their employees. Under the old model, businesses would offer classroom-type training in which trainees were expected to learn all they needed to know, then return to their workstations and demonstrate new skills. This old model depended on several assumptions, four of which are: (1) training is a discrete event; (2) learners require someone else who knows better to instruct them; (3) teaching people about things will translate to enhanced job skills; and (4) audiences are homogeneous. Gery challenged these assumptions and replaced them with the following parallel ideas: (1) training and learning are processes, not events; (2) people can learn without expert instruction; (3) training sessions do not necessarily translate to better job skills; and (4) groups of learners are rarely similar.

To support her proposal that learning is a process that occurs over time, Gery (1991) introduced the idea of doing "whatever is necessary to generate performance and learning *at the moment of need"* (p. 34). She proposed that EPSSs generated information for learning, at the time it was needed, thus creating potential for increased performance. The idea that resources should be available "just-in-time" (Habelow, 2000, p. 5) originated in manufacturing environments. Referring to the workplace in general, Habelow summarized the converging

factors that led to EPSSs being used for learning at the moment of need as "the forces of a rapidly changing work environment, a financial focus on performance, and the increasing availability of technology in the workplace" (p. 5).

Gery (1991) notes that what differentiates the EPSS from "other types of systems and interactive resources is the degree to which it *integrates information, tools, and methodology* for the user" (p. 34). Reybould (1995) redefined an EPSS as an electronically integrated application that includes any resource (electronic and non-electronic) for work. While the introduction of the EPSS was prompted by needs of the corporate world, the purpose of introducing an EPSS into the social work environment is not all that different. The EPSS was designed in the corporate world for training, which could lead to increased job performance and concomitant increased profits. The operative word here is "profit." Just as an EPSS is generally introduced into the corporate world to increase worker productivity and profits, an EPSS can be introduced into a social work evaluation environment to facilitate performing evaluation tasks and to conserve program funds. While the social service environment traditionally has not been driven by profit motives, fiscal issues are increasingly important. Whether profit is a stated motive or a hidden factor, the need to save money demands the attention of any discerning administrator.

Over a decade ago, Mutschler and Hoefer (1990) stated that social work environments failed to take advantage of the potential that information technology has to offer. This is not to say that computers are not used in social work employment environments; in fact, it might be difficult, in 2005, to find a social work job that does not require the use of a computer. Furthermore, computers are definitely used for aspects of program evaluations, as word-processing systems, spreadsheets, and statistical or other qualitative packages are all used to support evaluative activities.

However, to find an Internet-driven evaluation system would not be the norm. This lack is reflected in social work literature. A search of the social work journals focusing on administration and technology found little on the subject of innovative Internet-based systems that enhance evaluative activities. While social work researchers describe barriers to collecting and using evaluation data (Carrilio, Packard, & Clapp, 2003; Menefee & Schagrin, 2003), they do not address possible solutions that involve sophisticated Internet-driven tools. Whipple, Grettenberger, and Flynn (1997) address the need for social work doctoral education to include innovative methods for applying program evaluation using qualitative and quantitative methods, but do not address technological approaches. In the school social work setting, Pahwa (2003) describes this lack of attention to technology:

> The public school system, one of the largest human service institutions in our nation, is continuously engaged in a struggle to balance the needs of a growing and diverse population with continuing threats of budget cuts. Under these conditions, it becomes even more critical that school social workers understand and appreciate the role of technology in delivering and evaluating services. (p. 139)

Schoech, Fitch, MacFadden, and Schkade (2002), in their study using examples from child protective services, state that "businesses have had the resources and incentives to implement technological advances much quicker than have human service agencies" (p. 1). Schoech et al., echoing Kibel's (2001; 2003b) call for technology-based evaluation, describe technology in business as it applies to social services, and draw conclusions about the desirability of connected learning:

> The result is the conceptualization of an intelligent organization linked to a virtual infrastructure that connects agencies locally and globally in order to accumulate,

> enhance, and disseminate agency, field, and professional expertise . . . . This analysis points to the need for human service professionals to become partners in creating the global knowledge and the *technology infrastructure* [italics added] that deliver information when and where it is needed to guide their decision making and create systems that *learn* [italics added]. (p. 1)

From Results Mapping to Journey Mapping and Outcome Engineering

This section first reviews Results Mapping (Kibel, 1999a, 1999b; 2003b; Kibel & Miner, 1996), then turns to the creation of Journey Mapping (Kibel, 2003a, 2003b, 2004b), which is a component of Outcome Engineering (Kibel, 2000a, 2000b).

Results Mapping

Under the pressure to demonstrate successful outcomes, professionals in all fields identify desirable outcomes and design their programs to attain desirable outcomes. To determine whether the program achieved its desired outcomes, outcome measures are often used. Dr. John O'Looney of the Carl Vinson Institute of Government at The University of Georgia concluded that outcome measures miss a lot. Dr. O'Looney does not like to give outcome measure reports total credit because "there are a lot of good people doing good things that outcome measures miss" (personal communication, February, 2001).

In response to the weakness of outcome reports, Dr. Barry Kibel created an evaluation system called Results Mapping (Kibel, 1999a, 1999b; 2003b; Kibel & Miner, 1996). Kibel, a Senior Research Scientist for Pacific Institute for Research and Evaluation (PIRE), is the chief architect and tester of Results Mapping. As a starting point, Kibel (1999b) explains the dilemma of social and community programs:

> Program staff are the first to admit that the numeric data they provide just skim the surface of program activity and relate little about the wondrous transformations that may have occurred with specific clients or target populations. They recognize that the parts of stories that give goose bumps and show the program in its best light, as well as key descriptive data, are absent from their reports. (p. 4)

In the mid-1990's, Kibel set out to bridge the gap between process and outcome evaluation. The result was a methodology that integrates quantitative and qualitative methods. Kibel (1999b), blending common sense with structured logic, initiated a system that addressed a problematic scenario with which social workers were all too familiar:

> The program's numbers tell little about the clients who have progressed beyond dependency on the service delivery system to heal themselves and become healing supports to others. They also reveal little regarding the innovative work of staff with difficult-to-serve clients, even when no dramatic outcomes have yet occurred; or pioneering efforts of the program to partner with other service providers and community agents to serve clients who heretofore were not reached or who could not afford the type and range of services they desperately needed. (p. 4)

Results Mapping was developed to enable the hardworking staff in community programs to demonstrate their effectiveness to funders and others (Kibel, 1999b). Kibel "took to the road," traveling continuously for about 5 years and teaching Results Mapping to program personnel. Kibel (1999b) recounts that he "was able to step into the unknown and think what needed to be thought, preach what needed to be preached, and do what needed to be done to give form and substance to a new type of evaluation" (p. vii-viii).

Outcome data are only a small piece of a program's picture. Results Mapping seeks to enhance and complement outcome data. Kibel and Miner (1996) explain how Results Mapping relates to and enhances outcome evaluation:

> 1. Outcome evaluations blur over many program achievements that are needed to bring a client to a place where outcomes are even possible. With Results Mapping, we capture and score all these achievements and array them so that the reasons for program success (or failure) are clear.
>
> 2. Results Mapping fosters continuous improvement. Keeping score draws attention to what is working and what is not.
>
> 3. Results Mapping allows staff to be intimately involved in the evaluation process and in the learning that timely evaluation results can provide. Outcome evaluations are usually conducted by outsiders and learning from these evaluations at the staff level is minimal at best.
>
> 4. Results Mapping brings the entire base of program experience into play for analysis purposes. It transforms scattered anecdotal data into systematized, hard data. Outcome evaluation does not do this. (p. 3-4)

Kibel and Miner (1996) note that most programs play an "outcome targeting game" that leads to confusion. For example, they reviewed a report sent to a funder in Ohio that revealed an odd mix of service counts, satisfaction measures, and wishful thinking. Kibel and Miner assert that such confusion can be avoided by documenting actual achievements through Results Mapping.

After spending several years testing the ideas and techniques of Results Mapping in a wide range of programs and contexts, Kibel (2000b) reflected, "If the thinking was flawed, I

heard about it. If a technique was too complicated or abstract, I also heard about that . . . and made appropriate changes (p. 1).” Kibel (2000b) further describes his experience “testing” the original model:

> I spent much of the decade of the nineties trying to devise a useful and informative way for an initiative to document what it does as a running and evolving account. I assumed that this account was actually a composite of its best client stories . . . my focus was on the top 10-15 stories . . . that highlighted its most creative and impact-producing work . . . (pp. 37-38)

Kibel (2000b) presented 28 mapping conventions to be used for reconstructing a story. The conventions ensured that “story tellers, working independently with the same information, would relate stories in near identical manner” (p. 38). However, as Kibel describes, problems developed after his model gained widespread use:

> The conventions forced program staff . . . to relate their work through a structure that was every bit as artificial as the use of dry statistics. The method generated highly structured mapped stories, but not passionate stories. In pursuit of replicable methodology, the art and spirit of storytelling had been sacrificed. (p. 38)

Because of this problem, and the fact that the stories did not promote learning or provoke feedback, Kibel went back to the drawing board. Patton (2002) acknowledged the earlier conceptual contributions of Kibel’s Results Mapping and predicted that Kibel’s refinement and expansion of his earlier ideas would contribute significantly to the field of evaluation.

Journey Mapping and Outcome Engineering

After extensive re-envisioning, which occurred while he was traveling and consulting in other countries, Kibel created another set of evaluation tools, a refinement of Results Mapping

called Journey Mapping (2003a; 2003b; 2004b). Kibel (2000b) concluded, “I realized that it was the heroic Journey Mapping, and not success story mapping, that was needed to best capture the transformative work of an initiative--not simply economic development programs, but all human service initiatives where the intent is transformation” (p. 39).

The body of knowledge associated with applications of this methodology, from the earlier years of Results Mapping to the present day Journey Mapping system, includes the work of Kibel (Results Mapping Laboratory of the Pacific Institute of Research and Evaluation) as well as several studies by other researchers (Archibald, 2000; Blanchard et al., 2000; Earl, Carden, Patton, Smutylo, & International Development Research Centre (Canada), 2001; Gotshall, 2005; Jha, 2001; Rockwell et al., 2003; Schwarcz & Stetzler, 2003).

The Journey Mapping methodology was conceptualized within a larger system of powerful tools for program development, called Outcome Engineering (Kibel, 2000b), which combines elements of planning, self-management, and self-evaluation (see Figure 2.2). Outcome Engineering, an inspired, humanistic program methodology, consists of five components: (1) Sharing the Vision, (2) Declaring the Mission, (3) Establishing the Outcome Challenges, (4) Mapping the Journeys, and (5) Re-designing the Delivery System. While each component is infused with effective ways to inspire, track, and evaluate complex progress and growth, the current study focuses solely on the fourth component, “Mapping the Journeys.”

In moving from one model to the next, Kibel (2000b) describes his process as replacing a “linear concept of a story with a beginning, middle, and end with a new image of behaviors of people and systems unfolding through time at variable rate--and influencing other behaviors as they evolved and changed” (p. 39). The concept of “people and systems unfolding at variable rates” led to a very unique part of Journey Mapping called “Boundary Partners.” Boundary

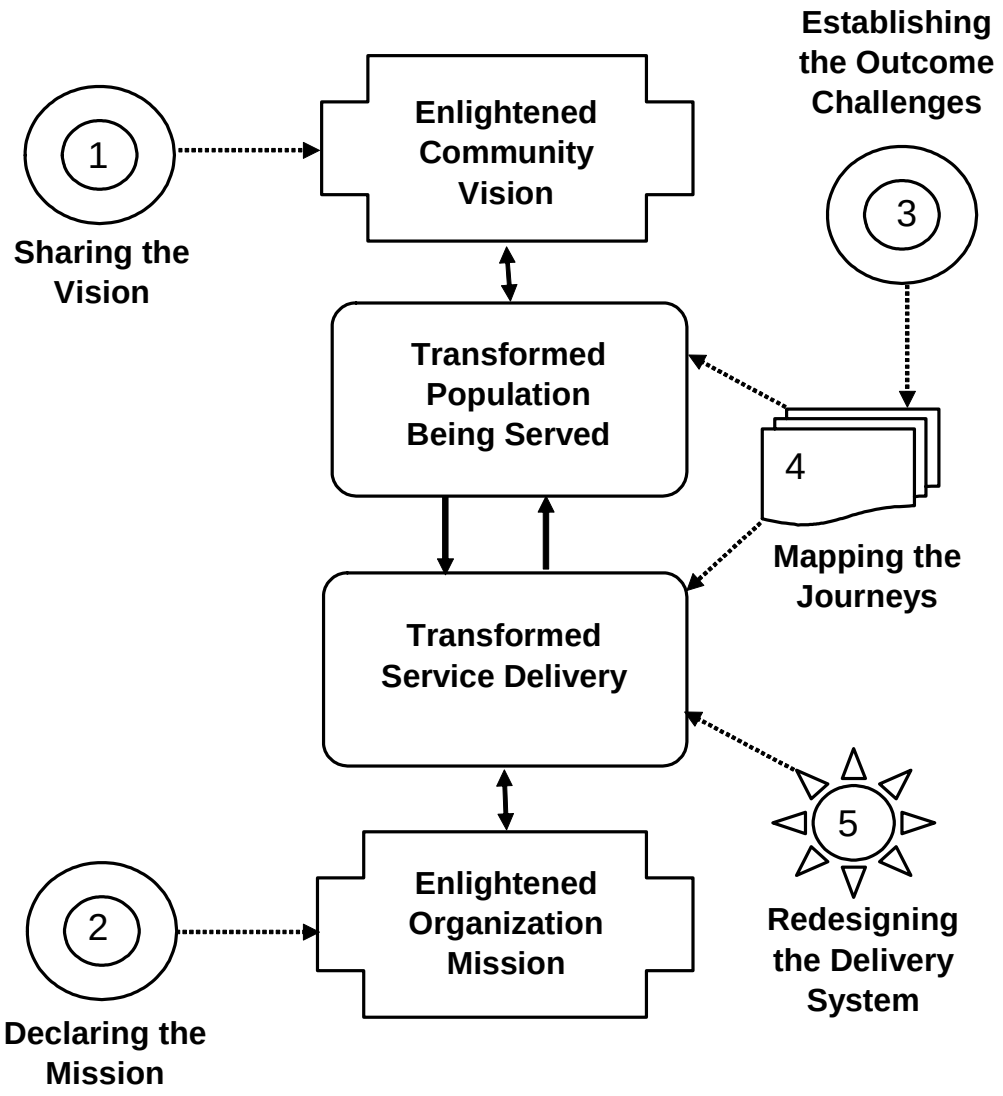

Figure 2.2. Outcome Engineering Toolbox

Note. From "Outcome Engineering briefing," by B. M. Kibel, 2000a, retrieved June 21, 2005 From http://www.pire.org/resultsmapping. Used with permission of author.

Partners, embracing a whole-system perspective, refers to various individuals, groups, agencies, and institutions that are impacted through a program or initiative. Kibel (2004b) relates an example:

> An initiative might be working with students who have been identified as having learning differences that prevent them from benefiting from traditional instruction methods or in demonstrating their knowledge through traditional testing methods. That initiative might include work with the students, with their teachers, and with their parents. To understand, gauge, and improve the multi-level efforts underway, journals would be maintained for all three categories. Unique sets of success markers, as well as journey scores, would also be used to capture movement of individuals within each category. In addition, changes taking place at the school building or district level to support the work of the teachers, parents, students, or initiative staff might also be tracked through journals and markers. (p. 4-5)

Kibel (2000b) notes a problem that could be called "your program makes changes in others, but no one knows what you do for sure." He cites three reasons that "no one knows exactly what you do in your program" to make dramatic changes in others possible: "(1) You don't know how much you are missing by not telling your stories well; (2) No single person in an organization knows the whole story; and (3) User-friendly technology has not existed until now" (p. 37).

To overcome these three stumbling blocks, Kibel proposes Journey Mapping as a solution. For example, addressing the third problem, Kibel (2000b) states:

> . . . a useful, friendly, efficient, and self-administered methodology for capturing and sharing the detailed stories of an initiative engaged in transformative work has not existed

> until now. The closest approximation to such a method has been the use of case notes. However, these notes tend to be more useful for the note taker than for anyone else and are not meant to be aggregated across clients. Hence, they fail to meet the important challenge posed by the qualitative researcher, Charles Ragin, of "trying to make sense of the diversity across cases in a way that unites similarities and differences in a single, coherent framework." (p. 37)

Kibel (2004b) contends that Journey Mapping is generations ahead of other methods. He proposes that it is cutting edge, both because of its creativity in accessing the potential of the Internet and because of the "positive and humanistic orientation that its use forwards. Clients are viewed in light of their possibilities to grow and change, not in terms of their deficiencies in need of correction" (p. 2). Kibel identifies seven unique aspects of Journey Mapping:

1. Encourages organizations, initiatives, and their staffs to both document their work systematically and express their passion for this work outwardly and in clear and understandable terms.
2. Promotes the use of the "journey" as the primary unit of analysis, viewing clients as engaged in life-altering transformation processes and gauging the extent of the transformation that occurs.
3. Exploits the power and potentials of the Internet for capturing and sharing data as no assessment or accountability tool has heretofore done.
4. Hands the assessment function completely over to the initiative team in a user-friendly format.
5. Allows sponsors and other stakeholders to reconstruct their own pictures of the initiative and its accomplishments and to draw their own conclusions from these pictures.

6. Permits reports to be printed in an instant that summarize the most recent and best work of the initiative.

7. Fosters deep learning across initiatives or sites working on similar challenges by permitting the electronic sharing of success stories and reflections. (p. 1)

In summary, evaluation and program evaluation historically began with the idea of rationality in planning, leading to positivist-oriented evaluation methodologies. While qualitative methods have influenced recent trends in program evaluation, counteracting the rigidity of dominant quantitative methods, the ease of using an approach embracing both types of evaluation data has not yet been available to social workers. Drug court evaluations have used predominantly quantitative methods, only occasionally drawing on qualitative methods. As a tool that integrates both quantitative and qualitative methods, Journey Mapping represents a "next-generation assessment" (Kibel, 2003c) device. With multiple attractive features such as cutting-edge technology, user-friendly reporting potential for those closest to success stories, and instant low-cost reporting, Journey Mapping offers a broad spectrum of possibilities for use in social services program evaluation.

CHAPTER 3

METHODOLOGY

The purpose of this study was to assess staff and client perspectives on implementation of the Internet-based Journey Mapping tool for evaluating a drug court treatment program**.** This chapter details the methodology used to assess those multiple perspectives. It is organized into eight sections: Introduction, Setting, Sample Selection, Data Collection, Data Analysis, Reliability and Validity, Researcher Bias, and Limitations.

Introduction

While a positivist paradigm seeks answers by proving a research hypothesis with numerical data, an interpretive research paradigm depends on semantic description to provide answers to research questions. Such semantic description, created by rigorous adherence to qualitative methodology, explores meanings of phenomena attributed by both the participants and the researcher.

A research methodology is selected for a study because it is the best vehicle to answer specific research questions. In this study, answers to the proposed research questions are anticipated to be varied and complex. The most appropriate framework to explore answers to such questions is qualitative methodology, which is both exploratory and inductive. Studying multiple perspectives on a new evaluation tool requires the inductive process that qualitative research provides. This inductive process can encompass multiple perspectives as well as the complexities of the innovation. “In contrast with quantitative approaches, which attempt to control and predict, qualitative research focuses on description, analysis, and interpretation”

(Rossman & Rallis, 1998, p. 10). A qualitative design also promotes face-to-face interaction with real people in the field, and willingly embraces the lack of order in the natural world (Rossman & Rallis). The "untidiness" of implementing and examining a new tool within a real life program context, such as this study proposes, requires the flexibility afforded by a qualitative research design.

At the same time that this study's complexity was anticipated, I had no *a priori* theory of what the results would look like. My goal was to allow the data to speak for themselves. Thus, the emergent nature of the study's findings was best supported by a qualitative framework. Padgett (1998) explained that the first reason for doing qualitative research is to explore a topic about which little is known.

Qualitative research methodology has been defined as a system employed to investigate the complexities of studies such as the one proposed (Creswell, 1994, 1998, 2003; Merriam, 1998; Padgett, 1998). Within the five traditions of qualitative research (Creswell, 1998), the case study method was chosen as suitable application for the present study. Case study methodology has been described in detail (Merriam, 1998; Stake, 1995, 2000; Yin, 2003a, 2003b) and provides a useful framework due to its flexibility and adaptability to a range of contexts, processes, people, and foci (McMillan & Schumacher, 1993).

Case study research is distinct from other types of qualitative research (Denzin & Lincoln, 2000). Stake (2000) observes, "Along with much qualitative research, case study research shares an intense interest in personal views and circumstances" (p. 447). However, while case study methodology shares aspects of other types of qualitative research, it has a unique set of concepts and defining features. Stake (1995) explains how an earlier researcher's work gave initial strength to defining the case study:

> Louis Smith, one of the first ethnographic educators, helped define the case as a bounded system, drawing attention to it as an object, rather than a process . . . the case . . . has a boundary, and working parts. In our work in social sciences and human services, the case is likely to be purposive, even having a "self." The case is an integrated system. The parts do not have to be working well, the purposes may be irrational, but it is a system. Thus, people and programs clearly are prospective cases. (p. 2)

Merriam (1998), reflecting on the decade that passed between the first and second editions of her book on case study applications in education, agrees with Smith's notion of the bounded systems. She states, "I have concluded that the single most defining characteristic of case study research lies in delimiting the object of study the case . . . . I can 'fence in' what I am going to study" (p. 27).

Characterizing the case study as a "comprehensive research strategy," Yin (2003b) offers a two-part, technical definition of the case study system. First, Yin explains the importance of context and boundaries:

> A case study is an empirical inquiry that investigates contemporary phenomena within its real-life context, especially when the boundaries between phenomena and context are not clearly evident. In other words, you would do a case study because you deliberately wanted to cover contextual conditions--believing they might be highly pertinent to your phenomenon of study. (p. 13)

In the second part of his case study definition, Yin delineates three criteria, each one providing a foundation for the next:

> The case study inquiry: (a) copes with the technically distinctive situation in which there will be many more variables of interest, than data points, and as one result, (b) relies on

> multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result, (c) benefits from the prior development of theoretical propositions, to guide data collection and analysis. (p. 13-14)

Yin (2003b) summarizes, "In general, case studies are the preferred strategy when 'how' or 'why' questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context" (p. 1).

In light of Yin's prescriptions, several factors influenced the choice of the case study as the most suitable methodology for the current study. Implementation of any new tool is a complex process. There were several stages in the implementation process itself, including introducing the tool, training staff members to use the tool, and dealing with issues arising during the implementation. Additionally, there were different types of users, including the director, administrative workers, direct practice staff, and clients. Finally, the tool itself contained layers of information screens and multiple functions.

Examining the complexities of these three aspects (the implementation process, users' responses to the implementation, and the tool itself) required the comprehensive research vehicle of the case study rather than a one-dimensional research vehicle. The study contains multiple variables of interest, matching Yin's (2003b) criterion that a case study should possess "more variables of interest than data points" (p. 13). Similarly, Yin asserts that case studies require multiple sources of evidence, and the current study fits this criterion as well. For example, different users of the new tool had differing views on the tool and its implementation. Each user, with his or her individual background and experience, provided one source of data; many users supplied multiple sources of data.

Yin also discussed the importance of triangulation of the data. Triangulation is based on the principle that "any finding or conclusion in a case study is likely to be much more convincing and accurate if it is based on several different sources of information . . ." (p. 98). In this study, triangulation was achieved by contributions from various data sources as well as multiple data collection methods. Interview and observation required two different methods of data collection. For example, I asked Journey Mapping users about their experiences, but I also observed their actual use of Journey Mapping to discern whether participants' behaviors matched their verbal reports. Finally, examining documents such as Journey Mapping screen captures provided another method of data collection.

Lastly, case studies focus on real-life contexts. The present study was based on specific staff and clients using the electronic tool Journey Mapping in the particular environment of the drug court program. Without the context, there would be no study, for the electronic tool would simply be a tool "sitting on the shelf" in theory only. In light of all the contextual complexities involved in implementing a sophisticated electronic tool like Journey Mapping, this study required the variety of data sources and methods afforded by case study methodology.

Stake (1995, 2000) divides case studies into three categories: intrinsic, collective, and instrumental. The intrinsic case study focuses solely on the selected case for the value of learning about that case, and that case alone. The collective case study investigates a number of cases. An instrumental case study serves the purpose of studying one case and learning about that case, but with the goal of learning about something else. The logic of the instrumental case study applies to the current research, as I wanted to study County Drug Court personnel's utilization of Journey Mapping to gain contextual knowledge about implementation of the tool.

Setting

Selection of Setting

Stake (2000) states that "perhaps the most unique aspect of case studies in the social sciences and human services is the selection of cases to study" (p. 446). Patton (2002) points out that understanding critical phenomena depends on choosing the case well. In the present instrumental case study, the choice of a case was based on a careful selection process. The following paragraphs explain how the case and concomitant setting were chosen.

A regional program director contacted The University of Georgia School of Social Work to find a doctoral student who might be interested in conducting an evaluation of a relatively new drug court program. I read the notice on the doctoral students' listserv that briefly described the drug court program's interest in finding someone to do an evaluation. As I had experience in program evaluation, I contacted the director. By phone interview, I initially assessed the director's specific needs for the evaluation. I made a site visit to observe the treatment process in the actual drug court setting.

At this point, my assessment was that the evaluation needs of the County Drug Court program could be satisfied by implementing the Journey Mapping tool. For example, the program did not require an evaluation utilizing a specific experimental design; rather, the drug court needed both process and outcome data. The director especially wanted to capture the transformational process of the program's successful graduates. Also, the drug court personnel hoped to record the contributions of the "many players," including both paid staff and community supporters who participated in the successful treatment of drug offenders and whose contributions had not previously been documented.

After my initial review of the drug court program's evaluation needs, I presented my assessment to the director. The director then arranged for me to present an introductory educational session about the Journey Mapping tool to staff and local stakeholders. After this presentation, the director decided Journey Mapping was the system that would best meet the program's evaluation needs. Financial considerations were addressed by the director and myself, and I obtained a site license for utilization of Journey Mapping from Dr. Barry Kibel at Pacific Institute for Research and Evaluation. Next, I proposed steps for implementing the tool to the director, who approved these steps. The director and I then planned the logistics of tool implementation. Skills to use Journey Mapping can be learned by reading the online manual, completing the online tutorial, attending a training workshop, or by consultations with Dr. Kibel. For this study, I learned to use Journey Mapping by the online tutorial and through consultations with Dr. Kibel. Participants in the study learned to use Journey Mapping by attending my training sessions.

Part of the Implementation Plan (see Appendix A) was designing the Journey Mapping screen captures. One section of the Journey Mapping tool is for creating the design screens which, as a group of screens, make the composite design for the program evaluation. Selection of what is to be measured in a Journey Mapping program evaluation is determined by the local program. Thus, each Journey Mapping program evaluation is site-specific. After the initial online Journey Mapping site is configured for an initiative by Dr. Kibel, the program personnel have the opportunity to choose how to create their desired screen designs. The whole team (staff and other stakeholders) can work together and decide what information should be included while one team member types this information into the Journey Mapping screen design section. Another choice for designing screens is for one or more delegated staff members to design the screens. In this

study, the director chose to work with me on designing the initial screen captures, thus no other stakeholders were involved in this phase.

Description of Setting

The County Drug Court was organized in February 2000 under the direction of a Superior Court Judge. The drug court is a partnership between the judge, the district attorney, a probation officer, law enforcement, the drug court coordinator, the treatment provider representative, the drug court-appointed defense attorney, the juvenile court judge, and the pretrial services director. Out of these nine collaborative parties, the treatment provider representative is the entity with which the current study is concerned. Specifically, the treatment provider representative is the director who supervises staff who provide case management and group treatment for drug court clients. At the drug court treatment setting, Journey Mapping was implemented for evaluative activities with involvement of the director, the staff, and the clients.

The actual treatment program provides early intervention and offers an alternative to incarceration for individuals who have been arrested for a drug-related offense. Each participant must be able to function in the community with the support of the program. The goals of the program include reducing recidivism, improving the participants' quality of life, and teaching life skills to help the graduates of the program to be productive members of the community.

The program takes a minimum of 24 months to complete and consists of five phases. All phases encompass vocational, educational, and spiritual components in conjunction with providing substance abuse treatment. Each of the approximately 100 clients participates in group treatment, drug screens, and other activities. The frequency of these activities depends on the phase in the program.

In general, the earlier phases are more structured and require more frequent attendance for treatment. For example, Phase 1 is considered orientation to the program; in this first phase, participants must go to treatment meetings 5 days a week, provide weekly random drug screens, and appear at weekly court sessions. Participants stay in this phase for at least 2 months. Phase 2, focusing on basic drug education and alternatives to criminal and addictive thinking, requires participants to attend treatment meetings 3 days a week, provide weekly random drug screens, and appear at each court session. Participants stay in this phase for at least 4 months.

Participants must successfully complete the requirements of each phase before moving onto the next. The structure and requirements change as the participant moves successfully through the phases. Phase 3 focuses on socialization skills and relapse prevention, while Phase 4 is a transitional phase in which participants act as facilitators or mentors for clients in Phase 1. In Phase 5, considered "aftercare," participants attend only one treatment session a month and appear in court once a month, while still providing random drug screens each week. After completion of Phase 5, participants are eligible for graduation. Upon graduation, participants' original legal charges (which would have led to incarceration) are dismissed.

County Drug Court is located in a small city in the southeastern United States. The drug court program accommodates a maximum of 120 participants. Each participant is assigned to one of 3 full-time direct practice professionals who function as both case managers and counselors. One master's-level professional, employed at County Drug Court for approximately 11 months, works with Phases 1 and 2. A bachelor's-level professional employed there for about 4 years works with Phase 3. The third professional, also bachelor's level, has worked there for 1 year and works with Phases 4 and 5. These 3 case managers/counselors oversee the treatment of their particular clients until the clients move on to the next phase or graduate. The counselors are

supported in treatment activities by the director and the office manager. For part of the year the support staff is a bit larger, when one to three university students from area schools of social work intern there as assistants to the direct practice staff.

The district court judge develops a personal working relationship with each participant who attends the weekly sessions of the drug court. While not officially designated as a member of the treatment team, the judge provides essential input into the treatment of each participant. The judge has knowledge about the impact of substance abuse on the lives of the participants, the legal system, and the community. On graduation day, the judge officially recognized the successes of the participant by awarding the diploma, summarizing the successes of the participant, and inviting families and friends to share reflections on the participant's success from their vantage points. I attended graduation day and recorded the essence of the drug court as a successful treatment setting:

> A heightened sense of anticipation fills the unusually bright and newly furnished courtroom. An almost brand new courthouse, this courtroom atmosphere is pleasant and uplifting. There is a buzz of conversation and greetings, as persons attending anticipate honoring the hard work of the graduates. Everyone is excited about the upcoming event, graduation, which is scheduled for the first part of the court today. I am a guest in attendance today and my purpose is to observe firsthand what goes on at graduation.
>
> Entering the court, I see six rows of benches filled with people. Chairs on the back wall are also filled, and as well, people are standing. People are willing to stand to hear the proceedings. This is an important and, I have heard, a much enjoyed event.
>
> As I take seat in the front row, I am welcomed by the court administrator and another stakeholder who both acknowledge and appreciate my presence as a supporter of

the valuable work of the drug court. We have brief exchanges infused with excitement and pride for the successes and accomplishments of the graduates. Two direct practice staff, happy to see me, stop and chat with me. After a brief exchange with me, they take their seats, along with the director and another stakeholder, in the front jury box to the left. Two police officers stand on the right in the front of the court near the desk of the court recorder. Judging by the numbers in attendance, and the energy of the court room, it seems people are invested in this upcoming ceremony. One can see it takes a community to put back together an addict's fragmented life.

The clock is ticking toward 9:00 am and the judge enters the courtroom. An official calls everyone to attention, but asks us to remain seated. The judge is wearing his business suit without his court robes. I am surprised to see this, but assume this means this graduation is less legal than a normal court day. The judge approaches the microphone and starts speaking about the graduation. He starts by saying, "There are core principles of life whatever view you take." He quotes the Bible, Buddha, and then a few famous people. He ends with a story from the Native Americans. The significance of all this, he says, is that "One is the result of what he thinks."

After this succinct yet poignant, culturally competent introduction, the judge announces the graduates. He starts by saying something very personal. "Graduates give so much, we want to keep them, though we know we must let them go." Next, he introduces each graduate, contrasting how they functioned 2 years ago and how they function today. Two years ago, these graduates were on their way to jail time with little hope for an early intervention for their addiction problems. Today, in striking contrast, they have a success story to tell.

About Henry, the judge says: “After 17 years of alcohol, marijuana, and cocaine use, Henry has had 2 years of sobriety.” The judge asks Henry’s family to speak. Henry’s father, who has driven 70 miles to be here, shares, “We knew our son pre-drug, drug, and post-drug. We have a very deep relationship with him now. *We have a close family now*.”

Another family shares their story. “After 29 years of prior use, Thomas has matured greatly and truly works his recovery. Thomas has insight into his addiction and recovery.” The judge asks if any guest in the court wants to comment on Thomas’ success. A man in the courtroom stands up and declares, “I am retired from 29 years on the State Patrol; I have *never* seen a program like this. Thomas has worked this program to a T.”

The judge shares, “Jeffrey started using at 16. When he came to the program, he was not truly interested in changing his thinking. Jeffrey planned to continue his drug use after the program. Then something happened in his life, he changed, and has really worked his recovery.” Jeffrey’s mother stands up and thanks the judge and the drug court staff. His mother tells me later that Jeffrey is a changed person, and that the change from before the program to now is like night and day.

The judge announces the fourth graduate. “Timothy looked and acted like a thug when he came. Once he started, he decided to work the program. He had no program violations. Now, Timothy is emotionally, socially, and financially healthy – *what a change*.” The judge continues, “This next graduate was 9-years-old when she started using heroin. Susan is a leader when she is focused. I believe Susan will stay sober.” Susan’s sister stands up and thanks the judge. A letter of gratitude from Susan’s family is read by a family member to the judge and the court.

Announcing the sixth graduate of the day, the judge says, “Her kids were taken from her and put in foster care. She got them back. Mary has worked hard and has insight into the addiction and recovery process. I have confidence she will continue to succeed.” Mary’s husband stands up and says, “I am proud of her for keeping everything up right.”

For the seventh graduate, the judge declares, “Attitude means a lot. I need to see that a person wants to recover. We are proud of this graduate for his attitude. Pride is an insufficient word . . . but the word we have.” For the eighth graduate, the judge summarizes: “Benny started using at age 13, and he used for 23 years. Now, he owns his own business and is a responsible husband and father. Benny is strongly focused on his recovery.” For the ninth and final graduate of the day, the judge reviews, “Wayne started using at age 12 after his father died. He used for 10 years. The longest time he was sober previously was 3 months. He now has been clean for 2 years. He is quiet and strong in his recovery and he leads by example.”

The cumulative effect of these dramatic success stories draws amazement and applause from the courtroom audience. To further emphasize the transformation of the graduates, the judge now invites three of the graduates to briefly tell their personal stories. Two graduates spontaneously speak. Timothy confesses, “My prior life was superficial. Getting arrested was a blessing. The journey through drug court isn’t easy . . . I must thank the drug court participants. I would not have made it without the drug court participants.” Benny shares, “Before the program, my life had too many parts and bad parts. I learned to put drug court first, before everything else. If you don’t get that, what else is there?” Thomas reads from a letter he has written to the judge: “I am different now. People trust me. After 1 year in the program, it really hit me. I created a different 73

life for myself. I am proud of myself. I have a steady job history. As far as my family, I can now show how I appreciate and love them. I am a better person. I can help others in distress. It has been an honor to be in your care."

As I leave, I am struck by the words of one graduate, "Not any one person helped more than another." Not only do I leave drug court graduation that day with the intense impression of how much clients' lives have been transformed, but I leave with the conclusion that it takes a whole community to support this transformation.

In summary, the description of the setting includes the "where and how" of the treatment program, but is not complete until one considers the significance of the graduation ceremony, which occurs about every 2 months. The positive emotional impact that results from completing the drug court treatment process is significant in shaping the post-program lives of these clients. This impact, as illustrated by the accumulation of transformational success stories, is a crucial element of the setting. Such transformational success stories attract stakeholders, funders, and researchers like me who want to contribute the support necessary to preserve this valuable program.

Sample Selection

According to Merriam (1998), two levels of sampling are needed in the case study. The first level involves selecting the case, a process discussed above in "Selection of Setting." The second level involves deciding what to sample within the case, using probability or non-probability sampling. In the current study, both types of sampling were employed.

First, the type of non-probability sampling called *purposeful sampling* was utilized. "In general, qualitative researchers pursue some form of *purposive* or *theoretical* sampling - selecting respondents based on their ability to provide needed information" (Padgett, 1998, p.

51). This type of sampling cannot be judged by quantitative standards; qualitative sampling typically involves much smaller numbers than a quantitative sampling strategy (Padgett). "Purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned" (Merriam, 1998, p. 61).

In this study, there were six members of the population of staff users of Journey Mapping. These were the persons from whom the most could be learned regarding answers to the research questions. Utilizing purposeful sampling, I asked 6 staff members--the entire population--to participate. At the time of the study, the sample consisted of all 5 current staff members and 1 former staff person.

The second type of sampling employed in this study was probability sampling, specifically stratified random sampling. "Stratification is the process of grouping members of a population into relatively homogeneous strata before sampling. This practice improves the representativeness of a sample by reducing sampling error" (Rubin & Babbie, 2005, p. 279). At the time of the study, approximately 100 clients were participating in the drug court in five treatment phases. Using the treatment phases as meaningful stratifications or groupings of clients, 2 clients were randomly selected from each of the five treatment phases, totaling 10 clients.

Documents were selected according to the following strategies. First, Journey Mapping "screen captures" were selected. Each screen capture represented the "design" into which data was entered by either staff or clients. In addition, I selected a program evaluation record produced via the Journey Mapping tool.

Protecting the rights of all involved in the study is the obligation of the researcher (Merriam, 1998; Padgett, 1998; Yin, 2003b). Several safeguards were employed: (a) the research proposal was approved by the University of Georgia's Institutional Review Board; (b) research objectives were explained verbally and in writing, and signed copies of all agreements were given to informants (see Appendices B and C for consent forms); (c) participants were informed of all devices involved in data collection activities; (d) respondents who initiated participation were informed (verbally and in writing) that they had the option to discontinue participation at any time during the research, with no repercussions for either their employment (staff) or treatment progress (clients); (e) respondents' wishes were respected first when decisions were being made about what would be reported; and (f) all reports did and will continue to preserve confidentiality. While identities will be known to me, they will be known to no one else. Names will be eradicated from data sources and aliases will be used in reporting.

Data Collection

Interview, observation, and review of documents are the three basic modes of data collection in qualitative research (Padgett, 1998). These same methods of data collection were used in this case study. Yin (2003b), dividing the three categories into more specific categories, cites six possible sources of evidence for the case study. Yin includes interview, observation (both direct and participant-observation), documents, archival records, and artifacts. The current study follows Padgett's three major categories.

Interviewing

Intensive interviewing was the primary data collection device used in this study. This type of interviewing, unlike casual or informal questioning, is scheduled in advance, takes place in a setting conducive to conversation and candor, and requires preparation (Padgett, 1998). I

prepared for each interview by developing and utilizing an interview protocol based on the research questions. Kvale (1996) describes the interview guide:

> An interview guide indicates the topics and their sequence in the interview. The guide can contain just some rough topics to be covered or it can be a detailed sequence of carefully worded questions. For the semi-structured type of interview . . . the guide will contain an outline of topics to be covered, with suggested questions. (p. 129)

Semi-structured interviews were chosen for the current study. A semi-structured interview was most appropriate because I wanted to inquire about topics that would help answer the research questions, while allowing the participants to express their responses and feelings in their own unique ways. Thus, the order and number of interview questions varied from respondent to respondent. Patton (1990) notes that the interview guide also serves as an assurance that "basically the same information will be collected from a number of people" (p. 283).

Respondents met with me in the interview setting at a mutually agreed-upon time at the drug court office location from September to November of 2004. The staff interviews were scheduled after staff members had used the Journey Mapping tool for 6 months. The client interviews were scheduled after 3 months of use. Respondents were told that no more than 60 minutes would be needed to address the interview topics. Interview protocols, prepared for each of three types of respondents, are displayed in Appendix D (director), Appendix E (staff), and Appendix F (clients).

Kvale (1996) describes the relationship between the structure of the interview and two factors, the quality of response and ease of analysis:

> Simply expressed, the more spontaneous the interview procedure, the more likely one is to obtain spontaneous, lively, and unexpected answers from the interviewees. And vice

> versa: The more structured the interview situation is, the easier the later structuring of the interview analysis. (p. 129-130)

The semi-structured interview format chosen for the current study allowed a degree of spontaneous interaction between the participant and myself, but did not allow complete freedom of interaction. Thus, the degree of freedom that played out in the interview necessitated appropriate adjustments in the analysis.

Stake (1995) recommends listening, taking a few notes, and asking for clarification during the interview. After the interview, Stake notes, "A good interviewer can reconstruct the account and submit it to the respondent for accuracy and stylistic improvement" (p. 66). I utilized Stake's method since I was not granted permission from the drug court to tape record the interviews. Merriam (1995) recommends this method when tape recording is not possible. At the time of each interview, I used simple note taking, and immediately after the interview, I utilized a pre-scheduled time and space to record detailed notes from memory and type up a transcript.

After I prepared the typed transcript of what I heard from the respondent, I gave a copy to the respondent. Each informant had the opportunity to review my transcript and record their feedback on the Member Check Response Form (see Appendix G). A criterion for inclusion in the interview was that the participant would agree to review the transcript and verify that the transcript was accurate. All 16 interviewees completed the Member Check, verifying they agreed with the transcription. In three cases, participants added some additional information or corrections and that information was then added to the transcript.

The Questionnaire (see Appendix H) was given to each participant at the end of the interview. The questionnaire was used to identify demographic information, as well how long or how many times the participant had used Journey Mapping. In addition, questions were asked

about attitudes toward computer use. Finally, there was a Staff Survey (see Appendix I) which was given to non-client participants at the end of the interview to elicit opinions about the unique features of the Journey Mapping tool.

Observation

Observations are an important data source in case studies (Merriam, 1998; Stake, 1995, 2000; Yin, 2003b). Observations documents events that occurred, comments from the participant, and the researcher's reactions.

A key use of observations is to observe interactions (Hays, 2004). While some case studies require observations of interactions among people, in the present study I was interested in the interaction between a person and a technological device. I observed the work environment, plus anything that happened during the time the participant was using the computer. Experiences of using technological devices may vary from user to user, resulting in diverse experiences among users. Yin (2003b) gives an example of how important observation can be: "If a case study is about a new technology, for instance, observations of the technology at work are invaluable aids for understanding the actual uses of the technology or potential problems being encountered" (p. 93). Users may have anticipated as well as unanticipated experiences. In order to study actual user experiences, data was collected from multiple users (a variety of staff and clients) and through multiple methods (interview and observation). Such multiple methods are essential for establishing internal validity and reliability. For example, participants reported, "I find the tool easy to use," in the interview. To establish the validity of those statements, I observed participants actually utilizing the tool to see if their behavior matched their statements.

Respondents met with me in the observation setting at a mutually agreed-upon time at the drug court office; observations were scheduled from September to November of 2004.

Observations were scheduled before the interview, either on the same day as the interview or on a different day, depending on the wishes of the participant. For staff, the observation was scheduled to last 30 to 45 minutes, with a debriefing in the last 5 minutes. For clients, observations lasted only 10 to 15 minutes, since the time it took clients to make their Journey Mapping entries was relatively short. As Hays (2004, p. 230) notes, "Observation protocols point the observer in specific directions and usually require tallies of different types of observed behavior." Separate observation protocols, Observation Protocol for Staff (Appendix J) and Observation Protocol for Clients (Appendix K), supplied the defined areas of observation for each group.

During the observation, I sat at least six feet away from the participant at his or her work station which consisted of a desk and computer. When office space allowed, I sat eight feet away. At no time was I directly behind the computer user; my seating position was to the side (to the left or right) of the user. My observation position and my distance from the computer screen prevented the possibility that I could read what participants were typing. By making special efforts to respect privacy and personal space, and I believe I increased participant comfort, and also demonstrated that I am an ethically sensitive researcher. I observed the participants' general body language and how they used the keyboard in conjunction with Journey Mapping tasks. I noted how long a user took to finish any one screen, how many times the user pushed "enter" on the keyboard, and other movements.

Documents

Documents are a broad class of "written, visual, and physical material relevant to the study at hand" (Merriam, 1998, p. 112). While this broad class of data sources is conceptualized in different ways by different researchers, I find Merriam's two classifications, according to how

the documents were produced, most relevant to the current study. Merriam's first category includes documents already existing in the research field, which are "non-reactive and grounded in the context under study" (p. 133). In other words, these documents have been produced for reasons other than the study. In contrast, the second type of document is produced by the researcher for the purposes of the study. "Researcher-generated documents" (Merriam, p. 118) may include items produced by the researcher herself (such as a research journal) or items produced at the request of the researcher (such the participant keeping a diary at the researcher's request). Researcher-generated documents are subject to reactivity or bias due to the investigator's initiation of, and some degree of influence over, the production of the documents.

In the present study, already existing documents included County Drug Court's program records. These records, in the form of "screen captures" produced via the Journey Mapping tool for recording and evaluation purposes, were accessed and studied. The "researcher-generated documents" (Merriam, 1998, p. 118) took the form of a researcher's journal (a log that I kept during fieldwork). Padgett (1998) recommends recording observations of oneself, specifically "impressions, feelings, and concerns" (p. 58). Two things are accomplished by keeping such a running commentary: The researcher has an outlet for feelings elicited by prolonged contact with others, and the researcher can use such records to determine personal biases and create strategies to manage them (Padgett).

In summary, when the main data collection processes (interview, observation, and documents) had been completed, there were six data sources to study: (1) Interview Records; (2) Questionnaire; (3) Staff Survey; (4) Observation Records; (5) Program Records (screen captures produced via the Journey Mapping tool), and; (6) the Researcher's Journal. Table 3.1 depicts the relationship between these six data sources and the research questions.

Table 3.1

Relationship between Research Questions and Data Sources

Research Questions	**Data Sources**
What factors support the successful implementation of the Journey Mapping tool?	• Interview Records • Questionnaire • Staff Survey • Observation Records • Researcher's Journal
How do participants use the Journey Mapping tool?	• Interview Records • Staff Survey • Observation Records • Program Records
What behaviors of program staff and clients have changed as a result of the implementation of the Journey Mapping tool?	• Interview Records • Observation Records • Researcher's Journal
How does the Journey Mapping tool change evaluation tasks of program staff and clients?	• Interview Records • Staff Survey • Observation Records • Program Records
How does the implementation of Journey Mapping meet the evaluation needs of the program?	• Interview Records • Staff Survey • Program Records • Researcher's Journal

Note: Program Records are generated by Journey Mapping.

Data Analysis

Once the data were collected from all sources, the first level of analysis required three separate techniques. Descriptive statistical analysis, the first technique, was applied to the quantitatively-based questionnaire and survey. The second type of data analysis, utilized for the observations, was a coding scheme approach which relied upon pre-identified themes (Miles &

Huberman, 1994; Monette, Sullivan, & DeJong, 2005). Monette et al. explain that when the researcher knows what the important variables are, a fairly detailed coding scheme is developed before going into the field for observation. In this study, the observation involved a pre-determined, structured activity of each participant using a computer. The interaction between the participant and the computer was the area of interest. Thus, as I observed the participant using Journey Mapping, I was looking for three content areas: environment, technology, and behavior. The analysis of the observation records was thus pre-determined by these three content areas. The third and predominant strategy, coding according to the constant comparative method (Strauss & Corbin, 1990), was employed for the data from interviews, the researcher's journal, and program records. Table 3.2 summarizes the type of data analysis utilized for each of the six data sources.

Table 3.2

Data Source and Type of Data Analysis

Data source	**Type of data analysis**
Interview Records	Coding via the constant comparative method
Questionnaire	Quantitative (descriptive statistics)
Staff Survey	Quantitative (descriptive statistics)
Observation Records	Coding via pre-identified themes
Program Records	Coding via the constant comparative method
Researcher's Journal	Coding via the constant comparative method

The predominant strategy of analysis for this study was coding according to the constant comparative method (Strauss & Corbin, 1990). The coding method moves from the inductive, to the deductive and back to the inductive again. Padgett (1998) describes how this works: "As

themes emerge from the initial coding (inductive phase), one goes back over the data to ensure that it is coded in accordance with these themes (deductive phase)" (p. 77). Lastly, as one goes back over the data, new themes can emerge (inductive phase). Bogdan and Biklen (2003) describe this characteristic of qualitative analysis as "pulsating," a system that goes through the stages of interview, analysis, then another interview and more analysis. Bogdan and Biklen note that while this system is explained in a series of steps, the activities go on simultaneously.

In summary, the constant comparative method allows the researcher to find patterns and themes across the data. Bogdan and Biklen (2003) explain that all qualitative studies involve the combination of data collection and analysis. Analysis begins during the process of data collection, continues throughout data collection, and analysis "is nearly completed by the end of data collection" (p. 66). Stake (1995) also recommends studying data during the process of data collection to get an overall sense of it and to note emerging themes.

I applied the constant comparative method to each interview. After each interview transcript record was verified by the participant through the member check, I corrected the interview record, if necessary. In three cases, participants made corrections, and I added these changes to the final transcript. Once all interview records had been verified by respondents, I studied each record and made notes in the right-hand column of the page(s). These notes took the form of simple notes, comments, observations, and queries (Merriam, 1998). My notations identified bits of data that "strike you as interesting, potentially relevant, or important to your study" (Merriam, 1998, p. 181).

After I worked through the first interview report in this manner, I went back over the transcript looking for notes that seemed to go together, and listed these groupings on a separate page. I then moved on to the second interview report and went through the same process. After I

compiled a list of groupings from the second interview report, I compared it to the first list of groupings and made a master list. I continued this procedure until all interviews were processed. I applied the constant comparative method in the same way when analyzing data from the researcher's journal and program records, except there was no member check.

After applying the constant comparative method, I used the master list or summary sheet of "written codes" to identify similarities and differences appearing in participants' narratives. Merriam (1998) explains, "This master list constitutes a primitive outline or classification system reflecting the recurring regularities or patterns in your study" (p. 181). I studied the master list to see if any categories were emerging. Merriam emphasizes two facts about category construction: "Category construction *is* data analysis . . ." (p. 180) and ". . . categories are abstractions derived from data, not the data themselves" (p. 181).

Merriam (1998) explains that the investigator can name categories herself, rely on the participants' words, or use other sources. The most common choice is for the researcher to name the categories, and that is what I did. My categories met Merriam's (1998) five criteria for creating categories. First, categories must reflect the purpose of the research. After transcribing each interview, I organized data by highlighting the quotes that seemed to answer the research questions. Second, categories must be exhaustive; that is, they must encompass all the data. I began assigning data to an appropriate category and continued assigning data until the data were exhausted. Third, the categories must be mutually exclusive. My coding process continued throughout data analysis until all data were assigned to a research question, without overlapping into another research question. Fourth, the categories must be sensitizing. Merriam explains that the naming of the category should be as sensitive as possible to what is in the data. For example, categories were created to accurately reflect implementation issues arising from the data. Fifth,

the categories need to be congruent; that is, they must all be on the same level of abstraction. My three categories identified issues of the implementation process, thus they were all on a similar level of abstraction.

Tesch (1990) discussed how qualitative researchers may develop an organizing system combining two avenues of data organization; the first avenue is based on the research questions, and the second avenue is based on "allowing the data to speak for themselves." In analyzing and organizing my data, I determined the best way answer the research questions was to use a composite of both the natural organization of the five specific research questions, and the emergent organization arising from allowing the data to speak for themselves. "Every researcher needs to find the form of analysis through experience and reflection, that works…"(Stake, 1995, p. 77). My initial stage of analysis utilized the five research questions as natural organizers of the findings. However, as I worked further on the findings, I identified, collapsed, and re-organized the emergent themes into three categories. This was not a linear process, and as Merriam (1998) observes, "the process of data collection and analysis is recursive and dynamic" (p. 155).

Reliability and Validity

Proponents of quantitative research have acknowledged the fallibility and value- laden context of research (Lofland & Lofland, 1995), and as a result, "Qualitative researchers have searched for their own systems of quality control . . . " (Padgett, 1998, p. 142). Scholars refer to this quality control as "trustworthiness" (Lincoln & Guba, 1985; Merriam, 1998; Padgett, 1998). To build the overall trustworthiness of the study, I took several actions to strengthen internal validity, reliability, and external validity.

Internal validity. "Internal validity deals with the question of how research findings match reality. How congruent are the findings with reality? Do the findings capture what is really

there? Are investigators observing or measuring what they think they are measuring?" (Merriam, 1998, p. 201). I addressed internal validity in several ways in the current study. I interviewed 6 staff members and 10 clients; having multiple interviewees provided multiple data sources, thus adding a strategy of triangulation. Stake (2000) describes triangulation as "a process of using multiple perspectives to clarify meaning, verifying the repeatability of an observation or interpretation" (p. 443).

I also performed member checks; that is, I shared my findings with participants to see whether or not they agreed. According to Lincoln and Guba (1985), the process of member checking is one of the most essential forms of validation in qualitative research. In addition, I had colleagues with training in qualitative methods review my data findings to see if they made sense. I employed multiple methods of data collection through the use of interviews, observations, and document analysis. Finally, my report contains a statement of researcher biases, which relates the researcher's awareness of her personal biography and how it might affect the study. In summary, performing triangulation through the use of multiple data sources and multiple methods strengthened internal validity, as did the inclusion of member checks, peer checks, and a statement of biases.

Merriam (1998) explains that "internal validity is a definite strength in qualitative research" (p. 203). That is, qualitative studies tend to have high levels of internal validity because the researcher is closer to the participant than she would be if a research instrument was interjected between them. Reality is accessed directly through the researcher's observation and interview, rather than through the "interjected" research instrument (Merriam).

Reliability. A central concept in positivist experimental research is that there is one reality and studying it repeatedly will produce the same result (Merriam, 1998). In this paradigm,

reliability refers to the degree to which findings can be repeated. However, qualitative research is not interested in isolating one truth, but rather in describing and explaining the world as those in the world experience it (Merriam). Reliability in qualitative research is viewed as the "dependability" or consistency of the results obtained from the data. As Merriam asserts, "the question . . . is not whether the findings will be found again, but *whether the results are consistent with the data collected*" (p. 206).

Based on this definition of reliability, I have created adequate safeguards to strengthen reliability in the present study. Multiple data sources and multiple methods, included in this study as mentioned above, strengthened reliability. Another issue that was addressed in this study was the position of the investigator; my position in the context of the study was clearly explained, and this detailed information added to reliability. Peer examination, another process that adds to reliability, was also included in this study.

Finally, I produced a thorough audit trail to increase reliability. I arranged all data sources in chronological order, then placed the six data sources in loose-leaf binders composing the "case study database" (Yin, 2003, p. 105). Each of the six sections was divided into two subsections of raw data and analyzed data. Five of the six data sources can be accessed via electronic copies. The audit trail thus contains a chain of evidence: the research report itself, citations to the "case study database" (Yin, 2003, p. 105), and the actual case study database, which is locatable by six sections: interview records, observation records, questionnaires, surveys, program records, and researcher's journal.

External validity. External validity refers to the domain to which a study's findings can be generalized (Yin, 2003b). Knowing whether the study findings are generalizable beyond the current study is an important consideration; readers of the study may want to know if the study

findings are applicable to other settings. In quantitative research, a randomly selected sample is fairly easy to generalize to the population from which it was drawn. One part of this study's sample can be generalized. The stratified random sampling of 10 clients permits a degree of generalization to the entire client population of approximately 100 clients.

While the principles of random sampling do apply to the client sample, different rules apply to the case itself. Yin (2003b) asserts, "*The analogy to samples and universes is incorrect when dealing with case studies.* Survey research relies on *statistical* generalization, whereas case studies (as with experiments) rely on *analytical* generalization" (p. 37). Such analytical generalization is left up to the reader of the qualitative research report. However, the researcher makes every effort to write with enough rich description that the reader can decide, with some confidence, in what ways the case study does and does not apply to other settings and situations. I have described the research setting and respondents in enough detail for the reader to compare his or her setting to my study. Including descriptions of the varied positions (demographic information as well as personal perspectives) of the respondents may further assist the reader in comparing his or her setting to my study. Thus, a strong point of my study is the descriptive piece, which aids external validity, also called "user generalizability."

Researcher Biases

Since researcher bias creates a potential threat to the credibility and trustworthiness of qualitative research (Lincoln & Guba, 1985), a qualitative researcher must address this issue. Rossman and Rallis (1998) note that one important criterion of qualitative research is that the researcher must be sensitive to personal biography. Peskin (1988) advises that "researchers should systematically search out their subjectivity, not retrospectively, when the data have been collected and the analysis is complete, but while their research is actively in progress" (p. 17).

Long before this research began, I began to consider how my biases would affect the study. The purpose of such considerations, according to Peskin (1988), is to be aware of how subjectivity may be shaping the inquiry and the outcomes of the research.

To acknowledge biographical issues, I will describe my background and experience in terms of my experience in program evaluation. When I began graduate study at the School of Social Work at Arizona State University in the 1990's, I had previous experience initiating new programs. Wanting to learn how to better plan innovative programs, I pursued studies in program planning and social work administration, most notably under Professor Peter Kettner. Learning about his work on effectiveness-based program planning, I identified Dr Kettner as the most influential person in my education. Kettner and his colleagues Robert Maroney and Lawrence Martin, frustrated with the lack of materials available to teach program planning and disappointed that program administrators would not plan their evaluations at the same time they planned their programs, produced a book entitled *Designing and Managing Programs: An Effectiveness-Based Approach* (1999). Incidentally, the Kettner et al. book, which addressed a gap in social work administration teaching materials, became one of the few social work textbooks that have increased in sales over the years (P. M. Kettner, personal communication, March 15, 2001).

Understanding the necessity of planning evaluations at the start of a program, I was hired as an evaluator in a substance abuse prevention program in rural Arizona. In this program, we indeed planned our evaluations before the program started. However, at the end of the program, I found that the positive transformations of children and families served were simply not reflected in the statistics generated. While the staff had witnessed transformations, the data failed to capture the success stories.

Around this time, I happened to attend a conference in 1996 in Tucson, Arizona, and heard Dr. Kibel speak on Results Mapping, the forerunner to Journey Mapping. The audience sat spellbound as Kibel introduced the concept of Results Mapping. There was something different and enlivening about his approach that was much needed in evaluation. Only later, in my doctoral education, would I fully appreciate why there was such excitement in his audience.

During my doctoral program, I had an opportunity to study Kibel's work and learned that over 100 initiatives were using Journey Mapping, which had recently been set up as an Internet-driven tool in the context of the system called Outcome Engineering. I continued to be enthused about his methods and concluded that Kibel's work was highly creative yet practical. Journey Mapping, as developed by Kibel, was especially attractive to practitioners and evaluators as a cost-effective, Internet-based, holistic tool capable of capturing an initiative's inspiration and passion.

Thus, my passionate interest in learning about Journey Mapping may have created bias in my study, a bias that was further intensified by a lifelong pursuit of the innovative. I favor anything innovative, and certainly lean toward innovative interventions. Because of my bent for the "new," "fresh," and "different," I have to guard against negativism toward the status quo. Translated to this study, I am enthusiastic about Journey Mapping, and that enthusiasm may blind me to certain issues in the research. Thus, it was necessary to take adequate precautions to prevent my enthusiasm from seriously biasing the research.

To check for inflated favoritism toward my interests, I called upon colleagues with diverse views to evaluate my methodology, including the wording of research and interview questions. Other "balancers" were (1) association of colleagues experienced in evaluation; (2)

personal training in scientific research from different paradigmatic positions; and (3) experience with a variety of program evaluation tools and instruments.

Limitations

This study has five limitations:

1. With only one site utilizing the Journey Mapping tool, results should be considered with caution. Social service workers and evaluators need to take into account how the drug court setting may relate to their particular setting. The stratified random sub-sample of 10 clients had some applicability to the entire client population in this setting. However, the total sample of 16 in this study cannot be generalized in the statistical sense.
2. As with any study, researcher bias and validity of the findings must be considered. I have explained possible researcher bias in the previous section. Additionally, the reader is cautioned that bias may have arisen because I wore "two hats" in this study. Not only was I the consultant who helped implement Journey Mapping at County Drug Court, I was also the researcher who then studied the implementation.
3. This study did not present cost analysis, such as the cost of implementing the Journey Mapping tool and whether it provided adequate returns to the program.
4. This study did not analyze, or offer recommendations to remedy, technical problems that may arise either at the server end of the Journey Mapping site (Pacific Institute of Research and Evaluation, Chapel Hill, North Carolina) or at the user end in the drug court setting.
5. Because the duration of the study was 6 months, the reader must remember that this was just "a slice in time." Many variables of interest may change over longer periods of

time. Readers should also consider that the data collected involved personnel who were involved in the initial implementation of Journey Mapping and the first months of its use. Attitudes, perceptions, and responses to using the Journey Mapping tool may change after continued use.

CHAPTER 4

RESULTS

This chapter describes the data that were collected and analyzed to assess staff and client perspectives on implementation of the Internet-based Journey Mapping tool for evaluating a drug court treatment program**.** The chapter is organized into six sections: Introduction, Participant Characteristics, Overview of Findings, Practice, Perceptions, Performance, and Chapter Summary.

Introduction

Participants in this study utilized the online Journey Mapping tool for evaluation of a drug court treatment program. The study's overarching research question was, "What are staff and client perspectives on the implementation of the Internet-based Journey Mapping tool for evaluating a drug court treatment program?" Embedded within this general question were five specific research questions which guided the study:

1. What factors support the successful implementation of the Journey Mapping tool?
2. How do participants use the Journey Mapping tool?
3. What behaviors of program staff and clients have changed as a result of implementation of the Journey Mapping tool?
4. How does the Journey Mapping tool change evaluation tasks of program staff and clients?
5. How does implementation of Journey Mapping meet the evaluation needs of the program?

I addressed the overall question and the five embedded questions through the use of a case study method "employed to gain an in-depth understanding of the situation and meaning for those involved" (Merriam, 1998, p. 19). As Stake (1995) concisely puts it, "Case studies are undertaken to make the case understandable" (p. 85). Between September, 2004 and December, 2004, sixteen individuals associated with County Drug Court participated in this study. I met with 6 staff persons for face-to-face interviews and observations. These 6 individuals were the entire staff population and all used the Journey Mapping tool. From the client pool of approximately 100, I selected the additional 10 individuals via a stratified random selection process reflecting clients' membership in each of five treatment phases. I also met with these 10 clients for face-to-face interviews and observations. I selected pseudonyms to protect the identity of all participants, thus names used in this chapter are fictitious.

In addition to the data collection strategies of interviewing and observation, a questionnaire was utilized to collect data from both staff and clients. Additionally a survey was completed by each of the 6 staff. Documents studied were Program Records (screen captures generated by the Journey Mapping tool), as well as a Researcher's Journal. In summary, the data collected and analyzed drew on multiple sources of information: (1) Interview Records; (2) Questionnaire; (3) Staff Survey; (4) Observation Records; (5) Program Records (screen captures produced via the Journey Mapping tool), and (6) the Researcher's Journal.

The combination of data gathered via the various techniques and instruments provided insight into staff and client perspectives on implementation of the Journey Mapping tool. Stake (1995) suggests managing data via a structure facilitating analysis, as well as classifying data. I arranged each type of data source in chronological order. All six data sources, composing the

"case study database" (Yin, 2003, p. 105), were arranged in loose-leaf binders, with five of the six sources having electronic back-up copies. The analysis of Observation Records did not require electronic tasks and was stored only in original hard copy form. Each of the six sections was arranged in two sub-sections, the raw data, and the analyzed data.

The analyzed data were produced from the raw data according to the following methods. The Questionnaire and Staff Survey were analyzed by entering data into the Statistical Package for the Social Sciences (SPSS) which generated descriptive statistics. The Interview Records, Program Records, and Researcher's Journal were analyzed by coding via the constant comparative method (Strauss & Corbin, 1990). Observation Records were analyzed by a pre-identified coding scheme (Miles & Huberman, 1994; Monette et al., 2005); the pre-identified themes were environment, technology, and behavior.

Stake (1995) recommends studying data during the process of data collection to get an overall sense of it and to note emerging themes. In the initial review of the interview data, I created codes that related to participants' perspectives. After working through all the interviews, I created a summary sheet where I listed the codes from each interview. As I studied the codes within and between interview transcripts, perspective themes began to emerge around issues of the Journey Mapping implementation process. This was not a linear process, as Merriam (1998) stated, "The process of data collection and analysis is recursive and dynamic" (p. 155). Further, Stake explains that while case study reports may present different types of data, usually one type of data "bears the conceptual load" (p. 29). The primary conceptual basis of the findings on perspectives of Journey Mapping users emerged from the coded data of interview records, while other analyzed data provided validation for the major findings.

Participant Characteristics

Sixteen individuals associated with the County Drug Court program participated in this study and completed a questionnaire capturing their demographic information. The participant sample consisted of two sub-samples, staff and clients. The staff sub-sample of 6 individuals reflects diversity in gender, age, education, length of employment, and length of time using Journey Mapping. 4 staff are female and 2 staff are male. The age range is from 25 to 45, with a mean age of 34 (*SD* = 6.6). Four are Caucasian, 1 is African American, and 1 is Mixed Race. The mean years of education is 16.7 (*SD* = 1.7). Longevity in employment among staff ranges from minimum of 3 months to a maximum of 40 months, with the average duration of employment being almost 24 months, or 2 years. As far as the length of time that staff have been using Journey Mapping, the average length of use is 4.7 (*SD* = 1.4) months, with the range being from 3 to 6 months. Table 4.1 depicts information about each staff participant.

Table 4.1

Staff Participant Information

Participant	**Position at Drug Court**	**Gender**	**Age**	**Race**	**Education**	**Employed at Drug Court**	**Months of use of Journey Mapping**
Daniel	Direct Practice	M	31	African American	B.A.	3 years, 3 months	5
Kim	Direct Practice	F	34	Caucasian	B.S.	1 year, 1 month	6
Tia	Direct Practice	F	32	Mixed Race	M.Ed.	1 year	6
Paul	Director	M	45	Caucasian	M.A.	3 years, 5 months	5
Amy	Administrative	F	38	Caucasian	Associate's Degree	3 months	3
Robin	Administrative	F	26	Caucasian	College (3 years)	3 years	2.5

The client sub-sample of 10 individuals reflects diversity in gender, age, education, length of time in treatment, and number of times having used Journey Mapping. The client sub-sample, selected by stratified random sampling, represents each treatment phase. Four clients are female and 6 clients are male, reflecting gender proportions in the whole client population of approximately 40% female and 60% male. The age range is from 18 to 48, with a mean age of 29.2 (*SD* = 10.7). Eight are Caucasian and 2 are African American. The mean years of education is 12.3 (*SD* = 1.9). Longevity in treatment among clients ranges from a minimum of 2 months to a maximum of 24 months, with the average duration in treatment being almost 12 months, or 1 year. The number of times that clients utilized Journey Mapping ranged from two to four times, with the average use equal to 3.1 (*SD* = 0.7). Table 4.2 depicts information about each client participant.

Overview of Findings

In answer to the original five specific research questions, findings emerged in three categories with each category containing distinct themes of participants' perspectives. Figure 4.1 provides an overview of the findings on staff and client perspectives on implementation of the Internet-based Journey Mapping evaluation tool. The subsequent sections present detailed empirical support for the major findings.

Practice

The study findings indicate that there are at least three important dimensions of participant perspectives on the practice of using the Journey Mapping tool for evaluation of County Drug Court treatment program. These dimensions are discovering the tool, applying technology, and completing contextual tasks.

Table 4.2

Client Participant Information

Participant	Gender	Age	Race	Education	Months in Drug Court Treatment	Times Journey Mapping Used
Kelly	F	25	Caucasian	9th grade	18	4
Beth	F	36	Caucasian	Technical School (1 year)	18	4
Kristopher	M	20	Caucasian	High School Graduate	24	3
Mark	M	35	Caucasian	11th grade	19	4
Dustin	M	18	Caucasian	12th grade*	2	2
Nick	M	22	African American	Technical School (1 year)	12	4
Chad	M	27	Caucasian	Vocational School (1.5 years)	11	3
Liz	F	48	Caucasian	High School Graduate	4	3
Gina	F	43	African American	B.S.	6	3
Ronald	M	18	Caucasian	11th grade*	4	2

*Participants currently attending high school

Overview of Findings: Staff and Client Perspectives on Implementation of the Journey Mapping Tool:

- **Practice** of using Journey Mapping
  - Discovering the tool
  - Applying technology
  - Completing contextual tasks
- **Perceptions** about using Journey Mapping
  - Offers ease of use
  - Saves time
  - Promotes positive thinking
  - Facilitates communication
  - Increases learning
  - Creates client voice
- **Performance** of Journey Mapping as a program evaluation tool
  - Supports treatment and administrative functions
  - Lacks utilization potential

Figure 4.1. Overview of Findings

Discovering the tool

All participants described their initial exposure to Journey Mapping as hearing about Journey Mapping, seeing Journey Mapping on a computer screen, or talking about Journey Mapping, but not yet using Journey Mapping in a hands-on fashion. Chad captured his first exposure to Journey Mapping:

> This lady named Dhira came in drug court one day and told us about Journey Mapping, a journal type deal to make entries, and see how we were doing over time. It gives

perspective on our goals accomplished. Something we can visually see, where we've been and where we are going.

Staff and clients described how they were introduced to Journey Mapping. All 6 staff indicated they were introduced to Journey Mapping by me. All 10 clients said that they were introduced to Journey Mapping by hearing about it from their direct practice worker, or hearing about the tool in a workshop that I facilitated as a part of the implementation plan. There was excitement with the novelty of Journey Mapping and some level of nervousness in a few clients using the computer for the first time. However, every person wanted to type his or her own entry, no matter how long it took. One client said, "This is fun, I could do it more than once a month."

While clients were not engaged in initial conversations about Journey Mapping's implementation, the staff did have some involvement. How they were involved in the implementation decision was described differently by the 5 staff (3 direct practice workers, 1 administrative assistant, and the director.) One direct practice staff, Daniel, had no complaint about how Journey Mapping was implemented. Daniel related his positive feelings about the implementation decision: "Dhira introduced Journey Mapping, and then the treatment staff met with the director; we brainstormed. As as staff, we thought it was a good it fit. From that meeting, we decided to use it. Felt good." However, the 2 other direct practice staff told a different story about the decision making experience. Kim said, "Dhira introduced Journey Mapping. The decision was made by Paul [director]. When prompted further about whether she had any say in the decision, Kim said, "Paul asked what we thought about it and I told him I thought it was a good idea." Tia's perspective underscored the idea that direct practice staff were left out of the decision: "Dr. Dhira introduced Journey Mapping. . . . We were told; there was no decision process on my part. My feeling? . . . I was concerned the treatment team wasn't

involved in that part of the process." Robin, who left employment at County Drug Court halfway through the study, was the first administrative assistant to use Journey Mapping. Robin, interviewed 3 months after she left the drug court for another position, recalled the implementation process:

> Paul introduced it. At first, he didn't know. He did not know until he saw it. When he saw it, after you showed it to him, he got an initial feel for it, he liked it, and told us about it. He asked for our input, but it was his decision.

Thus, out of 4 staff, 3 thought it was the director's decision to implement Journey Mapping. The director, Paul himself, described the implementation like this:

> You [Dhira] and I met; we identified behavior's we hoped to measure. We identified environmental and demographic concerns, and how to measure them. We prioritized those, according to our mission statement, and things affecting recidivism and criminal behavior.

When Paul was asked if he had the opportunity to implement Journey Mapping again, what he would do the same way and why, he responded, "Basically, it was your [Dhira's] plan. I think you did a good job. Nothing, I would do differently."

Applying Technology

Participants reported on their experiences of technology, both the functioning of Internet-based Journey Mapping, and the local computer network that supported all office computer activities. Staff recalled one time that Journey Mapping did not work, but they said the problem was resolved very quickly. As far as the office network of computers, Daniel recalled, "Local computer issues occurred a couple of times; I had to call the county for support. That's not too bad, a couple times." Kim described the unusual technological challenge that sometimes affected

assessbility to Journey Mapping: “Sometimes it [Journey Mapping] is not easy to access. In the spring we had trouble with the wireless connection here – trees or something got in the way.” The County Drug Court computer system utilized a remote Internet signal which was affected by weather and sometimes trees when they were in full foliage.

Amy, the new administrative assistant who replaced Robin, had used Journey Mapping 3 months at the time of the interview. When Amy was asked how many times Journey Mapping failed to work when she tried to access it in the last 3 months, she replied, “None. It has always worked. Kind of amazing, since my bank account may be down. In my last job, using ADE [client tracking system], it would be down for various reasons, sometimes a day at a time.” Clients reported no technological problems with Journey Mapping, either in Journey Mapping itself, or the local computer functioning.

Participants’ general absence of complaints about using Journey Mapping may have been due to the fact that they were comfortable using the computer technology. Participants’ attitudes toward computer use were measured by a brief inventory in the questionnaire. The range of possible scores on this inventory was 5 to 25, with 25 being the most favorable attitude toward computer use. The overall mean for the 16 participants was 19.6 (SD = 3.5), indicating positive attitudes toward computer use. The mean score for the staff sub-sample was 19.0 (SD = 3.7) and the mean score for client sub-sample was 20.7 (SD = 3.1). Considering each sub-sample separately, there was very little difference in staff and client attitudes toward computer use.

Completing Contextual Tasks

I observed 14 of the 16 participants perform their respective Journey Mapping tasks. The participants I did not observe included the director and the staff person who had already left employment at County Drug Court. In my observations of the 4 staff and 10 clients, I found that

they exhibited a particular set of behaviors to complete their Journey Mapping tasks. Staff used various documents to refresh their memory on information to type into Journey Mapping screens. Clients, who were writing about themselves, and whose Journey Mapping entries were much simpler, did not need any supporting documents. All participants, except for 1, completed the Journey Mapping tasks without any questions or verbalizations. In other words, working on the computer required behavioral and cognitive tasks, and the majority of participants worked silently, though they were told they could ask me questions if they needed. The 1 participant who did talk during the observation was the direct practice worker, Tia. Tia "talked herself" through each step, apparently as a way of keeping track of each step as she completed it by saying so out loud. My observations revealed that when participants used Journey Mapping, it was just like any other experience of entering data into a computer. While the Journey Mapping screen captures were a bit novel, especially to clients, the tasks of completing entries appeared to be in participants' normal range of behavioral and cognitive skills.

All staff, according to their position at County Drug Court, were assigned Journey Mapping tasks by the program director when the tool was implemented. Direct practice staff, who were assigned the task of creating a monthly progress record for each client, described details about how they used Journey Mapping to produce this monthly progress record. Daniel, in a succinct account of his use of Journey Mapping, said, "We track the clients' progress, highlight major things, and sometimes minor things." The other 2 direct practice staff described more detail about the specific pieces of information they employ to actually create a Journey Mapping entry for a client. Tia reported she used the hard copy chart, the spreadsheet, the weekly checklist, and a check-off sheet. Kim detailed the complexities of how she creates an entry on the Journey Mapping database:

> I use the spreadsheet, and make a template for the monthly notes. The template is based on weekly rosters, the group dates, what was done in each group. I use the template to cut and paste into Journey Mapping. I adjust each note with personal information. The note is general, and I adjust it for exceptions, either good or bad. I also use sobriety date. I put that in the last section so it comes up on the summary on Journey Mapping. Using a template method was similar to what I was doing before. In Phases 4 and 5, my clients change is more subtle than the earlier phases.

Both Robin and Amy, the administrative assistants, described their tasks as putting in information for the direct practice staff. Amy said, "I use Journey Mapping to put in new participants, make phase moves, terminations, or graduations." Robin described her task duties: "I used it [Journey Mapping] to set up ID's, move clients from phase to phase, and then update the worker for that client." The director, Paul, reported that he used Journey Mapping to set up the design templates for the Journey Mapping screen captures.

Seven of the 10 clients described the tasks that they employed to create their Journey Mapping entry. After interviewing 7 clients about how they completed the Journey Mapping tasks, data saturation was reached, that is, information gained from asking about tasks became redundant and provided little new information. Thus, I did not ask the last 3 clients about tasks. Clients described the sequence of events and content or information that was necessary to complete a Journey Mapping entry. Some clients mentioned the use of the computer, and either filling out questions or clicking on responses to certain questions. Nick relayed the task sequence and required content that he employed when using Journey Mapping:

> Type in name, gender, age. Then answer the first question on recent successes, second question on my problems, and third on what you think can be changed. Other questions

are on being clean and sober for 3 months, having a stable living situation, stable job, and family relationships.

All participants described how they structured the use of Journey Mapping into their work or treatment schedule, as well as describing the location where they used the tool. Two of the direct practice staff, Daniel and Kim, reported that they have scheduled times they use Journey Mapping. Both Daniel and Kim set aside days in the month when they use Journey Mapping. Daniel used it on 2 separate days during the month, while Kim chose to use 2 consecutive days at the end of the month. Tia sometimes adhered to a set block of time, but other times she fit the tool use into in her schedule, saying she uses Journey Mapping "whenever I can." The administrative staff used Journey Mapping on a fairly consistent schedule, once a week. Amy said, "I use it on Wednesday more often, right after court while everything is fresh in my mind." As Robin remarked, "I would usually do this [Journey Mapping tasks] Wednesday after court, or Thursday morning." All staff in the study used Journey Mapping in the drug court treatment offices. Two direct practice staff, both Kim and Tia, indicated they would use Journey Mapping at home if their jobs accommodated working out of their offices.

All client participants used Journey Mapping on designated computers at the County Drug Court treatment setting. Staff arranged Journey Mapping activity for clients at computer stations at pre-planned times when the clients were attending group treatment sessions which convened from 6:00 p.m. to 8:00 pm. There was no set time during the session that Journey Mapping was used. Sometimes Journey Mapping was used at the start of the session, and sometimes at the middle, and sometimes at the end. When I was present for training sessions, I observed that clients would begin group treatment in a large group and then go to the computer location in small groups to use Journey Mapping. When the small group clients were finished

with Journey Mapping, they would resume their attendance in the larger group or take instructions from direct practice staff. As Beth said, “we have time out to use it.” In most cases, clients reported they used Journey Mapping once a month, although some had used it twice a month, due to changing their phase of treatment. What was unique about the clients’ computer location was that the computer location was the same as their direct practice worker’s office and desk. This was considered a temporary arrangement until a separate Journey Mapping computer and work space was set up. At the time of the study, the County Drug Court treatment program was going to be relocated, and there were plans for a separate client computer station.

Staff viewed Journey Mapping tasks for recording progress notes as similar to what they had been doing. Kim commented that she expected to be writing progress notes, whether using the old system, or using Journey Mapping. While there was the familiar task of recording the progress of their clients, obvious changes in behavioral tasks arose from the fact that staff were now using an Internet-driven tool to record progress on their clients. New behavioral tasks included creation of computer based notes configured by the structure of Journey Mapping screen captures. Direct practice staff wrote narratives via question prompts pertaining to the client’s progress, completed Likert-type scales on nine client achievements, and assessed whether other parties in the program and community had contributed to treatment progress that month (see Appendix L for screen capture).

In summary, after an implementation decision was made, participants discovered Journey Mapping as a unique tool to perform evaluative activities. All participants learned to use Journey Mapping without any major difficulties regarding technology performance. Participants, according to their roles at County Drug Court, applied Journey Mapping to complete contextual tasks.

Perceptions

The study findings indicate that there are at least six important dimensions of participant perceptions about using the Journey Mapping tool for County Drug Court program evaluation. Participants reported that Journey Mapping offers ease of use, saves time, promotes positive thinking, facilitates communication, increases learning, and creates client voice.

Offers Ease of Use

When I observed the 14 participants using Journey Mapping, I found that no participant demonstrated any difficulties, either with using the computer screen captures or with the actual Internet connection in the office. This finding was consistently supported by the interview data. Without exception, all participants reported that Journey Mapping was easy to use. First of all, training to learn how to use Journey Mapping required only a short amount of time, about 30-45 minutes. In the staff group, Amy reported that she learned to use it over the phone in less than 1 hour, and emphatically stated that others could be trained that way, since it would save time and money. Amy reflected:

> Seeing how being trained on the phone was simple, I did not see that it was necessary to train. I mean, I probably could have learned this by reading steps listed [in a training manual]. I believe you could be trained by written directions. I don't see that a 'body' would have to go out to train or something. The program [Journey Mapping] is so user-friendly, training is really not necessary.

When asked if they needed more training, staff said they did not need more training, but would like to see other features of Journey Mapping. For example, Daniel said he would like to see more of the administrative functions and view other sections of Journey Mapping like the section called Graduate Feedback. The way Journey Mapping was set up, direct practice staff's

authorized passwords only allowed them access to a section called Journal Directory for making client entries, and not sections that were used for administrative purposes. At the time Daniel was interviewed, his password access did not permit entry into sections such as Graduate Feedback and Director's Comments.

Representing perspectives of all 6 staff in the study, the following are comments on Journey Mapping's easy of use:

- Daniel: "Journey Mapping is user-friendly, time efficient, easy to use. Initially, it was different – after a couple times, it became familiar, and easy."
- Tia: "Yes, it is user-friendly. I think it is great, it works well."
- Kim: "A good working tool. It seems to be user-friendly . . . . It is very user-friendly."
- Amy: "It has remained very easy, very user-friendly."
- Robin: "It was very easy learning. It was very user-friendly. You didn't need hours of training."
- Paul: "It is much easier and more user-friendly than anticipated."

All clients thought that Journey Mapping was easy to use. Clients were given a hands-on demonstration of how to use Journey Mapping and learned to use it within minutes. When clients were asked if they needed more training, none reported the need for more training. Liz related her memory of the training experience: "You came one night, we heard about it. We started it that night. Sitting down and doing it was helpful. Hands-on, I did enjoy that."

While some clients described a little hesitation when first learning about Journey Mapping, by the time they had used it a few times, all had only positive things to say. Liz revealed, "I wasn't crazy about it the first time I used it, but that was just the first time." Even clients who did not have good typing or computer skills thought it was easy to use; in fact, 1

client thought it did not really require typing skills! Kristopher said, "Anyone can do it [Journey Mapping]. I don't like computers that much, I don't use email. You don't even need to know how to type; it [Journey Mapping] is that simple." Kelly, who did not own a computer, and only used a computer twice a year at the library said, "It [Journey Mapping] is not as hard as I initially thought it [Journey Mapping] would be." Mark, who also did not have good typing skills, was not concerned about creating Journey Mapping entries and said, "I use the hunt and peck method. I can type. Sometimes I type it [Journey Mapping], and sometimes others type for me . . . doesn't matter." Underscoring this sentiment that Journey Mapping was not a big deal to use, Beth concluded, "The simplicity of it [Journey Mapping]…it [Journey Mapping] is just simple." Finally, Dustin said, "It [Journey Mapping]'s not too difficult," and Nick agreed, saying, "I feel it [Journey Mapping] is user-friendly."

Saves time

Several staff viewed Journey Mapping as a time-saver as far as performing job responsibilities. Daniel, who referred to Journey Mapping as "time efficient," said, "I spend less time on the progress form and more time with clients." Tia offered this statement on the time consumption of qualitative work: "Qualitative work is a friend and enemy. It's more meaningful, but it takes more time." Even though Tia believed qualitative work would take longer, she underscored Daniel's idea of time efficiency, saying, "I spend a little less time on the [Journey Mapping] notes." It seemed Tia was reflecting on the time consumption of qualitative work, but when she compared her former method of recording progress notes to the Journey Mapping system, she found she was spending less time on the Journey Mapping system. Administrative staff thought Journey Mapping saved time, because all of the information was in one place. In sum, 4 of the 6 staff referred to Journey Mapping as saving time.

Promotes Positive Thinking

Program records in the form of screen captures (see Appendix L) revealed that Journey Mapping was not a deficit model, but was set up to record success markers. For example, the screen that direct practice workers utilized, asks, "What single positive change took place since the last entry?" In addition, direct practice workers assessed a client on the basis of nine achievements, such as the length of time the client had been drug free, and the client's progress in employment or family relationships. The design was created to capture progress, however little or great the progress may be. The client screen has a similar format which asks, "What have been some recent successes in your life?" A client also answered questions about success markers, such as how long has he or she been drug free and whether he or she has stable housing. There were sections in the screen captures to describe challenges or stumbling blocks. For example, a question prompt in the staff screen asks, "What problems, stumbling blocks, or relapse occurred for the client since the last entry?" However, that was only a portion of what was recorded. The major portion of the Journey Mapping screen captures are tracking achievements, contributors to client growth (like the judge, other clients, family, human service professionals, and employers), and other indications of progress. The screen capture design characteristics directed staff and client attention to successes and indicators of positive steps in treatment; this was a change in how evaluative activities were carried out, as positive achievements were not always tracked.

Both staff and clients concluded that Journey Mapping supported positive thinking. The direct practice worker, Tia, noting how Journey Mapping supports generation and recording of positive thoughts, explained how she accessed positive information about a client:

> If a client comes in, they may be down or depressed; then I let them see it [Journey Mapping achievement note]. Seeing the good enhances the progress and their confidence. You know, when you get good notes, you can save them and use them to look back on when you feel down.

Several clients felt Journey Mapping produced positive thoughts. Liz explained how Journey Mapping generates positive thoughts as well as builds positive group energy:

> I feel like we have gotten to put more positive input into group. Knowing a few people put in suggestions, and there were results, then I feel more positive to help them, to put in something positive myself . . . so everyone benefits as a whole.

How Journey Mapping supports "the positive" is reflected in the following client statements:

- Ronald: "I guess it gives you a chance to look at positives, what's going good now."
- Mark: "Every month we use Journey Mapping, how things are going, good stuff going on, suggest things to change."
- Gina: "Keeps you, like in a positive frame . . . optimistic. I like to be positive, in a positive frame of mind."
- Liz: "I know when I do it again, I am going to write again, on what more positive things are happening lately. Being positive brings progress."

Beth explained how clients' use of Journey Mapping accentuates positive accomplishments and produces a positive story that clients want others to know about:

> I have noticed, that when it is time to do Journey Mapping, everyone, myself and others, wants to write down the amount of clean time. Whatever amount of clean time, they want

> to put it down. It's important, a priority. That's what people want everyone to know first. I will have 9 months of sobriety on the 29th.

Facilitates Communication

Communication possibilities were significantly changed and enhanced due to Journey Mapping's Internet-based platform. Both accessing and exchanging information became easier. Accessing information was explained by Tia who said, "Notes are easier on computer; I can pull up 'good things.' It is easy to find in a Journey Mapping entry." Tia explained that she liked this feature so that when clients came to her office, she could easily pull up their achievements. Kim said, "Our work is now on line. It is easier to access. I like what happened, to be able to extract different pieces of data, versus manually pulling it out, that is good." Amy also described information accessibility: "It [Journey Mapping] definitely can pull people up by gender, phases, education – those are things I expected it to do. Sometimes for my own curiosity, I like to see ages, education . . . that's interesting to me."

Communication enhancements due to the facilities of an online tool were particularly obvious to administrative staff. Both administrative staff agreed on the advantages of information being in one place. With all client information on the Journey Mapping site, it could be shared and exchanged easily. Robin explained how information accessibility facilitated communication:

> It helps the case management staff on charting. Since charting is in one location, it is accessible to all of us. If I wanted to see how a client was doing, if Paul [director] wanted to see how someone was doing, we could pull it up, it was not a problem.

This point of information retrieval meant, in practical terms, that staff would not have to track down another staff, and ask for a paper copy of the information. Amy was particularly impressed

with how information recorded and stored on Journey Mapping supported information sharing with important stakeholders. As an office manager accustomed to seeing the bigger picture of daily operations of the drug court program, Amy was aware of how Journey Mapping could potentially change communication patterns for the better:

> Case managers could note which charts should be pulled up that week. Then the assistant to the judge could pull up those notes. The "little box" where notes go is constantly changing. If each change could be put in, consecutively, on Journey Mapping, then the judge would have it [the client data] all in real time. And the case managers would not have to constantly change that little box. Of course, it is not his job to personally pull it up, but it is the judge that needs all this information. The information should go to him.

In addition to Journey Mapping facilitating communication of treatment information among staff, Daniel and Tia reported that using Journey Mapping had the effect of sending others the non-verbal statement, "I need a space for work." Daniel remarked, "If another staff walks by and sees me using Journey Mapping, they know not to bother me." When I asked Daniel to elaborate further, he indicated that this was a kind of a respect, that others knew not to interrupt him when he was using Journey Mapping. Tia echoed this idea by stating, "It [Journey Mapping] helps me put a shield up, it [Journey Mapping] puts up a 'busy wall.' Creates a good boundary saying, 'I'm working, do not interrupt.' " As such, the act of using Journey Mapping put out a signal to others that they were doing important work and needed boundaries for concentration to carry out the reflective tasks of using Journey Mapping.

Changes in potential for communication were particularly evident for clients who used Journey Mapping. First, most clients experienced Journey Mapping as being a vehicle that

facilitated self-expression, compared with talking face-to-face in their treatment group. Ronald described this ease of self-expression:

> I can work through things better on paper. I am a little distracted . . . active. If I had to stand up in front of a group and talk . . . I would be not be comfortable. I would rather have the chance to write. Sometimes you can't put your thoughts out in words [by talking]; you need paper or a computer.

Beth noted that Journey Mapping makes it more likely she will her express her issues than speak about the same issues in group treatment: "I put things [in Journey Mapping] I wouldn't normally voice." Gina echoed this sentiment by stating her group work has changed "a great deal," saying, "It's [Journey Mapping's] given me more; I can write better than I actually speak. I can put my thoughts down clearer than I can discuss in class – so that's changed." Nick built on this idea that it is easier to write than speak, and how sharing his important thoughts via writing increases his sense of comfort:

> I put more in Journey Mapping than I speak up in class. In a way, it kind of helped me to speak more. It made me a little more comfortable to share things. It helped me to open up a little more. I am not hiding anything I want to say.

Kristopher, also agreeing it was easier to write his thoughts via an online method, not only felt free from being judged, but sensed he might be more truthful: "You don't have to talk to anyone on the computer. The computer doesn't act like it judges you; it doesn't talk back . . . I think you would be more honest with it too."

A second communication change for clients was that Journey Mapping altered the way they communicated with their direct practice worker. Clients' written self-assessments were now available for staff to read. Since discourse with treatment staff was a prime concern for all

clients, most clients were excited about the possibility of expanded communication with staff. Both Nick and Gina emphasized that Journey Mapping increased their comfort in communicating with their worker. Having the opportunity to express his thoughts to staff via Journey Mapping, Nick experienced the advantages of being more open and said, "I feel more comfortable around them, because I feel like they, some of them, are reading it. I feel like I don't have to hide in group, because they already know." Gina underscored this idea of comfort: "I've told Tia [direct practice staff] that I liked Journey Mapping. She knows I am comfortable with it. We are able to be more comfortable talking."

Kristopher, looking back over his treatment of about 20 months, offered a view of how Journey Mapping would have helped him "talk" to his worker:

> Yes, I think it [Journey Mapping] would have helped. When I was being late and going to jail, my counselor kept saying, "Can you communicate what is going on, so I can understand you?" I did not want to hear it. She would say, "I can help you better if you communicate." But I wouldn't talk. I did not talk to my father for 3 years. I did not talk to my mother, not even to my girlfriend . . . Journey Mapping would have been a vehicle to communicate.

Beth emphatically related how she saw Journey Mapping entries as being a necessary tool for communication which would further enhance treatment progress:

> If they know how you are thinking, and what causes relapses, what is on your mind when you relapse, then they can help fix us. If they notice changes in us, if they tell us, "You are in relapse mode" . . . then they could pull it [Journey Mapping entry] up and see what is really going on with you. I'd rather they pry into my business. They know everything

> anyway. I'd rather they read my journals and try to help you [sic]. If they see a mood change, they could go check on me . . . they may as well read my thoughts and fix me.

Besides seeing Journey Mapping as a tool for communication with staff about treatment issues, Beth viewed Journey Mapping as a teaching device for staff, saying that ongoing Journey Mapping "would be wonderful to have; it would teach the staff more about addicts. Book knowledge is wonderful . . . but who understands an addict?"

Those clients who reported the benefits of increased self-expression also added that the increased self-expression produced the benefits of stress reduction and enhanced mental health. Gina shared, "I think I open up more when I use Journey Mapping, communicate a lot better; it's a place you can go release from stresses you're having, an outlet." Nick explained how the benefits arose:

> It helped me speak more things, mentally and emotionally helped me, helped me speak more. Putting it in the computer, helped me get it off my chest, out of my mind. What problems, if any, are out. I feel like it's helping me move forward. Felt like I was getting it out.

Gina, like Liz who was not sure she would like Journey Mapping, was happily surprised after she used it a couple times:

> It's a reliever of tension and stress, to be able to write down happenings of week. By the time you get home, you forget things. I do like to write. I didn't think I would like to write. Thought it would be a chore, but then I realized I would like doing it.

Dustin, one of the youngest participants, said he had a desire to be able to express himself better, and thought that the practice of writing his thoughts on Journey Mapping would help. Dustin explained, "With more experience on Journey Mapping, I'd probably feel like anytime

I've been asked a question, I would have more experience to be able to express myself." In a similar vein, Nick, concluding that his Journey Mapping experience increased his writing outside the drug court treatment program, said, "I've been writing more of things I feel now. I write more at home now, about my emotions and thoughts."

Increases Learning

Both staff and clients described their experiences of self-reflection and writing, and consequent learning from both of these processes. As well, they spoke about their learning due to having access to the "reflection records," or the data recorded in Journey Mapping screens.

Staff reflected on the knowledge they gained about their clients and the usefulness of Journey Mapping. Tia said, "I think I have better insight into the clients. I can write, read, reflect, and then I can discuss issues with a client if they come in. I have a better understanding of the client from a narrative format." While Tia talked about how reflecting gave her better insight into clients, Kim commented that having access to clients' Journey Mapping entries supported her treatment planning. After clients completed their monthly self-assessment entries, these entries were available for direct practice staff to read on the Journey Mapping site. From reading her clients' self-assessments, Kim concluded that "the client feedback is exceptional" and described how reading it increased her understanding of clients:

> I like seeing what they are thinking, what they are proud of, and what they're struggling with. I liked seeing those. What they are saying could be different, or right on target with my thoughts. It also gives me insight to their educational level. Some may be very concrete, not able to think so abstractly. That is something I need to know, on what approach to take, what might work better. Like . . . do I need to be more sensitive to them?

Using Journey Mapping was a completely new experience for clients. Most clients showed varying degrees of interest in using Journey Mapping just for the mere fact it was novel. Kristopher described this novelty factor of Journey Mapping by noting, "It's a change from the usual grind, what the heck." In addition to experiencing behavioral changes involved in the novel computer utilization for self-assessment activities, clients became aware of cognitive changes from using Journey Mapping. Like staff, clients thought use of Journey Mapping made them more reflective. Chad said, "I try to reflect on what I have done since the last time I used it, plus how I am feeling at the time."

All clients commented to some degree on the self-reflection they experienced by using Journey Mapping. Clients related this self-reflection to self-awareness and learning more about themselves. When Kelly was asked if the Journey tool had improved since she started using it, she replied, "No, it's improved *me* [emphasis added] more than itself! I have to think about my successes and fall downs." Kelly noted that self-reflection was a direct result of the assignment to use Journey Mapping:

> It is good to think about myself. At work, I have to think of work. At home, I have to think about my kids. At drug court, I have to think about all things I need to do to stay in recovery. The time I think about myself is right in front of this computer. It makes me think about my life.

Kristopher explained how the self-reflection aspect of Journey Mapping led to helping a fellow client. Kristopher began, "After using Journey Mapping the first time, and thinking back to my early days . . . I took it upon myself to connect with early phase people." Kristopher had just written his self-reflection narrative on Journey Mapping and compared the entry with what he remembered about his early recovery days. Soon after that, he noticed a fellow client who

seemed to be manifesting the same struggle of early recovery. Kristopher continued, "I saw this Phase 1 guy who looked really pissed. I wasn't going to stand there next to him and not say anything." Instead of ignoring him, Kristopher decided to give him some friendly help. Kristopher continued, "He asked me, 'Is it really as hard as this all the time?' I said, 'At first, it is.' I believed I could help because I have been down same road." Kristopher continued reflecting on his recovery process, saying, "It would have been easier in the beginning if someone told me 'this is what you need to do.' But there was no one there."

Clients discussed the increased opportunity for reflection and learning due to the fact that Journey Mapping captured thoughts in a permanent database. Nick commented on the value of the written word: "Someone will read it . . . I did express it to someone." When asked how Journey Mapping affected her progress in the program, Gina shared, "I believe Journey Mapping's helped. That has helped, that case managers can read what I wrote and how I am getting along in program, if I am not speaking." Chad reflected on the value of Journey Mapping entries: "Our group work was done by oral discussion, book work, hand-outs, or by writing stuff on the board. I guess with Journey Mapping, you don't loose stuff like [you do] writing on the board." Beth underscored the importance of recording one's thoughts, saying, "It's like you can put it down . . . it is easier to put there. You can put it there, forget it, and save it." Ronald also commented on how using the tool ensures that experience is recorded and accessible, not just something that is lost in the atmosphere:

> When we are talking, poof, "it's [what was said] gone. I can talk and talk and the other person doesn't get involved. Then, it's gone. "Us talking . . . it's gone. On paper I have to stop and think what I am saying. On paper, it keeps things real.

In sum, due to the written and thus more permanent nature of client self-assessments,

knowledge for assessment and treatment is available both to clients and staff.

Without exception, clients indicated that they were interested in obtaining self-knowledge, and that they understood that Journey Mapping provided a tool for self-knowledge**.** Two clients revealed that they were not so invested the first time they used Journey Mapping. However, when they saw the potential for developing self-knowledge, they became more enthused about using it. Chad explained his realization of the opportunity Journey Mapping afforded:

> It [Journey Mapping] gives you an opportunity to participate in a personal sort of way . . . to get to know myself better. I'm doing it because I want to do it. Gives me a chance to look at myself over a period of time.

Considering the value of Journey Mapping's ability to track his thoughts and progress, Kristopher stated, "I like it, it is a good idea, wished it was started sooner, so you could see from then to now, and points in between." Chad underscored the value of Journey Mapping's tracking features and shared, "I got to know myself better. Seems like every time I do one, another month has gone by . . . I can see I am happier, I am progressing." Kelly described how creating entries in Journey Mapping provided an historical record of her own treatment progress:

> Yes, it helps me think about what happened in the last month, what goals I met, what successes I've accomplished . . . Like I said, it helps me think about the last month. We had one print out . . . last month, I put different answers . . . you can see the progress.

Two clients reported how Journey Mapping helped them look at their thoughts, and learn from those thoughts. When he used Journey Mapping, Chad said that he can see that "my thought patterns have changed, or they haven't changed, and I still need to work on myself in

this area." Nick, who also gained insights about himself via recording his thoughts, summarized what Journey Mapping meant to him: **"**Me learning more about my thoughts."

Clients reported that using Journey Mapping not only increased their learning about themselves, but it increased their knowledge of other clients' issues and progress. Just by the activity of completing Journey Mapping screens, clients tended to interact more with each other. The direct practice worker, Kim, observed this about her clients: "It seems they are more talkative [when doing Journey Mapping]." During the time they were making entries, clients were talking about their progress in small groups. If clients chose, they could work in journaling teams. A journaling team consisted of two to four clients who would use the designated computer during the same time period. Those who were better at typing, or wanted to be the lead typist, could volunteer to help other clients type in their narrative. Ronald explained, "Some people don't know how to use the computer, so some of us that do, helped them. First time we used Journey Mapping, I helped someone with theirs [Journey Mapping entry]." After completing their entries, clients would ask others what they wrote, especially wanting to know what kind of progress others had achieved. Chad, in response to being asked how using Journey Mapping had affected his interactions with fellow clients said, "I guess, just asking them what they wrote, their goals and successes, to see how they are moving along, how they're growing."

Beth learned about other clients' issues because of her conviction that Journey Mapping was a way to share information with staff. Beth strongly encouraged her fellow clients to write their thoughts and issues in Journey Mapping, so that this information would be available to staff. For example, Beth became concerned about one of her fellow clients, Christen, and helped Christen type important information into Journey Mapping. Thus, Beth learned what Christen was experiencing in her treatment process. Beth shared, "Christen, she had some serious

problems. I encouraged her to put it in, so it would be known. So there are things I learn about others."

Since clients used Journey Mapping infrequently (an average of 3 times) relative to their average of 12 months in treatment at the time of the study, they were asked a hypothetical question: *Imagine if you had been using the Journey Mapping tool once a month for your entire drug court program so far. What would you expect to know and feel, if you looked back at your earlier entries?"* All clients said they would expect to learn about themselves, see progress, feel pride in their accomplishments, or have evidence of what mistakes they did not want to repeat. Chad explained what he would expect to learn:

> I'd expect to see how I'd grown, some of the things I went through, the hard times. When I came in, I was not focused at all. I'd expect to see progress over time. . . or failures . . . stuff happens. I relapsed twice the first month. I would see things changed in the 2nd and 3rd entry. Things I'd do differently, things I'd changed, things I wouldn't do anymore.

Liz shared what she thought she would see, specifically predicting how the quality of her written responses would improve: "I feel like Journey Mapping would show positive progression for me. Suggestions [for the program] would show a successive level of maturing . . . they [suggestions] would progress toward a sincere, positive, and helpful statement." Gina revealed how reading earlier entries could possibly prevent relapse:

> I would see improvement, progress . . . proud, happy. Relieved! Curious . . . how I was then and what I've done now. I've stayed on an upward track, not sliding back. If I wanted to slide backwards, I would look back and say "I don't want to go there."

Mark shared, "I'd feel good about knowing how far I've come. I was messed up after 20 years of use. It would be neat to look back at it." Nick explained, "I would know a lot more about myself.

A million thoughts are going through my head, then those thoughts are gone . . . I could understand a lot more about myself, feelings, and my situation." Ronald, who was the youngest in the client group, in terms of age (18-years-old) and time in treatment (2 months), expected that using Journey Mapping over time would help build a story of his treatment: "I would expect to tell a difference in recovery, that my entries would be more in depth. That I would have more to talk about later on." Liz captured the value of looking at her progress over time, saying, "The first time you do it [complete a Journey Mapping self-assessment entry], and the 60th time, there would be so much difference in our outlook. It takes each person some time to grasp it [progress over time]."

Creates client voice

The director, Paul, called Journey Mapping an empowerment tool, stating, "It is a tool you have given us, but it would be a tool to serve them. It gives them a voice in treatment." As part of the Journey Mapping screen captures, clients were asked, "Any suggestions for improving the drug court [treatment] process for you and others?" The fact that they were asked for feedback on the program was a surprise for clients. Nick summed up this novelty, saying "Pretty much, those types of questions [feedback] don't get asked. They don't ask …they make up the curriculum and they expect you to follow it."

While one client expressed a bit of skepticism, most clients were feeling a sense of hope and empowerment because of their opportunity to provide feedback on how to improve the drug court program. Mark, who was not completely convinced that his opinion mattered, said, "Well, now you get to put down if you want things to change or not. I don't know if they listen or not." Maintaining optimism that her voice would count, Beth said, "Seeing that your comments are read . . . would be a nice thing." Beth, who was also a bit of a social activist, added, "I use it

[Journey Mapping] in hopes that some of my thoughts will get to someone else and make a difference." Liz summarized the positive feelings around being treated as an expert: "It makes me feel good they want to read my opinion." Liz expressed her surprise, as well as her conviction, that her voice counted: "I don't think we really realized you wanted to hear from us. When we could see the benefits, things started falling in place. They are really reading these." The possibility that their opinions counted created hope for clients that they were being acknowledged and valued.

In Liz's case, she was convinced client feedback was being considered for improving the program. Liz recalled this incident revealing that suggestions were not only heard but implemented:

> Actually, outside of using Journey Mapping in group, I have noticed other participants were talking, "I suggested so and so," and that it did some good. We reap benefits as a group, we can see. Because when the judge said we could be off from court that Wednesday, one of the girls said, "I suggested that."

Apparently this was the first time the judge had excused these clients from attending the regular Wednesday court session. Liz, who was not initially excited about Journey Mapping, became enthused and transformed when she realized she was having a voice in the treatment program. Liz revealed her new personal commitment to improve the drug court program:

> I am a little different . . . this may sound kind of funny . . . I actually enjoy sitting down and thinking how to improve the program. It has made me take a particular moment and not let it go . . . . I think about it at night, and into the next day, how to improve the program.

Adding to the feeling that their voice was valued, clients had other experiences producing a sense of pride and self-esteem. These beneficial effects arose from the clients' experience of using Journey Mapping, as well as using Journey Mapping in their direct practice worker's office. Ronald exclaimed, "Tia let us sit behind her desk!" After they were allowed to sit in their worker's chair and use the computer, some clients commented on how this experience changed their interaction with their worker. Clients said it gave them a chance to feel important, valued, or trusted by staff. The direct practice worker, Kim, corroborated clients' feelings of importance, and added that clients were experiencing pride and increased self-esteem:

> I have to tell you . . . they love sitting in my chair! It gives them a sense of pride and self-confidence. When I gave them a copy of what they wrote last month, they liked it. It seems they took pride from reading their last entry. And I think, the ones that do the extra typing . . . it raises their self-esteem.

In summary, participants concluded Journey Mapping was easy to use, saved time, promoted positive thinking, facilitated communication, increased learning and created client empowerment.

Performance

The study findings indicate that there are at two important dimensions of participant perspectives on the performance of Journey Mapping as program evaluation tool. First, participants reported that Journey Mapping supported treatment and administrative functions of County Drug Court. Second, participants indicated that Journey Mapping was not used to its potential for either treatment or administrative purposes.

Supports treatment and administration functions

Through his lens of management, Paul offered conclusions on what organizational tasks were achieved by using Journey Mapping. He commented: "There are 10 key components for drug court. The review found we fell short on process and outcome evaluation. You could say that implementing Journey Mapping was crucial to our achieving compliance with all key components." According to Paul, the first step to achieving compliance was "establishing time to make Journey Mapping entries," and that had been accomplished. In essence, hel had established a structure by which Journey Mapping was used for both administrative and treatment functions of County Drug Court. Paul advised: "Use Journey Mapping for treatment to determine how to maximize resources and for administration to justify funding." He also commented on charting tasks: "Journey Mapping meets . . . our agency charting requirements. It [Journey Mapping] showed us an easier way to document. I didn't realize it would make our jobs easier. It's an easier tool to meet charting requirements."

Robin was enthused about performing administrative work with Journey Mapping and described how Journey Mapping made instant reports possible:

> It seemed like it could produce reports. You know, by gender, and race, etc. We could not do this with our other software program. That made me excited, that I would not have to count by hand; it would produce reports by pushing a button.

Paul commented on the uniqueness of Journey Mapping and what it can accomplish as a tracking tool, saying, "There are other tools out there, but 90% of the other tools track quantitative data only. It is the only tool I have seen that makes a concerted effort to identify qualitative data and the social benefits of the program."

Staff attitudes toward the unique features of Journey Mapping were quite favorable. The Staff Survey, based on Kibel's (2004) seven unique features of Journey Mapping, was administered to the staff. The highest possible score on the survey was 35, indicating strong agreement with unique features. The lowest possible score was 7, indicating strong disagreement with unique features. The staff mean score, indicating relatively strong agreement with the seven unique features of Journey Mapping, was 31.8 (*SD* = 3.8), with a range of scores from 27 to 35. Table 4.3 displays the mean score for each of the seven individual items reflecting the seven unique features of Journey Mapping.

Table 4.3

*Staff (N = 6) Ratings of Journey Mapping Features **

Features of Journey Mapping	Mean	Standard Deviation
Encourages organizations, initiatives, and their staffs to both document their work systematically and express their passion for this work outwardly and in clear and understandable terms.	4.67	.516
Promotes the use of the "journey" as the primary unit of analysis, viewing clients as engaged in life-altering transformation processes and gauging the extent of the transformation that occurs.	4.67	.516
Exploits the power and potentials of the Internet for capturing and sharing data as no assessment or accountability tool has heretofore done.	4.33	.516
Hands the assessment function completely over to the initiative team in a user-friendly format.	4.67	.516
Allows sponsors and other stakeholders to reconstruct their own pictures of the initiative and its accomplishments and to draw their own conclusions from these pictures.	4.17	.983
Permits reports to be printed in an instant that summarize the most recent and best work of the initiative.	4.67	.516
Fosters deep learning across initiatives or sites working on similar challenges by permitting the electronic sharing of success stories and reflections.	4.67	.516

*Range of response is from 1 to 5; 1 = "strongly disagree," 5 = "strongly agree."

Both the administrative assistants scored 35 (out of 35) on the Staff Survey, indicating they had the most positive attitudes toward Journey Mapping features. I noted that the administrative assistants seemed to have very positive attitudes toward computers and technology which is logical as their job duties required computer proficiency. It was not a surprise, then, to find the 2 administrative staff persons scored 25 (out of 25) on the computer attitude scale, indicating they had the most positive attitudes toward computer use. Observing this relationship, I was curious about comparison of other staff scores on the two scales. To examine the data, I utilized Spearman's rho (*Spearman rank correlation coefficient,* r_s) which is the nonparametric analog of the usual Pearson product-moment correlation coefficient:

> It [Spearman rank correlation coefficient] is calculated by converting each variable to ranks and calculating the Pearson correlation coefficient between the two sets of ranks. For small sample sizes, the observed correlation coefficient is compared to what would result if the ranks of the X- and Y-values were random permutations of the integers 1 to *n* (sample size). (*Different Statistical Tests*, 2005)

The calculations ($r_s = 0.97$, $N = 6$, $p = .001$) indicated some evidence for a positive correlation of attitudes toward Journey Mapping and attitudes toward computer use in general. The evidence, which should be considered as very limited due to the very small sample size, was interesting to note as it may point to a correlation between attitudes toward Journey Mapping and attitudes toward computer use in larger sample sizes.

Lacks potential utilization

The director, Paul, stated that his anticipated use of Journey Mapping did not come to fruition. First, there were limitations on what could be accomplished due to the short time span (6 months) of using Journey Mapping. Paul reflected:

> We have not yet had a measurable [extended or longer time] period to reflect over time; that we have not accomplished yet. Here is a great potential for us to learn what we are not addressing, where we need to change the program, and improve the curriculum.

In addition to the short time span, the second factor of staff turnover limited what could be done with Journey Mapping as a program evaluation tool. Paul stated, "As I mentioned, with the staff and organizational issues, I have not gotten into using Journey Mapping. I have regrets about that." He explained, "I lost my office manager and senior case manager. That was a huge crush on me. In no way did I anticipate that." Due to unexpected staff turnover, Paul was unable to personally use Journey Mapping after the design phase. He was painfully aware of under-utilization of Journey Mapping, revealing, "I am student who signed up for class and missed most of the semester." Finally, Paul concluded, "I could rate what we are using [of Journey Mapping] out of the potential we could be using. For staff and clients, it would be 25% out of 100%. For me, it would be less than 10%."

Tia, who did a quite a bit of reflecting on the potential of Journey Mapping, underscored Paul's assessment of under-utilization, while challenging the program personnel to use more of the data:

> We are not using it [Journey Mapping] for treatment collaboration. The tool costs something, so why aren't they using it? It should be, "Let's take 2 days off." Hey, see that boat on the Journey Mapping logo . . . that means looking at the journey. So, hey, why aren't we looking at journey? We are still doing medical model routine. We are not utilizing it to the point we could.

Paul considered how to increase utilization. If given a chance to implement Journey Mapping again, Paul reported he would restructure training and utilization:

> If I had to do this again …once I decided to do it, I would have 1 day a month as Journey Mapping day. We would make a day of it. Training would be done …there would be intensive blocks of training. Instead of trying to fit it into our schedules as something extra, it would be 1 day a month. This 1 day is just part of the organizational schedule.

Paul's additional ideas for improving Journey Mapping's utilization including making a client's first day in the drug court treatment program concomitant with his or her beginning entries into Journey Mapping. Paul related his vision of how Journey Mapping would work in the future to serve clients:

> There are clients who, if they had the chance at the terminal, would really go to it. Clients are expected to do a lot, but not all at once. If we had this set up from the beginning . . . clients would walk in the door, [and think] "there's the terminal, it's your responsibility" . . . to journal once a month. Journey Mapping would be part of the orientation and training when they came in . . . a part of the curriculum. It would be a reward, not a punishment.

In addition to Paul and Tia's thoughts on under-utilization, staff and many clients offered additional recommendations on improving the utilization of Journey. These recommendations included aspects of better planning, design, and application.

The direct practice staff thought they should have been included more in the planning and design phase of the actual Journey Mapping screen captures. Tia advised: "Clinical staff should come up with the design. How can you design without treatment staff?" Kim echoed this sentiment, saying, "Include direct staff earlier on design; envision what to write earlier." Both Tia and Kim thought some design components were a bit unclear. Tia observed: "Each bullet [accomplishment] is a little confusing." Kim advised that the treatment plan should be included

in the initial design, and Journey Mapping should be designed to be consistent with the treatment plan.

Administrative staff also had their suggestions regarding Journey Mapping. Both Robin and Amy thought if Journey Mapping were better utilized, job efficiency and satisfaction could be improved. Amy explained how Journey Mapping is versatile and could make her job easier:

> It [Journey Mapping] has the potential of having all the information in one central place. One can add [drug] screens and sanctions. I like that it is web-based. I could even use it in court, and not have to then use a word document, come back here [to the office], and enter the sanction data a second time. I believe it could also be used for tracking finances. It seems unlimited. It seems to be able to be adjusted for any program needs. It seems you could write a program [design Journey Mapping for a program] that would fulfill every need a program has.

Amy, the most computer-literate person on staff, envisioned how Journey Mapping could not only make her job easier, but could make direct practice staff's work easier by decreasing their repetitive progress note writing. The current method of using Journey Mapping entailed staff writing monthly progress notes for each of their clients. In addition, staff were required to write separate weekly progress notes on spreadsheets which were given to the judge every week for court. Amy understood that a more efficient recording system utilizing Journey Mapping's technical capabilities had the potential of decreasing paperwork while increasing direct practice workers' job satisfaction:

> It's almost 2005. We should be using technology. Why are we using these spreadsheets? One could write all notes on a client on Journey Mapping. If case managers did not have

> to write notes a second time, they would be more excited. So many things get duplicated; hard copies are all over . . . so many wasteful piles.

Administrative staff also thought that it would be easier to implement Journey Mapping at the inception of a program, rather than start it in the middle. This would eliminate back-tracking, that is, having to input old data into the Journey Mapping system. Administrative staff thought that sanctions (court responses to client infractions) and other things the program needed to track should have been considered more carefully before the actual implementation.

About half of the clients suggested that Journey Mapping usage should be increased. They wanted more time to use Journey Mapping, either more time for each entry, or the opportunity to increase the frequency of use. Specifically, clients suggested an increase from the current use of once a month to twice a month, once a week, or anytime they chose. Nick advised expanding usage:

> I feel everyone should use it once a week. You may have something to put in, you should have that option. I feel you should be able to go in every week and ask your counselor, to go in, and put something in. I don't see it taking more than 10 minutes. I feel it should be done 1 day out of the week. More, if we feel we need to.

Five clients voiced the preference that they be given password access to use Journey Mapping at a computer of their choice, off site. They thought access would help them capture their thoughts more effectively. Beth talked about the advantages of being able to access Journey Mapping at other Internet-connected sites:

> I keep a journal at home . . . I would like to have my own password [for Journey Mapping]. . . then, when I am at work and something is really bugging me, I could easily enter it into my journal. Otherwise, by the time I get home, it is lost.

Three clients suggested changes in the open-ended questions on the Journey Mapping screen. Ronald, bored by the standard monthly questions (see Appendix L screen capture) on Journey Mapping, wanted to redesign the question prompts on Journey Mapping screens. His ideas included adding the following questions:

- What you have been struggling with, how did you overcome it?
- What do you do when you get stressed out?
- What are your stress relievers?
- How do your support groups help you?

In summary, Journey Mapping supported both treatment and administrative functions of County Drug Court, but the tool was not utilized to its full potential. Staff maintained favorable attitudes toward Journey Mapping's unique features. Both staff and clients offered suggestions for enhancing Journey Mapping's utilization.

Chapter Summary

Findings on staff and client perspectives on implementation of the Internet-based Journey Mapping evaluation tool emerged in three major categories of practice, perceptions, and performance.

The study findings indicated that there were at least three important dimensions of participant perspectives on the practice of using the Journey Mapping tool for evaluation of County Drug Court treatment program. These dimensions were discovering the tool, applying technology, and completing contextual tasks. After an implementation decision was made, participants discovered Journey Mapping as a unique tool to perform evaluative activities. All participants learned to use Journey Mapping without any major difficulties regarding the

technology of the tool. Participants, according to their roles as County Drug Court, applied Journey Mapping to complete contextual tasks.

There were at least six important dimensions of participant perceptions about using the Journey Mapping tool for County Drug Court program evaluation. First, Journey Mapping offered ease of use. Training was brief, and the technology was user-friendly. Second, Journey Mapping saved time because direct practice staff spent less time on client notes and the client information was all in one place. Third, Journey Mapping design drew attention to incremental achievements and the progress-producing aspects of positive thinking. Fourth, Journey Mapping facilitated communication, both between staff members, as well as between staff and clients. Fifth, Journey Mapping increased learning; staff learned more about clients, and clients learned more about themselves. Sixth, Journey Mapping prompted clients to contribute ideas to improving the program, thus creating client voice.

Two important dimensions of participant perspectives on the performance of Journey Mapping as program evaluation tool were revealed in this study. First, staff reported that Journey Mapping supported treatment and administrative functions of County Drug Court. Second, staff indicated that Journey Mapping was not used to its potential for either treatment or administrative purposes. Journey Mapping offered a vehicle to fulfill program evaluation needs. The time and place for staff and clients to make entries into Journey Mapping was established to support program functions. Staff had favorable attitudes toward Journey Mapping's unique features. However, short duration of program use, staff turnover, limited planning, and other factors prevented Journey Mapping from being fully utilized as a program evaluation tool for County Drug Court. Both staff and clients offered several recommendations for enhancing

Journey Mapping's utilization through better planning, more accurate design, increased use of data, and increased client entries.

CHAPTER 5

CONCLUSIONS AND DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

This chapter presents commentary on the results presented in Chapter 4. The chapter is organized into four sections: Introduction, Conclusions and Discussion, Implications and Recommendations, and Future Research.

Introduction

The purpose of the study was to assess staff and client perspectives on the implementation of the Internet-driven Journey Mapping tool for evaluating a drug court treatment program**.** Six staff members who utilized the Journey Mapping tool were purposefully selected as participants in the study. Ten clients were selected using a stratified random sampling process to represent all treatment phases among the approximately 100 clients in the program. The predominant means of data collection was interviewing. The main qualitative data analysis strategy, coding according to the constant comparative method, was employed for the data from interviews, program records, and the researcher's journal. Coding, according to pre-identified themes, was applied for analysis of the observation data. Descriptive statistical analysis was utilized for the quantitatively-based questionnaire and staff survey.

The overarching research question was, "What are staff and client perspectives on implementation of the Internet-driven Journey Mapping tool for evaluating a drug court treatment program?" Embedded within the general question were five specific research questions which guided this study:

1. What factors support the successful implementation of the Journey Mapping tool?

2. How do participants use the Journey Mapping tool?

3. What behaviors of program staff and clients have changed as a result of implementation of the Journey Mapping tool?

4. How does the Journey Mapping tool change evaluation tasks of program staff and clients?

5. How does implementation of Journey Mapping meet the evaluation needs of the program?

The primary conceptual basis of the findings on perspectives emerged from interview records, while other data sources triangulated the major findings. The analysis revealed that the practice of using Journey Mapping included discovery of the tool, applying unique technology, and completing contextual tasks. Participants' perceptions were that Journey Mapping offered ease of use, saved time, promoted positive thinking, facilitated communication, increased learning, and created client voice. Performance of Journey Mapping as a program evaluation tool revealed that it supported treatment and administrative functions of the drug court, but was not utilized to its potential.

Conclusions and Discussion

Conclusion 1: Journey Mapping implementation was relatively easy, while commitment for potential and long-term use was challenging.

Kibel (2004b) asserts that Journey Mapping is easy to use, a claim that was confirmed by both observation and interviews. Administrative and clinical personnel had little difficulty in learning to use the tool. In fact, it was so easy that 1 staff person was trained over the phone. The results of the staff survey also supported Journey Mapping's ease of use. When asked to rate the

statement, “Journey Mapping hands the assessment function completely over to the initiative team in a user-friendly format,” staff’s mean response was 4.67 (*SD* = .516), indicating relatively strong agreement (1 = strongly disagree; 5 = strongly agree).

Adding to the sense of ease of use was the fact that staff perceived that Journey Mapping saved them time in performing job tasks. The direct practice worker, Daniel, said that Journey Mapping was time efficient and reported that he was now spending less time on progress notes and more time with clients. Tia also commented that she spent less time on recording progress notes. Both administrative workers Amy and Robin concurred that Journey Mapping saved them time, just due to the fact that the information was all in one place. This finding may prove critical for agency administrators who seek an evaluation tool that will not overwhelm their workers.

In addition to the staff concluding that Journey Mapping was easy to use, all clients agreed that Journey Mapping was easy to use. Kristopher, who said he did not like computers and didn’t use email, declared, “Anyone can do Journey Mapping!” and “You don’t have to even know how to type.” Both Kelly and Mark, who lacked computer and typing skills, thought Journey Mapping was easy to use. It is noteworthy that clients who did not like computers or did not have good computer skills thought Journey Mapping was easy to use, and apparently enjoyed using it. As one client concluded, “Journey Mapping is just simple.”

Since the actual use of Journey Mapping was not difficult, staff and clients had no concerns. Staff, however, had concern about the decisions that were made before program personnel started using Journey Mapping. Direct practice and administrative staff had limited conversations with the director, Paul, prior to his decision to implement Journey Mapping. However, none of the staff were included in designing the Journey Mapping templates which they would later use to enter client data. Two of the direct practice staff voiced complaints to

"include us earlier" and this complaint was definitely justified. Allowing direct practice staff input from the beginning would have ensured greater accuracy and quality of the design screens.

The director, Paul, presented mixed thoughts about the implementation decisions. On one hand, he remembered implementation as a joint venture, stating that both of us were involved in identifying behaviors we hoped to measure and designing Journey Mapping screens to assess selected behaviors. Later in his interview, though, he seemed to indicate a lack of ownership of the implementation, remarking that I had done all of the work. When asked what he would do the same if he had the opportunity to implement Journey Mapping again, Paul responded, "Basically, it was your plan." One on hand, he thought I did a good job; therefore he would not change the implementation. The fact, however, that Paul did not seem to take ownership of the implementation at that point may have been due either to his effort to acknowledge my work or it may have been a sign that he was not invested in the program evaluation utilization.

One of the cardinal rules of evaluation is to involve stakeholders in the evaluation process in the very beginning (Patton, 1997). To get Journey Mapping up and running as a program evaluation tool became an organizational intervention and took concerted effort on my part. Despite my efforts to involve stakeholders in the implementation plan, I was not fully successful. My failure to involve everyone in each phase was partially an oversight, but also a reflection of limited resources. When the director, Paul, and I talked later, he similarly thought that some staff were left out of the initial design plans due primarily to lack of time and resources.

An additional unexpected problem was the absence of a clinical director. The director, Paul, felt that if a clinical director had been present, more of the clinical issues would have been addressed in the initial development of the Journey Mapping screens. Due to limited time to implement the program evaluation, and the majority of the early implementation was performed

by the director or me. Other clinical staff had limited input, which proved to be problematic and contributed to their lack of commitment.

Journey Mapping screen designs could be changed at any time, but changing the screen design involved a loss of data previously entered in that section of the Internet record. In the first month subsequent to implementation, design suggestions from direct practice staff were incorporated into Journey Mapping screens. Two months later, the design was preserved, as staff did not want to loose data in the Internet record. The result was that screen captures were not as developed and refined as they could be. Tia correctly noted that some of the "bullets" were a little confusing. The nine achievements to be assessed had differing scales of measurement, thus making it cumbersome to switch from one measurement scale to the next. Kim's suggestions that the treatment plan be included in the initial design and that Journey Mapping be designed for congruence with the treatment plan would have resolved some of these issues.

Such advice from direct practice staff would have increased the potential effectiveness of Journey Mapping for evaluation of County Drug Court. Administrative staff, also gaining insights into maximizing the effectiveness of Journey Mapping, advised that sanctions and other items the program needed to track be considered more carefully in the design phase. After I completed a few interviews with clients and saw they were invested in Journey Mapping, I began to ask them if they thought their section of Journey Mapping called Client Feedback should be redesigned. It turned out that a few clients, especially Ronald, had valuable suggestions about design. Ronald's suggestions included adding sections for discussing how clients overcame obstacles, how clients were helped by their support groups, and what clients did when they got "stressed out." Including such client suggestions early in the design phase would have created the potential for richer data collection through the Journey Mapping tool. In sum, participants

indicated that better planning and more involvement of the staff and clients from the beginning would have helped ensure better utilization of the tool.

Despite the oversight of not fully involving users in the design phase and the design not being perfect, the use of Journey Mapping proceeded. Other than the highly unusual situation of tree foliage getting in the way of the remote computer signal at the drug court offices, staff reported being able to consistently use Journey Mapping. One failure of the Journey Mapping server was resolved within a couple hours. There were no other technical problems reported about the functioning of Journey Mapping in the 6 months of the study. Amy, a new administrative assistant who had been using Journey Mapping 3 months at the time of the interview, thought it was "amazing" that Journey Mapping had worked consistently for 3 months; her online bank account did not perform that consistently! Clients reported no technological problems with Journey Mapping, either on the website itself, or in local computer functioning.

The director, Paul, who sought a program evaluation and decided to try Journey Mapping, summarized what had been achieved by using Journey Mapping. He noted that the program had established time to make Journey Mapping entries, thus accomplishing the first step to achieving drug court compliance for process and outcome evaluation. In essence, Paul had established a structure by which Journey Mapping was used for both treatment and administrative functions of County Drug Court. He concluded that Journey Mapping could help maximize resources for treatment and the tool could support administration by being a means to justify funding. Further, Paul commented that Journey mapping was an "easier tool to meet charting requirements" and that it would make staff duties easier. For example, Robin agreed that her administrative job was easier, since Journey Mapping could generate reports by pushing a

button, reports that would include gender, race, and other demographic data. Robin's former method of producing reports was quite laborious, involving excess paperwork and calculations done by hand.

From all viewpoints--the director, administrative workers, direct practice workers, and clients--the assessment was that Journey Mapping was under-utilized. The director, Paul, stated that his anticipated use of Journey Mapping did not come to fruition. The main factors limiting Paul's utilization of Journey Mapping involved organizational issues. Due to unanticipated staff turnover, he was unable to personally use Journey Mapping after the design phase and concluded that he was using Journey Mapping at 10% of its potential. Paul felt that both staff and clients were using the tool at 25% of its potential. He was painfully aware of under-utilization of Journey Mapping, and regretfully stated he was a "student who signed up for class and missed most of the semester." Tia underscored Paul's assessment of under-utilization, concluding that despite Journey Mapping's impressive record of assessment information that could be used in treatment, the information was not utilized. She expressed some frustration that even though the staff had access to Journey Mapping's record of the client's journey, the staff were neglecting to use the data, and proceeding in medical model routine. A better organization plan for tool and data utilization was apparently needed. Paul wanted to create a Journey Mapping training day each month, whereas Tia suggested that treatment collaborations be scheduled once a month to discuss Journey Mapping client data.

County Drug Court's under-utilization of Journey Mapping is typical of program evaluation under-utilization, as described by Patton (1997). The use of Journey Mapping in the 6 months of the study can be viewed through the lens of Patton's five steps of utilization-focused evaluation. The first of Patton's five steps is to identify intended users of the evaluation. The

intended users must then be organized in such a way that they meet with the evaluator and share in major decisions about the evaluation (Patton). In the current study, the users were initially identified, but they did not all share in major decisions. This was a factor that limited the potential for utilization.

The second step described by Patton (1997) is for the intended users of the evaluation and the evaluator to make a commitment to using the results of the evaluation. This step includes the necessity to decide on the focus of the evaluation. The director, Paul, examined what Journey Mapping could produce as an evaluative tool and concluded that the focus of Journey Mapping met the needs of the program. According to Patton, completion of the second step answers the questions: "Given expected uses, is the evaluation worth doing? To what extent and in what ways are intended users committed to intended use?" (p. 376). In the current case study, the director initially decided that using Journey Mapping for an evaluation was worthwhile and therefore he made a commitment to its use. However, due to organizational factors previously discussed, the ways that the evaluation data would be used were not specified, with the result that use of the evaluative data did not occur.

The third step of Patton's (1997) utilization-focused evaluation is to determine the methods used for data collection. By choosing Journey Mapping, the director, Paul, indicated that the qualitative and quantitative data gathered would match the needs of the program evaluation. He considered Journey Mapping to be unique in what it could accomplish as a tracking tool. As other evaluative tools tracked only quantitative data, Paul therefore concluded that Journey Mapping was the only tracking tool that "makes a concerted effort to identify qualitative data and the social benefits of the program." He also agreed that the cost of Journey Mapping was reasonable for his program. While selecting appropriate methods for data

collection was a positive step, Paul did not follow through to see that the results of the data collection were used to a significant degree. The direct practice staff, however, used the data recorded in the Client Feedback section to some degree. Overall, there was under-utilization of the data recorded in Journey Mapping. Patton advised that one should be able to answer the question, "Will the results obtained from these methods be useful--and actually used?" (p. 380). In the case of County Drug Court, Journey Mapping data was used by all participants in their various roles, but not in a consistent manner.

After collection and organization of data, Patton's (1997) utilization-focused evaluation outlines a fourth step of interpreting the findings and a final, fifth step of distributing the findings. County Drug Court's direct practice staff utilized some of the client feedback for treatment purposes, while the judge used a piece of feedback to make a change in the program. Other than these instances, the drug court did not fully accomplish the steps of interpreting and distributing the findings.

County Drug Court's application of Journey Mapping thus fell short on Patton's (1997) prescriptions for utilization-focused evaluation. Despite the under-utilization of the tool, the staff had very favorable attitudes toward Journey Mapping. This seemed to indicate that staff could visualize the unique features of Journey Mapping, but failed to achieve full success in its application.

In addition to weaknesses in utilization as described above, obstacles to utilization may have arisen from other factors. One factor was that I was a volunteer consultant doing dissertation research, a somewhat disempowered position compared to a paid evaluator or regular employee of County Drug Court. Under different conditions, I might have more leverage to address issues contributing to low utilization.

A second factor potentially contributing to low utilization was the short time span--6 months--that Journey Mapping was used. Paul felt that there was not sufficient time to see what was accomplished and what needed to be changed, or where to change the program and how to improve the curriculum. He concluded there was great potential to improve the program by use of Journey Mapping if the tool could be used long enough. Over a longer period of time, the weaknesses in the utilization might have been corrected with a redesign of Journey Mapping. For example, a redesign would involve all staff in every step and would focus on identified steps for commitment to intended use.

Another factor that possibly influenced the utilization of Journey Mapping was attitudes of staff toward computers. The Spearman rho calculation ($r_s = 0.97$, $N = 6$, $p = .001$) provided limited evidence for a positive correlation of attitudes toward Journey Mapping and attitudes toward computer use in general. This may indicate that Journey Mapping is more likely to be utilized or utilized with more enthusiasm by the computer-literate staff person. In particular, administrative staff who possessed the most positive attitudes toward Journey Mapping features, and the most positive attitudes toward computer use, also reported specific insights into how to use Journey most effectively. If these responses had also been the characteristics of the director or direct practice staff, the record of utilization of Journey Mapping may have looked much different. An important note here is that Journey Mapping may be a better match for computer-literate program staff or staff possessing relatively positive attitudes toward computers.

The purpose of this study was not focused on maximum utilization of Journey Mapping for program evaluation, but on assessment of staff and client perspectives of the Journey Mapping implementation. The fulfillment of program evaluation needs was only one topic, among many, about which participants shared their perspectives. Yet, utilization is a critical

issue and must be considered with any type of program evaluation. In summary, Journey Mapping was relatively easy to implement and utilize; data entry was rather simple and the technology worked. Once the tool had been implemented, however, full and long-term utilization of Journey Mapping proved to be the larger challenge.

Conclusion 2: Journey Mapping provided a novel context for increasing communication while effectively completing evaluation tasks.

Participants employed the Journey Mapping tool to complete evaluation tasks, tasks quite similar to other types of evaluation work. For example, direct practice staff completed monthly client progress notes on Journey Mapping; the narrative section they completed was similar to their previous system of progress notes, except that the Journey Mapping narrative was structured by question prompts. Another section of the Journey Mapping design required staff to complete Likert-type scales on nine achievements relating to their client's treatment progress (see Appendix L). Direct practice staff continued to document client progress in standard ways, but the staff's completion of Journey Mapping's menu of behavioral and cognitive tasks automatically generated computer-based notes and evaluative data.

Robin and Amy, administrative assistants, described their Journey Mapping tasks as inputting new participants, documenting phase moves, terminations, or graduations. The director, Paul, reported setting up the design templates for Journey Mapping. Client tasks consisted of entering identification information (name, gender, age), answering narrative questions, and completing "yes or no" questions on sobriety, appointments, housing, employment, and family.

All participants used Journey Mapping at a time and place structured by their work or treatment schedule. Staff scheduled their own use of Journey Mapping as well as clients' use. All participants employed Journey Mapping on computers at the County Drug Court treatment

setting. The computers and desks that staff used were the same that clients used, though this was considered a temporary arrangement.

County Drug Court evaluation tasks were thus completed by participants according to their particular role and one result was that the online context of Journey Mapping evaluative activities changed and enhanced communication. Internet-based Journey Mapping was accessible by multiple authorized parties to both input and review data. Increased information accessibility was particularly obvious to administrative staff; they observed that client data was now in one location, accessible to all staff, and could be sorted by gender, treatment phases, or education. The direct practice worker, Kim, noted that information was easily assessable simply because it was online.

As an office manager accustomed to seeing the bigger picture of daily operations, Amy was aware of how Journey Mapping could potentially improve communication patterns for the better. The usual system of communicating client treatment information to the judge had been for each direct practice staff to type new information into a weekly spreadsheet and present a paper copy to the judge. However, any change in client treatment information necessitated editing the spreadsheet, a time consuming and tedious task.

Though only applied a short time in this study, Journey Mapping spurred staff to creatively envision alternate methods of data management. Each client update could be entered into the Internet-based Journey Mapping database, which could then be accessed in almost real time in court by the judge. Schoech et al.(2002) pointed to the need for human service professionals to become partners in creating technology infrastructure that would deliver information when and where it is needed. Journey Mapping had the potential to efficiently supply information when it was needed, in this case, supply treatment information to the judge

prior to the weekly drug court session. Journey Mapping not only had the potential to supply information when it was needed at County Drug Court, but it could supply information to other drug courts statewide. Kibel (2004b) designed Journey Mapping for sharing electronic data across sites and initiatives, should initiatives choose to be linked in a larger system.

Increased communication between workers and clients was of benefit to both parties. As previously discussed, staff felt they understood clients' issues better through the use of Journey Mapping. Changes in communication provided two basic opportunities for clients, the opportunities for increased self-expression and increased disclosure of thoughts and feelings to staff.

Experiencing Journey Mapping as a vehicle for self-expression, several clients reported that it was easier to self-disclose by writing their thoughts and feelings into Journey Mapping than by speaking in a group of other clients and the worker. Ronald said that he sometimes could not verbalize his thoughts, but he could more easily express them on paper or on the computer. This sentiment was echoed by several clients. Kristopher, in particular, expressed, "The computer doesn't act like it judges you." Client responses indicated that Journey Mapping gave them a special time, a private space where they did not have to face others' judgement. Their time with Journey Mapping became a safe place to reflect on their treatment progress and share more deeply what they were experiencing.

Besides the opportunity for increased self-expression, clients discovered that they had the opportunity for increased disclosure of thoughts and feelings to staff. Communication with treatment staff was a concern for all clients. Journey Mapping facilitated the sharing of clients' written self-assessments with the worker. Clients valued the increased communication, via their Journey Mapping entries, with staff. Both Nick and Gina, understanding that their worker had

updated information on them after reading their Journey Mapping entries, said this exchange increased their comfort in communicating with their worker. One client, Kristopher, thought that Journey Mapping would have helped him "talk" to his worker. In his early treatment months, Kristopher would not talk to anyone--not his father, not his mother, not even his girlfriend--and looking back, he believed that Journey Mapping would have been a vehicle through which he could communicate.

Both of these opportunities for clients--increased self-expression and increased disclosure of thoughts and feelings to staff--seemed to have a bearing on treatment progress. Beth saw Journey Mapping entries as being a necessary tool for communication which would enhance treatment progress. She emphatically stated that she would appreciate staff knowing her thoughts. For example, it was important to Beth that staff read her online entries and find out what she was thinking. She said she would rather have staff know her thoughts, so if they observed something going wrong, they could help her.

Those clients who reported the benefits of increased self-expression also added that the increased self-expression reduced stress and enhanced mental health. Gina described Journey Mapping as a "reliever of tension" and an emotional outlet. Nick echoed this sentiment, explaining that journaling on the computer helped him get things "off his chest" and out of his mind; he thus felt like Journey Mapping was helping him move forward. Dustin, one of the youngest participants, thought that Journey Mapping gave him more experience expressing himself so that he would be better able to speak about his thoughts and feelings in his treatment group.

In summary, Journey Mapping supported participants in effectively completing evaluation tasks relative to their role in the program. While there were obvious similarities

between the evaluative data and other forms of record-keeping, Journey Mapping was unique due to its being an online database of client information. Journey Mapping supported communication in several ways, primarily through information exchange afforded by the Internet, which allowed clients a place to share their written thoughts with their direct practice worker. These findings that enhanced communication led to increased client self-expression, disclosure of information, and mental health benefits will be of interest to programs who are seeking ways to both enhance the client-worker relationship and provide clients extra support in the treatment process.

Conclusion 3: Journey Mapping facilitated a learning environment that encouraged positive thinking and personal growth.

Learning was an important process described by all participants using the Journey Mapping tool. Use of Journey Mapping required both staff and clients to be more reflective, with participants reporting that they learned from the process of self-reflection. Learning also occurred when participants had access to reading their self-reflection records on the Journey Mapping site. Overall, the process of writing self-reflections promoted positive thinking and personal growth in clients.

Both direct practice workers, Kim and Tia, described what they learned by using Journey Mapping. They indicated they had better understanding of, and insight into, the clients' issues through the narrative format. For example, after her clients completed their monthly self-assessment entries, Kim read their entries on the Journey Mapping site, allowing her a chance to compare her assessment of the client with the client's self-assessment.

The assessment information was produced by clients and staff answering respective question prompts on the screen captures of Journey Mapping. Specifically, the screen captures

contained questions about the clients' successes and challenges, from both viewpoints of clients and staff. The dual tracking allowed the staff to compare what they understood about the client with what the client had written in his or her entry on Journey Mapping. This feature of Journey Mapping had advantages. The first advantage was that more assessment information could be gathered. Information-gathering about clients in the group setting was limited because staff simply did not have time to personally talk to all clients, and clients did not always want to self-disclose in the group. Using Journey Mapping to track client self-assessment increased staff learning about client issues. The second advantage of Journey Mapping's tracking system was that the designs could be changed at any time. For example, if a program using Journey Mapping should decide that they need to change the types of information they are tracking, it is easy to change Journey Mapping screens and add questions to collect the new information. Journey Mapping supports the collection of valuable assessment information and the changing of design as needed, thus permitting the evaluation tool to adapt to the changing needs of clients and the treatment process.

Utilizing Journey Mapping required clients to be reflective and to assess their own progress. For example, Chad said that he tried to reflect on what he had done since the last time he used Journey Mapping, plus how he was feeling at the time. Chad and other clients related this self-reflection to self-awareness and learning more about themselves. Kelly, who was very busy taking care of a family, working, and maintaining the drug court treatment schedule, observed that Journey Mapping carved out a designated time devoted primarily to self-reflection. She shared, "The time I think about myself is right in front of this computer. It makes me think about my life."

Clients concluded there was increased opportunity for reflection and learning due to the fact that Journey Mapping captured their thoughts in a permanent database. Nick and Gina felt assured that after writing their self-assessments on Journey Mapping, their worker would read what they wrote. They felt that Journey Mapping was helpful because someone was now reading how they were progressing in the program. Chad also valued Journey Mapping's record of his thoughts, saying "you don't lose stuff like writing on the board." Beth underscored this idea of the importance of the record of one's thoughts, saying that was easier to put her thoughts in Journey Mapping where those thoughts could be saved. Ronald appreciated how recording his thoughts on Journey Mapping prevented his thoughts from being lost from memory and commented, "On paper, it keeps things real." In sum, due to the written and thus more permanent nature of client self-assessments, potential treatment knowledge became available to staff.

When clients saw the potential for developing self-knowledge, they expressed appreciation for the opportunity to use Journey Mapping. Chad explained that Journey Mapping gave him an opportunity to get to know himself better, and that he could see he was happier and progressing from month to month. Other clients said that Journey Mapping gave them a chance to look at themselves over a period of time, specifically what happened in the last month, what goals they met, and what successes they had accomplished. Some clients, like Kristopher, wished they could have used it sooner in their treatment program. Kristopher stated, "I like it, it is a good idea, wished it was started sooner, so you could see from then to now, and points in between." Journey Mapping's ability to track client thoughts and progress was valuable, and if clients had the opportunity to use the tool for their entire treatment program, the clients and the program would have likely received more benefit. Journey Mapping promoted self-knowledge for clients of County Drug Court, self-knowledge that was important for their treatment progress.

Other treatment and social service settings may find similar benefit for enhancing their clients' treatment.

Clients were able to understand how Journey Mapping helped them look at their thoughts, and learn from those thoughts. For example, Chad reported that he could look at his Journey Mapping entry and see whether his thought patterns had changed, and what he needed to work on in a particular area. Nick, gaining knowledge from his thoughts, summarized what Journey Mapping meant to him: **"**Me learning more about my thoughts." Kristopher explained how the self-reflection activity of Journey Mapping led to his action of helping a fellow client. Kristopher stated that using Journey Mapping made him think of his earlier days in treatment and thus sensitized him to other clients who were in the early stages of treatment. Kristopher, reflecting on his recovery process, said of his fellow client's problem, "I believed I could help because I have been down same road."

Since clients used Journey Mapping a short amount of time (average of 3 times over 3 months) relative to an average time of 12 months in treatment, they were asked to imagine if they had used Journey Mapping over their entire course of drug court treatment. Reflecting over what they might have learned from continual monthly entries from the start of their treatment, clients reported they would learn about themselves, learn about their feelings, see progress, and feel pride in their accomplishments. In addition, they stated that they would have evidence of what mistakes they did not want to repeat, thus preventing possible relapse. For example, Chad explained he would expect to learn about things he would do differently, things he would change, and things he wouldn't do anymore. Liz captured the value of looking at her progress over time, saying, "The first time you do it, and the 60th time, there would be so much difference in our outlook. It takes each person some time to grasp it."

From client comments about what they would learn with longer term use of Journey Mapping, two things became evident. First, by using Journey Mapping, the clients were learning that their recovery was a process. In fact, for some clients the discovery that they were in a process was quite significant, since before they used Journey Mapping, they were not aware of this. Second, by using Journey Mapping, clients were beginning to see that there were many steps in their journey and that it felt good to give themselves credit for the successive steps they were taking. Seeing and acknowledging their own progress gave clients a sense of accomplishment and self-efficacy. The simple action of attending to the progressive steps and successes was a benefit to clients in the drug court setting. Journey Mapping's ability to structure attention to progressive steps in treatment worked well for County Drug Court and may also create the same benefits in other settings.

Clients reported that using Journey Mapping not only increased their learning about themselves, but it increased their knowledge of other clients' issues and progress. The activity of completing Journey Mapping screens promoted interaction among clients since clients often chose to work in small journaling teams which necessitated interaction. The direct practice worker, Kim, observed that clients were more talkative when doing Journey Mapping. Some clients would volunteer to help other clients type in their narratives. After completing their entries, clients would ask others what they wrote, especially inquiring about what kind of progress others had achieved. For example, Chad said he wanted to know about the goals and successes of his fellow clients and "to see how they are moving along, how they're growing."

Learning is a process not an event and EPSSs can support learning (Gery, 1990). In this study, Journey Mapping supported learning via clients' process of self-reflection, as well as clients' opportunity to be assessed via accumulation of small successes. Drug court program

evaluations typically measure reduced crime and drug use of clients (Wolfe et al., 2002). A client's success might be measured by graduation from the drug court program and number of re-arrests for drug related offenses. However, outcome measurements do not acknowledge small successes along the way. Journey Mapping offered tracking features which recorded client achievements in steps, as well as recording client progress via narratives.

Learning can be supported via the EPSS and learning can be enhanced through narrative methods. Previous studies of drug courts have used narrative methods (Bouffard & Taxman, 2004, Winter; Staton et al., 2001; Wolf, 2001, Winter), though not in an electronic context. Bouffard and Taxman noted that the importance of process evaluations is to look "inside the black box of treatment" (p. 195). With its integrated narrative methods, Journey Mapping did offer potential to learn about the "black box" or what happens when the recovering addict has a breakthrough, transforms, or otherwise is successful in treatment. This feature was one of the most attractive features to staff at County Drug Court.

In addition to supporting learning, both clients and staff concluded that Journey Mapping supported positive thinking. The direct practice worker, Tia, noted that Journey Mapping supported the generation of positive thoughts and that recording positive information enhances client progress. Tia explained that seeing the good and reflecting on positive achievements enhanced client confidence. Several clients concluded that Journey Mapping produced positive thoughts. Ronald, Mark, Gina, and Beth commented on how Journey Mapping gave them a chance to look at the positives and be in a positive frame of mind. Liz reported that Journey Mapping generated both positive thoughts and positive group energy. By attention to the positive, Liz noticed there was progress, concluding "Being positive brings progress." Beth explained how clients' use of Journey Mapping accentuated the positive and prompts clients to

report their successes: “Whatever amount of clean time, they want to put it down. It’s important, a priority. That’s what people want everyone to know first.” The fact that Journey Mapping elicited positive thinking, which in turn, made clients feel like they were making progress, suggests that that using Journey Mapping can have a positive effect on personal growth and treatment progress. Journey Mapping’s ability to observe a process and produce learning from that process has potential for other social work settings to improve treatment.

Journey Mapping promoted “understanding of goodness” (Stake, 2004, p. 89) which is a characteristic of responsive evaluation. In characterizing responsive evaluation’s emphasis on understanding, Stake explained, “Our evaluating business is not one of categorizing things but finding the worth of the special thing we have before us” (p.104). Journey Mapping created a structure to capture the value of a special thing: the `client’s steps in treatment progress. The progress captured was not just countable achievements but quality of learning and personal growth in the process of recovery.

In summary, Journey Mapping technology supported a system for the process of self-reflection and the recording of self-reflections. Demonstrating a system that learns (Schoech et al., 2002), Journey Mapping prompted the recording of positive achievements and narratives. Combining the process of self-reflection, learning, and attention to positive achievements, Journey Mapping supported personal growth. Through using Journey Mapping, clients were experiencing that it was possible and beneficial to capture their progress over time and to use what they learned for their growth and treatment progress.

Conclusion 4: Journey Mapping was a tool for client empowerment.

As part of the Journey Mapping screen capture, clients were asked, “Any suggestions for improving the drug court [treatment] process for you and others?” Clients felt some disbelief

when they were asked for feedback, since they were rarely asked for input to improve the program. Liz expressed her surprise, as well as her conviction, that her voice counted: “I don’t think we really realized you wanted to hear from us. When we could see the benefits, things started falling in place. They are really reading these.”

Journey Mapping’s unique features of engaging clients in their own self-assessment and in providing program feedback exemplifies characteristics of empowerment evaluation Fetterman (2001; 2003). Clients became enthused with the idea that their opinions about the drug court program would actually be read and might make a difference. The direct practice worker, Kim, concurring that clients felt empowered using Journey Mapping, said the clients seemed to have increased pride, confidence, and self-esteem. The director, Paul, stated that Journey Mapping gave clients a voice in treatment. Thus, all perspectives indicated that clients were empowered. I myself observed the excitement and enthusiasm of clients who were told their opinion counted. The positive energy that such empowerment brings--to clients, their treatment providers, and their agencies--cannot be underestimated. Like the drug court, many programs serve mandated clients who may not be eager to engage in the treatment process. Without any separate effort, just by using the features of Journey Mapping, clients at County Drug Court became more interested in their treatment. Other programs applying Journey Mapping may find similar results, that Journey Mapping fulfills evaluative functions while giving support to the treatment process by empowering clients.

Liz, convinced that client feedback was utilized for improving the program, relayed a story which explained her conviction. One fellow client had suggested that if clients were doing well in treatment, they should be excused from attending drug court that week. The judge, who had apparently read this feedback, did excuse participants from drug court that week. Liz became

transformed when she realized she was having a voice in the treatment program. Revealing her newfound personal commitment to program improvement, Liz shared, "I actually enjoy sitting down and thinking how to improve the program. . . . I think about it at night, and into the next day, how to improve the program."

In summary, the perspectives of the clients, the direct practice staff, and director strongly suggested that Journey Mapping promoted client empowerment. This conclusion is a very important one in this study. County Drug Court was able to fulfill evaluation needs while giving clients a voice. Other programs who have interest in fulfilling evaluation needs while empowering clients may find Journey Mapping a viable choice.

Implications and Recommendations

Patton (1997) related the story of the administrator who was not happy with his expensive external evaluation report. The administrator said, "Ninety-nine percent of evaluation is done on a model of education that I consider obsolete, like a factory trying to perfect its way of making wagon wheels. We need more relevant and useful approaches . . ." (p. 375). As new approaches to program evaluation are identified, the problem arises of how to determine the usefulness of these new methods. Research on application of various types of program evaluation is necessary to aid evaluation decisions. This following six implications, discussed in conjunction with recommendations, are drawn from the results of this study.

1. Journey Mapping is a viable 21st century program evaluation tool for social work settings.

This study demonstrated that Journey Mapping exemplified four trends of twenty first century evaluation (Fitzpatrick et al., 2004) and thus may provide examples of a viable program evaluation system for other initiatives. The first trend is the move toward internal evaluations. In this study, an internal evaluation was demonstrated as a practical and potentially effective

alternative to hiring an external evaluator. The evaluative function was turned over to direct practice staff and clients, those closest to the important and transformative work of the initiative. In program evaluation settings similar to the County Drug Court, internal evaluation may be a suitable choice. A second trend in evaluation is the employment of multiple and diverse data collection methods. Journey Mapping offered a viable system for using narrative methods along with quantitative methods in program evaluation. Participants' positive response to narrative methods indicates potential for favorable response in other social work settings. DePoy and Gilson (2003) state "with the increasing use and respect for interpretive approaches to inquiry, knowledge generated through these diverse methods has joined the ranks of empiricism" (p. ix). Increased involvement of stakeholders is a third trend which Journey Mapping demonstrated. Client involvement was an important feature of the County Drug Court program evaluation. The positive effects of client involvement may serve as a model for other social work programs; empowerment evaluation (Fetterman, 2003) may be a potential choice for social work evaluators. A fourth trend of program evaluation is the increasing availability of evaluation technology. The technology of Journey Mapping, demonstrated through this study, worked well not only as an electronic tool, but as a support for the stakeholders in evaluative activities and communications.

In addition to the study's application of Journey Mapping exemplifying current trends in program evaluation, other factors make it attractive. Multiple users in multiple roles at County Drug Court responded favorably to Journey Mapping, especially that it was easy to use. The Staff Survey mean score was approximately 32 (possible range of 7 to 35), indicating staff attitudes toward Kibel's proposed unique Journey Mapping features were quite favorable. Cost analysis was not part of this study, but it can be noted that Journey Mapping did not present overwhelming financial barriers; the cost was relatively low.

In summary, there are many factors that make Journey Mapping a viable choice for program evaluation. Journey Mapping is tool that exemplifies current trends in evaluation, including involvement of new stakeholders like clients. Ease of use and positive staff attitudes reported in this study, along with affordable cost, may encourage other social work programs to consider Journey Mapping an option for program evaluation.

2. Journey Mapping has potential to positively affect treatment outcomes.

The results of this study suggested the use of Journey Mapping had positive effects on treatment outcomes. The fact that participants reported that utilizing Journey Mapping put them in a positive frame of mind cannot be underestimated. The effect that positive thinking had on clients' sense of treatment progress was highlighted in one client's conclusion: "Being positive brings progress." The emphasis on client success and the consideration of client feedback for program improvement seemed to have good effects on clients' mental health. Because optimists actively engage in planning and problem solving, they may experience less stress than pessimists or may have more resources to deal with stress (Weil, 2004). Clients who became absorbed in reflection of how to improve themselves or how to improve the drug court treatment process demonstrated positive engagement in planning and problem solving. Clients who were able to journal their positive achievements and other thoughts on Journey Mapping reported stress reduction. Research on the subject of positive thinking suggests that positive thinking affects not only mental health but physical health:

> Pessimism has been linked to a higher risk of dying before age 65, while positive emotions--such as optimism--are associated with lowered production of the stress hormone cortisol, better immune function, and reduced risk of chronic diseases. (Weil, 2004, p. 1)

3. Journey Mapping is a learning tool suitable for programs who value users' participation in the process of learning.

Journey Mapping required clients to enter information about their progress into the Journey Mapping record, and thus necessitated clients' reflection on their progressive steps in treatment. This process of reflection created a situation in which participants learned about themselves. In addition, staff learned about clients by reading what clients had written. As well, staff learned from reflecting as they wrote on their client's progress.

The County Drug Court application of Journey Mapping demonstrated a high degree of learning in evaluative activities. Not all program evaluations encourage learning. Patton's (1997) story of the administrator illustrates an example of program evaluation where little was learned, even though program staff wished they had achieved new knowledge. The administrator who hired an outside evaluator reported that the evaluation report did not have any use, except to legitimize the school, saying "*We're left where we began, but we have the illusion of at least having been evaluated"* (p. 374). What the administrator and his staff had actually wanted was "careful evaluation . . . what we are doing well and not doing well . . . we want the best that is available . . . *we just desperately want and need that information, to know if we're on the right track*" (p. 375). This situation, of the evaluation not capturing what the beneficiaries really intended, is a fairly common occurrence.

Some programs may wish to have an evaluation done to fulfill a requirement of having it done, with little interest in learning. Whether initiatives want an evaluation done for legitimization or for truly learning what they are doing and not doing well is a question that has to be answered by each initiative. The important issue here is interest in learning. Journey

Mapping might be more suitable choice who programs who are able to invest in the learning process.

4. Journey Mapping technology may be used in conjunction with job redesign.

Job redesign, also called work redesign (Hackman & Oldham, 1980) refers to a strategy of organizational change that addresses organizational productivity and worker satisfaction. Job redesign was not explored in this study, but potential for job redesign was considered as this study developed.

The most technologically-skilled staff, the administrative staff at County Drug Court, understood the potentials of Journey Mapping. One potential they saw was that Journey Mapping could eliminate or reduce dreaded paperwork. With paperwork reduced, staff envisioned the possibility of increased job satisfaction. That administrative staff viewed Journey Mapping as a vehicle to reduce paperwork and increase job satisfaction may be of interest to social work administrators, program planners, direct practice staff, and other personnel.

Another potential administrative staff saw was that Internet-based Journey Mapping could increase communication with important stakeholders. Specifically, they saw how Journey Mapping could support timely and efficient communication of crucial treatment information to the judge. The ability of Journey Mapping to supply up-to-date information when and where it is needed may be of interest to program directors and administrators.

In the current study, staff were asked to use Journey Mapping at the same time they were released from other documentation duties. When Journey Mapping was implemented, the director changed some tasks of the staff, but overall job responsibilities in connection with organizational needs were not addressed. This led to staff not utilizing Journey Mapping to its maximum potential and staff still having frustrations with paperwork. Job redesign could have

been addressed to enhance the overall effectiveness of using Journey Mapping in conjunction with organizational needs. Thus, prior to implementing Journey Mapping, it is important to understand the current work requirements and how job designs will be affected by using Journey Mapping. In general, organizational planning must be done to ensure Journey Mapping will be used to its potential in addressing organizational needs.

5. Journey Mapping is challenged by utilization issues much the same as other program evaluations.

Journey Mapping is an on-going evaluation. One person hearing about Journey Mapping for the first time said, "Journey Mapping is a moving evaluation." The fact that evaluative data is available on an on-going basis, makes it a bit different than a more standard fixed time and place evaluation report. Yet, the principles of utilization still apply.

Patton (1997) noted that two functions of evaluation, guiding funding decisions and helping improve programs, may not always be achieved. When evaluations are produced, the results may be underutilized or not utilized at all. The current study's evidence demonstrated that obstacles to utilization of program evaluation data did exist. The lack of utilization was reported on in detail in Chapter 4, and discussed in the first conclusion of this chapter. Whether the obstacles could be overcome and the under-utilization remedied over time is a question that could not be answered by this study. House's (1972) statement of over 30 years ago, "Producing data is one thing! Getting it used is quite another" (p. 412), was apparently true for County Drug Court's Journey Mapping implementation. There was a gap between generating evaluative findings and using the findings. Recommendations for ensured utilization are to follow Patton's five prescriptions, identifying the intended use and commitment to use, choosing the type, choosing the methods, involving stakeholders in understanding findings, and distributing the

findings. The importance of commitment cannot be underestimated. Patton suggests, as the first step, identifying the ways the evaluation findings will be utilized. In Patton's advisement, commitment at the first step means commitment also at the fifth step. It may be easy to have a director or administrator say "Yes, I am committed to use." However, unless a structure is in place to ensure follow through, the commitment may be neglected. Patton's (1997) question, "What has to be done to get results that are appropriately and meaningfully used?" (p. 10) may not be taken lightly, but is a question that must be taken seriously. By identifying the steps of commitment, Journey Mapping program evaluation data might be more appropriately and meaningfully used.

6. Kibel's Journey Mapping can be positioned on the Valuing Branch of Alkin's (2004) Evaluation Theory Tree, and represents a responsible fiscal choice for accountability.

As described in Chapter 2 of the study, Alkin's (2004) Evaluation Theory Tree organizes evaluation theorists on a tree; the tree naturally has a trunk and in this case, three main branches. Alkin located each evaluation theorist on one of three tree branches, according to what the theorist primarily promoted. The meaning of the trunk, as well as each of the three branches, will be reviewed and then compared to the results of the Journey Mapping application in this study.

The trunk of Alkin's (2004) evaluation theory tree represents social accountability and fiscal control, and also social inquiry. "Accountability refers to the process of 'giving an account' or being answerable or capable of being accounted for" (Alkin, p. 14). Alkin states that "accountability also refers to the responsibility of the evaluator to certain publics" (p. 389). Fiscal control refers to investigating and regulating how public money is spent. Social inquiry is "the systematic study of the behavior of groups of individuals," or "Why do people in social groups act as they do?" (Alkin, p. 15-16). These issues can be viewed in the study's application

of Journey Mapping. Accountability was a factor; the director chose the Journey Mapping evaluation due the need to answer to drug court authorities. Fiscal control was an issue; County Drug Court was operated on county funds, and there was a concern about not wasting funds allotted to run the drug court. Social inquiry was also reflected in the study; data collected via Journey Mapping could be used to better understand the clients' recovery process. An important factor was that that Journey Mapping's cost was relatively low; it would be unlikely that anyone would argue that too much money was spent on a Journey Mapping evaluation and that little or nothing was learned. A common complaint about external evaluations is that they cost too much and reveal too little new information. In this regard, Journey Mapping fares as an attractive fiscal choice if internal evaluation is an option.

The Methods Branch is the first and principle branch representing evaluation theory. This branch "deals with obtaining generalizability, or knowledge construction" (Alkin, 2004, p. 13). The example given for an author on the Methods Branch was Peter Rossi. Rossi's text *Evaluation: A Systematic Approach* (Rossi et al., 2004) stresses the use of experimental designs in evaluation and favors "the purity of experimental and quasi-experimental methods" (Alkin, p. 27). Comparing the results of the study's Journey Mapping application to the meaning of the Methods Branch, one can assess that Journey Mapping is not concerned with strict methods that will produce generalizable knowledge. The main types of data collected were narratives and descriptive statistics in the study's Journey Mapping application. Therefore, the study's Journey Mapping implementation revealed that this type of evaluation would not find a place on the Methods Branch.

The second branch of the tree, the Valuing Branch, "firmly establishes the vital role of the evaluator in valuing" (Alkin, 2004, p. 13). Guba and Lincoln, representative authors of the

Valuing Branch, "view stakeholders as the primary individuals involved in placing value" (Alkin, p. 42). Based on a constructivist view, Guba and Lincoln "identify the broadest scope of stakeholders . . . to place on the table the greatest variation of individual constructions" (Alkin, p. 42). Similarly, the study's Journey Mapping application sought multiple stakeholder voices in creation of the evaluation data base. Journey Mapping could be used for recording data from a wide spectrum of stakeholders. What was accomplished in the short span of the study was that program evaluation data was recorded from views of staff and clients. Thus, the study's Journey Mapping implementation revealed that this type of evaluation would find a position on the Valuing Branch.

The third branch is called the Use Branch. The Use Branch emphasizes "procedures that would enhance the use of evaluation to a broader spectrum of identified stakeholders" (Alkin, 2004, p. 47- 48), and is exemplified by Michael Patton's work (1978; 1986; 1997). The findings of this study were previously discussed (see Conclusion 1) in light of Patton's (1997) utilization criteria. Patton focuses on the way evaluation is used and on those who will use the evaluation. While the Journey Mapping evaluation tool had the potential for high utilization, it was not fully utilized. Given this fact, the study findings indicated only partial utilization.

In summary, comparing Journey Mapping to Alkin's (2004) Evaluation Theory Tree "trunk," the tool represented a means to be accountable to the public and promote social inquiry without requiring the expenditure of excessive public money. Kibel's Journey Mapping, as applied in this study, did not represent the Methods Branch, represented the Use Branch to a degree, but was primarily focused on the Valuing Branch.

Future Research

Based on the results, subsequent conclusions, and resultant implications, several recommendations for future studies are identified as follows.

1. How does Journey Mapping work as a program evaluation tool in other settings?

The present research on Journey Mapping suggesting a viable program evaluation tool involving a drug court could be extended to applications in other social work and treatment settings. Journey Mapping would be an option in any setting where the evaluation profile required the following: (a) a non-experimental design; (b) both qualitative and quantitative data; (c) tracking multiple participants' contributions toward treatment success, and (d) low cost. Types of programs fitting this profile might include other drug treatment programs, family services, school programs, and child welfare programs. For example, application of Journey Mapping in a treatment foster care program could be studied. Foster care programs tend to have many contributors to the foster child's treatment success and Journey Mapping could be applied to track the multiple partners in change. As well, the children in foster care could be allowed to enter their own stories into Journey Mapping. Previous anecdotal evidence suggests that foster children benefit from being able to tell their own story.

2. Does Journey Mapping's use by clients contribute to their treatment success?

In the current study, clients were relatively enthused about using Journey Mapping and they suggested that their long term use of Journey Mapping would help them in their recovery process. Future research is needed to determine if clients in other settings have such positive perceptions of Journey Mapping and whether use of Journey Mapping would help them in their particular realm of treatment. Since Journey Mapping supports self-reflection and learning, any client who would benefit by self-reflecting and learning may be aided in treatment success by the

use of Journey Mapping. Some clients may be benefited more than others by a structured self-reflection process. Research could show which types of clients are likely to benefit from using Journey Mapping and which are not.

3. Can Journey Mapping be effectively used for job redesign, and if so, what are the organizational outcomes?

Participants in this study observed that Journey Mapping could be intentionally used for job redesign. Evaluative tasks of staff were simplified and the applications of such changes were just beginning to develop at the end of the study. Future research can determine if Journey Mapping can be applied in social work settings to redesign jobs and at the same time improve treatment outcomes or organizational effectiveness. As mentioned in the current study, staff commented on Journey Mapping's potential to affect job satisfaction. Future studies could investigate Journey Mapping's effect on job satisfaction in social services and treatment settings. Qualitative studies could be done on a site-by-site basis or a survey of many Journey Mapping sites could be employed. Job satisfaction is made up of many components and studies could be designed to determine what aspects of job satisfaction are affected by the use of Journey Mapping.

4. What kinds of organizational structure best supports utilization of data produced through Journey Mapping?

Both the Journey Mapping tool and data from Journey Mapping were under-utilized in this study. The drug court program was very small and limited resources affected Journey Mapping utilization. Future research in larger organizations is needed to determine if larger organizations or different types of programs have characteristics or resources needed to ensure

higher utilization. Findings from such studies would enable administrators to determine the likelihood of better utilization of Journey Mapping's evaluative findings in their organization.

Limitations and Concluding Thoughts

The results of this research should be interpreted with study limitations in mind. The study represents only one drug court in a medium size city in the southeast and employed a sample of 16 respondents. The findings from this sample cannot be generalized in the statistical sense. At the same time, I have supplied ample description in this case study in hopes that the reader may compare his or her setting to my study to assess applicability of the findings.

The study was a "slice in time," that is, it represented only the first 6 months of the drug court's utilization of Journey Mapping. Readers must consider that a study over a longer period of time would likely yield some difference in results. This study would need to be replicated in other drug court settings and other treatment settings to increase validity of the current findings.

Researcher bias must be considered as I served as both an implementer and researcher in this study. My interaction with participants was significant, lasted almost a year with some staff, and did reflect the types of relationships that arise from a qualitative researcher's prolonged engagement in the field. At the time of the interviews, I asked participants to talk to me as if they did not know me as their Journey Mapping implementer, trainer, and consultant. I invited them to give me their candid perspectives. Even though I prompted them to respond as if they were meeting me for the first time, there still may have been factors of social desirability operating that influenced participants' responses.

At the same time that the familiarity between the participants and me may have been a limitation of this study, it also could have served as an asset. After almost a year of visits to County Drug Court, I felt participants trusted me, appreciated Journey Mapping's excellence of

innovation, and reflected very deeply when interviewed about their perspectives on Journey Mapping. The fact that the data were very rich may have been due to the tool itself, since the nature of the tool itself invites reflection, creativity, and learning. The quality of responses I received also may have been due to the fact that participants appreciated my investment of time and energy in helping implement Journey Mapping which did add a new sense of discovery to the program. Regardless of the effects of researcher bias on the findings of this study, I have gained a wealth of valuable experience and, judging by participants' responses, I am confident that participants valued their experiences with Journey Mapping. I have understood that teaching people about Journey Mapping is a personal on-going process requiring a change in both perspective and language. As of my doctoral professors once made an observation on Journey Mapping, "It's a paradigm shift."

While technology is constantly changing, we can be sure that whatever form it is in, it will be shaping the work we do, including the way we do social work and the way we carry out program evaluations. Journey Mapping has been on the Internet since 1999. Since that time, Journey Mapping's relevance as a program evaluation tool has been established through Dr. Kibel's work and the studies of others. The goal of this study was to provide a closer look at the perspectives of Journey Mapping users. Journey Mapping worked well and participants in this study applauded its ability to bring about valued things like positive thinking and enhanced communication. The tool worked to the degree that participants were willing to use it. The under-utilization rested with people not using the tool, not the tool itself. Thus, as with other electronic tools, the weak link is the human factor. If people do not follow through on their intended use of a tool and the data it produces, then a Journey Mapping-produced evaluation remains yet another program evaluation that was not used. Some programs will continue to take

advantage of the attractive features of Journey Mapping for their program evaluation needs and actually use the data produced by Journey Mapping. They will use the data to learn what is needed to improve the program, clearly delineate the nature of their successes, and report the complete picture to stakeholders. However, not everyone will be able to be committed to the potential for program evaluation that Journey Mapping offers.

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APPENDIX A

IMPLEMENTATION PLAN

Implementation Plan

Summary of events and researcher hours for implementation of the Journey Mapping tool

Date	**Event**	**Hours of planning time**	**Hours of on-site time** (If phone consult, marked as such)
January 22, 2004	A. Proposal: Demonstration of Journey Mapping at site	2 - going over example screen captures on demonstration site	1.5
March 11, 2004	B. Meet with director and delineate evaluation needs	2 - practicing tutorials	1.5
April 8, 2004	C. Design discussions and changes with director	4 - entering client names; consult with Dr. Kibel	2
April 16, 2004	D. Design discussions and changes with director	4 - reviewing design options, consult with Dr. Kibel	2
April 21, 2004	E. Basic training with director's assistant and intern	1 - entering name, demographic info	1.5
April 29, 2004	F. Basic training of direct practice staff	1 - entering narratives and quantitative data	1.5
May 13, 2004	G. Design discussions with director's assistant and intern; training, advanced	2 - main topic: how to track sanctions	2
May 20, 2004	H. Design fine-tuning with direct practice staff	½ - planning	1 (by phone)
June 10, 2004	I. Meet with director and direct practice staff	½ - looking over site entries	2.5

Date	Event	Hours of planning time	Hours of on-site time (If phone consult, marked as such)
June 24, 2004	J. Meet with director and direct practice staff	½ - looking over site entries	2.5
July 21, 2004	K. Attend graduation	0	1.5
July 26, 2004	L. Phone conference, direct practice staff	0	.5 (by phone)
August 5, 2004	M. Meet with director and direct practice staff	½ - planning meeting	1.5
August 25, 2004	N. Meet with director and direct practice staff	½ - planning meeting	1
Sept. 2, 2004	O. Train new office manager to use Journey Mapping	½ - prepare outline	1 (by phone)
Sept. 2, 2004	P. Train clients to use Journey Mapping, Phases 5 & 3	½ - planning	2
Sept. 9, 2004	Q. Train clients to use Journey Mapping, Phases 5 & 3	½ - planning	2
Sept. 14, 2004	R. Train clients to use Journey Mapping, Phase 1, half of Phase 4	½ - preparing log in instruction sheet for staff	2
Sept. 16, 2004	S. Train clients to use Journey Mapping, Phase 2	0 –(rescheduled due to inclement weather); planned strategy to enter remaining 37 clients	1 (by phone)

Date	Event	Hours of planning time	Hours of on-site time (If phone consult, marked as such)
Sept. 20, 2004	T. Train clients to use Journey Mapping, Phase 4 (second half); Phase 3, (remaining clients); Phase 2 (total) – 37 clients remaining	0 -(cancelled due to death of participant)	1 (by phone)
Sept. 28, 2004	U. Train clients to use Journey Mapping, Phase 2	½ - planning	2
Oct. 11, 2004	V. Train clients to use Journey Mapping, Phases 3 & 4 (remaining clients)	½ - planning	2
Oct. 28, 2004	W. Meet with director; Train office manager on reporting & other Journey Mapping functions	2 - editing site entries, reviewing documents.	3
Nov. 18, 2004	X. Meet with Phase 3 and other participants to complete 2nd journal entry.	½ - planning	2

APPENDIX B

CONSENT FORM FOR STAFF

Consent Form for Staff

I, _____, agree to participate in a research study titled "Mulitple perspectives on implementation of the Journey Mapping tool" conducted by investigator Dhira Crunkilton, School of Social Work, University of Georgia (678.476.9443), under the direction of Dr. Margaret Robinson, Associate Professor, School of Social Work, 212 Tucker Hall (706.542.5464). I understand that my participation is voluntary. I can stop taking part without giving any reason, and without penalty. I can ask to have all of the information about me returned to me, removed from the research records, or destroyed.

The reason for this study is to gain an understanding of perspectives on implementation of an evaluation tool called Journey Mapping.

If I volunteer to take part in this study, I will be asked to do the following things:

1) Answer questions in an interview lasting 45 minutes.
2) At some time about a week after the interview, fill out a Member Check form (5 minutes)
3) Be observed while I am using the Journey Mapping tool at the computer (60 minutes)
4) Fill out a participant questionnaire (5 minutes)
5) Fill out a survey (5 minutes)

I will receive $50 for participation. After completion of the interview, the participant questionnaire, and the survey, I will receive a $25 payment. After being observed and filling out the Member Check form, I will receive a second payment of $25.

The benefits for me include (1) being an authority on my personal experience with a new and interesting evaluation tool, and (2) having access to the results of the study if I request.

No discomforts, stresses, or risks are foreseen.

The results of this participation will be confidential and will not be released in any individually identifiable form without my prior consent, unless otherwise required by law.

The researcher will store data in the following manner. All notes from observations and interviews will be coded with a number, so that the research documents do not show names and other identifiers. This number will be connected to a name list that is stored is a separate locked file and accessible only to the researcher. Every effort will be made to take identifiers out of notes, and no identifiers will be used in reporting. All original notes will be destroyed 2 years from the time of the study.

Participation in the research is entirely voluntary. You can withdraw your consent and participation at any time, without penalty.

The investigator will answer any further questions about the research, now or during the course of the project (678.476.9443).

I understand that I am agreeing by my signature on this form to take part in this research project and understand that I will receive a signed copy of this consent form for my records.

Dhira Crunkilton_____	_____	_____
Name of Researcher	Signature	Date

Telephone: 678.476.9443
Email: dcrunkil@uga.edu

_____	_____	_____
Name of Participant	Signature	Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

APPENDIX C

CONSENT FORM FOR CLIENTS

Consent Form for Clients

I, _____, agree to participate in a research study titled "Mulitple perspectives on implementation of the Journey Mapping tool" conducted by investigator Dhira Crunkilton, School of Social Work, University of Georgia, (678.476.9443), under the direction of Dr. Margaret Robinson, Associate Professor, School of Social Work, 212 Tucker Hall, (706.542.5464). I understand that my participation is voluntary. I can stop taking part without giving any reason, and without penalty. I can ask to have all of the information about me returned to me, removed from the research records, or destroyed.

The reason for this study is to gain an understanding of perspectives on implementation of an evaluation tool called Journey Mapping.

If I volunteer to take part in this study, I will be asked to do the following things:

1) Answer questions in an interview lasting 45 minutes.
2) At some time about a week after the interview, fill out a Member Check form (5 minutes)
3) Be observed while I am using the Journey Mapping tool at the computer (15 minutes)
4) Fill out a participant questionnaire (5 minutes)

I will receive $40 for participation. After completion of the interview and the participant questionnaire, I will receive a $20 payment. After being observed and filling out the Member Check form, I will receive a second payment of $20.

The benefits for me include (1) being an authority on my personal experience with a new and interesting evaluation tool, and (2) having access to the results of the study if I request.

No discomforts, stresses, or risks are foreseen.

The results of this participation will be confidential and will not be released in any individually identifiable form without my prior consent, unless otherwise required by law.

The researcher will store data in the following manner. All notes from observations and interviews will be coded with a number, so that the research documents do not show names and other identifiers. This number will be connected to a name list that is stored is a separate locked file and accessible only to the researcher. Every effort will be made to take identifiers out of notes, and no identifiers will be used in reporting. All original notes will be destroyed 2 years from the time of the study.

Participation in the research is entirely voluntary. You can withdraw your consent and participation at any time, without penalty. Should you decide to not participate, your action will have no effect on your treatment and participation in drug court.

The investigator will answer any further questions about the research, now or during the course of the project (678.476.9443).

I understand that I am agreeing by my signature on this form to take part in this research project and understand that I will receive a signed copy of this consent form for my records.

Dhira Crunkilton_____	_____	_____
Name of Researcher	Signature	Date

Telephone: 678.476.9443
Email: dcrunkil@uga.edu

_____	_____	_____
Name of Participant	Signature	Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

APPENDIX D

INTERVIEW GUIDE FOR DIRECTOR

Interview Guide for Director

1. What was the implementation strategy for the Journey Mapping tool?

2. What happenned in the on-going management of the Journey Mapping tool that was expected and you were prepared for?

3. In planning and training, what results were anticipated? What results were unanticipated in planning and training?

4. What are your feelings about your staff's acceptence of Journey Mapping? What is your estimation of your staff's utilizing Journey Mapping to its fullest potential?

5. What are your feelings about clients' acceptence of Journey Mapping? What is your estimation of clients utlizing Journey Mapping to its fullest potential?

6. How have you used the Journey Mapping tool? What is your estimation of your utilizing Journey Mapping to its fullest potential?

7. What changes, if any, have taken place in the way you fulfill your evaluation responsibilities as a result of using Journey Mapping? How do you feel about those changes?

8. Were you ever concerned that problems and obstacles to using Journey Mapping might occur? If so, when? If so, did those concerns ever go away? How and when?

9. If you had the opportunity to implement Journey Mapping again, what would you do the same way? Why?

10. If you had the opportunity to implement Journey Mapping again, what would you do differently? Why?

11. If another program were going to implement this tool, what would be your recommendations?

12. Is there anything else you would like to add that would be helpful for me to know?

APPENDIX E

INTERVIEW GUIDE FOR STAFF

Interview Guide for Staff

1. How long have you used Journey Mapping?

2. How were you introduced to Journey Mapping? How was the decision made to use Journey Mapping? How did you feel about it?

3. How was your work done before you used Journey Mapping?

4. How has your work changed as a result of using Journey Mapping?

5. How do you use the Journey Mapping tool? How often? When? Where? How has this use been the same or different than what you expected?

6. How has using the Journey Mapping tool been useful?

7. How has using the Journey Mapping tool been a hindrance?

8. What did you expect to happen as a result of using Journey Mapping that did not occur?

9. What did you expect to happen as a result of using Journey Mapping that did actually occur?

10. What is your estimate of how the Journey Mapping tool affected your interactions with your co-workers? With your clients?

11. What, if at all, further training would have been helpful to you?

12. Has Journey Mapping changed or improved since you started using it? How?

13. There were two phases so far. The first phase was for the design, where you were asked for input into the design. How did you feel about that process?

14. The second general phase was where design issues were settled and you were using the tool. How did you feel about that? Did you feel technical support for using Journey Mapping tool was adequate? Which support is adequate and which support is not?

15. If another program were going to implement this tool, what would be your recommendations?

16. Is there anything else you would like to add that would be helpful for me to know?

APPENDIX F

INTERVIEW GUIDE FOR CLIENTS

Interview Guide for Clients

1. How long have you used Journey Mapping? About how many times?

2. How were you introduced to Journey Mapping?

3. How was your group work done before you used Journey Mapping?

4. How has your group work changed since using Journey Mapping?

5. How do you use the Journey Mapping tool? How often? When? Where? Is this what you expected?

6. How has your use of Journey Mapping affected your participation in the drug court Program?

7. How has your use of Journey Mapping affected your progress in the drug court program?

8. How are you different as a result of using the Journey Mapping tool?

9. What did you expect to happen as a result of using Journey Mapping that did not occur?

10. What did you expect to happen as a result of using Journey Mapping that did actually occur?

11. How has using the Journey Mapping tool affected your interactions with other participants?

12. How has using the Journey Mapping tool affected your interactions with staff?

13. Has the Journey Mapping tool changed or improved since you started using it?

14. Do you need more training to use the Journey Mapping tool? If so, what?

15. Do you feel your support for using Journey Mapping tool is adequate? Why or why not?

16. Imagine if you had been using the Journey Mapping tool once a month for your entire drug court program so far. What would you expect to know and feel, if you looked back at your earlier entries?

17. Is there anything else you would like to add that would be helpful for me to know?

APPENDIX G

MEMBER CHECK RESPONSE FORM

Member Check Response Form

MEMBER CHECK FOR PARTICIPANT IN THE STUDY:

"Multiple perspectives on implementation of the Journey Mapping tool"

Please check one:

_____ I am satisfied with the data and interpretations presented to me based on my comments during our interview session and accept its use, as written, in the above mentioned dissertation.

_____ I would like to discuss changes to the data and interpretations presented to me based on my comments during our interview session.

_____ _____

Date Signature of Participant

I CAN EXPECT THAT COMPLETE CONFIDENTIALITY WILL BE MAINTAINED IN ANY REPORTING OR SUBSEQUENT PRESENTATION OF THIS DATA.

APPENDIX H

PARTICIPANT QUESTIONNAIRE

Questionnaire

General information

Name: _____

Gender: ___female ___male Age: _____ Race or ethnicity:_____

Length of employment (staff) **or** participation (participants) at County Drug Court

____number of years *and* ____number of months

Length of time, **or** number of times, you used the Journey Mapping tool:

____ number of months (if you are staff)

____number of times (if you are a drug court participant)

How many years education do you have? Please circle one number below.

8 or less 9 10 11 12 13 14 15 16 17 18 19 20 +
(GED = 12) College Graduate School

Highest educational degree held_____

Attitudes

Please circle your response to the right of items below. Rate aspects of computer technology on a 1 to 5 scale.

1 = Strongly disagree
2 = Disagree
3 = Neither agree or disagree
4 = Agree
5 = Strongly agree

a) I like to use computers.	1 2 3 4 5
b) I feel comfortable using computer technology.	1 2 3 4 5
c) There is not enough technical support for using computers.	1 2 3 4 5
d) I am anxious about using computers.	1 2 3 4 5
e) I would expect to be more productive by using computers	1 2 3 4 5

APPENDIX I

STAFF SURVEY

Staff Survey

This survey asks you to rate features of Journey Mapping on a 1 to 5 scale. Please write your response to the left of the items below.

1 = Strongly disagree
2 = Disagree
3 = Neither agree or disagree
4 = Agree
5 = Strongly agree

The Journey Mapping evaluation tool:

_____Encourages organizations, initiatives, and their staffs to both document their work systematically and express their passion for this work outwardly and in clear and understandable terms.

_____Promotes the use of the "journey" as the primary unit of analysis, viewing clients as engaged in life-altering transformation processes and gauging the extent of the transformation that occurs.

_____Exploits the power and potentials of the Internet for capturing and sharing data as no assessment or accountability tool has heretofore done.

_____Hands the assessment function completely over to the initiative team in a user-friendly format.

_____Allows sponsors and other stakeholders to reconstruct their own pictures of the initiative and its accomplishments and to draw their own conclusions from these pictures.

_____Permits reports to be printed in an instant that summarize the most recent and best work of the initiative.

_____Fosters deep learning across initiatives or sites working on similar challenges by permitting the electronic sharing of success stories and reflections.

APPENDIX J

OBSERVATION PROTOCOL FOR STAFF

Observation Protocol for Staff

1) Environment:

What is the environment like? Comfortable? Too cold, too hot?

Number of interruptions (people coming to office, phone calls, etc) _____

2) Technology:

Does the computer appear to work normally?

Number of interruptions in computer functioning _____

Does the user require any technical assistance while using?

Number of times user seeks technical assistance_____

3) Behavior:

What user behaviors do I observe?

Beyond gross motor activities required to operate computer, are there any other observable behaviors?

Does the user appear to be focused on the tasks, appear to be frustrated, or appear to be having fun? What behaviors indicate this?

Number of times user hits “enter key” on key board _____

4) Researcher questions for observation debriefing (occurs in last 5 minutes of session time):

“Do you have any comments or questions?”

“May I ask you a couple questions?”

“How many clients’ journey maps did you enter in the time I was here? Is this your normal rate of entry?”

APPENDIX K

OBSERVATION PROTOCOL FOR CLIENTS

Observation Protocol for Clients

1) Environment:

What is the environment like? Comfortable? Too cold, too hot?

Number of interruptions (people coming to office, phone calls, etc) _____

2) Technology:

Does the computer appear to work normally?

Number of interruptions in computer functioning _____

Does the user require any technical assistance while using?

Number of times user seeks technical assistance_____

3) Behavior:

What user behaviors do I observe?

Beyond gross motor activities required to operate computer, are there any other observable behaviors?

Does the user appear to be focused on the tasks, appear to be frustrated, or appear to be having fun? What behaviors indicate this?

Number of times user hits "enter key" on key board _____

4) Researcher questions for observation debriefing (occurs in last 5 minutes of session time):

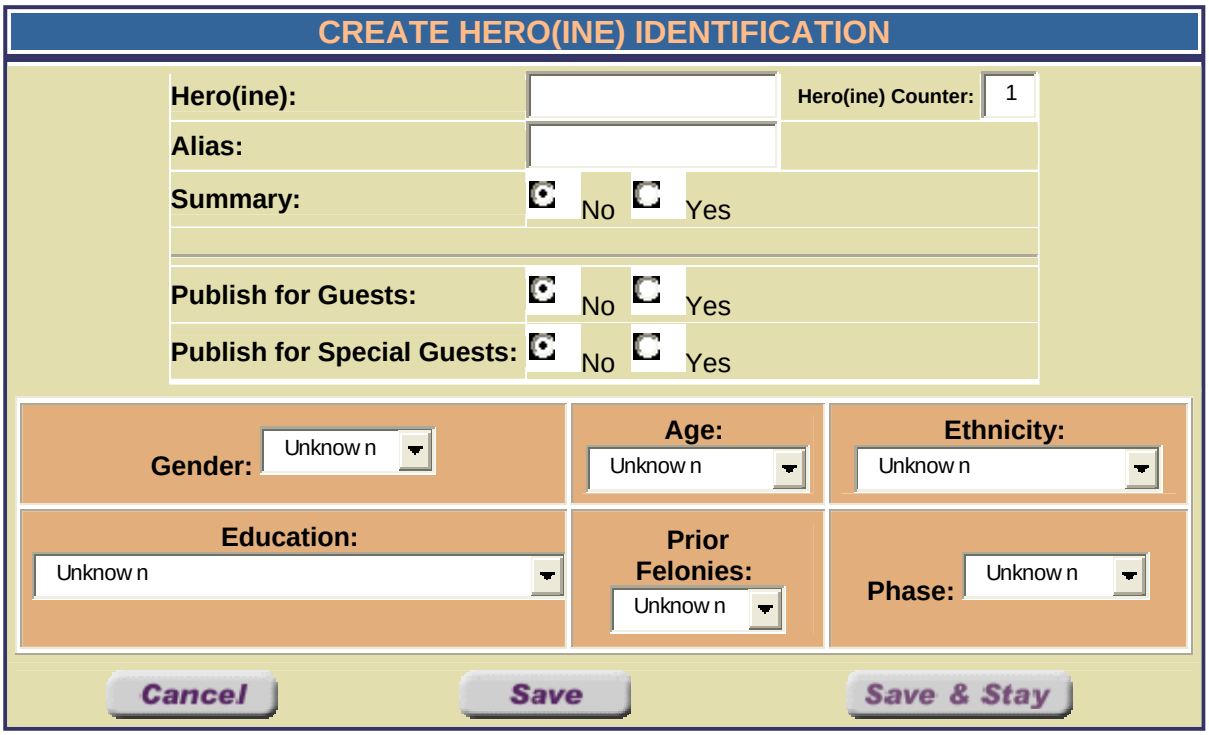
"Do you have any comments or questions?"

"May I ask you a couple questions?"

"What was your reason for doing a particular action or behavior?"

APPENDIX L

JOURNEY MAPPING SCREEN CAPTURES


CREATE HERO(INE) IDENTIFICATION
Hero(ine):
Hero(ine) Counter:
1
Alias:
Summary:
No
Yes
Publish for Guests:
No
Yes
Publish for Special Guests:
No
Yes
Gender:
Unknow n
Age:
Unknow n
Ethnicity:
Unknow n
Education:
Unknow n
Prior Felonies:
Unknow n
Phase:
Unknow n
Cancel
Save
Save & Stay

NEW JOURNAL SEGMENT

What were the major highlights for the client since your last entry?

(If this is the first mapped entry, please first describe the client briefly (for example, gender, age, life situation, issue that brought client to program)

What single positive change took place for the client since the last entry? Please describe it in detail (at least four sentences):

What problems, stumbling blocks, or relapse occurred for the client since your last entry?

What is the major goal or challenge facing the client in the next few weeks or months? Please explain in detail:

From Date: **To Date:**

Please summarize the above entries in a few words or sentences to capture the spirit of these entries (like a newspaper heading):

Back Next

NEW JOURNAL SEGMENT

Who has been most helpful to the client since the last entry? (choose as many as apply)

- ☐ Judge
- ☐ Drug court team and treatment providers
- ☐ Other clients
- ☐ Program graduates/recovery community
- ☐ Family, friends, and employers
- ☐ Other human service professionals

Legend:	
a.	not applicable
b.	made no progress
c.	meets requirements
d.	made significant progress--above
e.	made exemplary progress--A
f.	exceeded all expectations --A++

How is the client progressing?

		a	b	c	d	e	f
1. SOBRIETY? Note different KEY: a = 1 month; b = 2 to 5 months; c = 6 to 11 months; d = 12 to 17 months; e = 18 to 23 months; f = 24 months or greater	none	◉	◉	○	○	○	○
2. HOUSING SITUATION? Note different KEY: a = not applicable; b = no progress (skip c, d, & e), f = maintaining stable housing	none	◉	◉	◉	◉	◉	◉
3. EDUCATION OR TRAINING	none	◉	◉	◉	○	○	○
4. EMPLOYMENT	none	◉	◉	◉	○	○	○
5. FAMILY/SOCIAL RELATIONSHIPS	none	◉	◉	◉	○	○	○
6. MEDICAL CONDITION? Note different KEY: a = not applicable; b = no progress; c = medically stable and/or physically fit; d = extra effort on medical or health; e = initiated wellness activities; f = blue ribbon!	none	◉	◉	◉	○	○	○
7. COMPLETED WHICH PHASE? note different KEY: b = Phase I, c = Phase II, d = Phase III, e = Phase IV, f = Phase V	none	○	○	○	○	○	○
8. RECOVERY PROCESS/ PROGRAM COMPLIANCE? Note different KEY a = some effort , b = more effort , c = a lot of effort, d = more than most, e = blue ribbon participation	none	◉	◉	◉	○	○	○
9. MENTAL HEALTH	none	◉	◉	◉	◉	○	○

Back Next

NEW JOURNAL SEGMENT

Do you have any ideas for improving the Drug Court program overall that were suggested by this client's progress or setbacks?

Which of these has the client accomplished?

	No	Part	Yes	N/A
Expect To See				
x1. Reduction in use of drugs and alcohol and growth in understanding of recovery	○	○	◉	○
x2. Improvements in personal well-being (safe place to live, got employment, family issues improved)	○	○	◉	○
x3. No criminal violations	◉	○	○	○
Like To See				
y1. Abstinence from drug and alcohol	○	○	◉	○
y2. Social stability	○	◉	○	○
y3. Graduate from program	◉	○	○	○
Love To See				
z1. Active long-term involvement in recovery community	◉	○	○	○
z2. Social achievements (no recidivism, completion of additional education, return of custody of children, excellent employment records)	◉	○	○	○
z3. Graduates return to mentor other Drug Court participants.	◉	○	○	○

☐ Verified (Administrators Only)

Back Save

CREATE EVENT IDENTIFICATION

Name (Last name, first name) :		**Number of Participants:**	1
Date:	Jun 5 2005		

Gender: Unknow n	**Age:** Unknow n	**Phase:** Unknow n

Save Cancel

EVENT MAP

How have things been going for you? What have been some recent successes in your life?

Have you had any problems or struggles in meeting the terms of the Court? Please explain:

Any suggestions for improving the Drug Court process for you or others?

Please rate the following:

Expect To See	No	Part	Yes	N/A
x1. I have remained sober for past three months	●	○	○	○
x2. I have kept all my drug court appointments during the last three months	●	○	○	○

Like To See	No	Part	Yes	N/A
y1. I have a stable housing situation	●	○	○	○
y2. I have a stable education or employment situation	●	○	○	○
y3. I have stable family/friendship relationships	●	○	○	○

JOURNAL SUMMARY REPORT

SPONSOR: County Drug Court
INITIATIVE: County Drug Court
JOURNAL TYPE: CLIENTS

We intend to see our clients successfully complete all the requirements for the Hall County Drug Court, graduate from program, and pursue a health lifestyle as good citizens

FROM DATE: 5/2004
TO DATE: 12/2004
GENDER: All
AGE: All
ETHNICITY: All
EDUCATION: All
PRIOR FELONIES: All
PHASE: All

Mapping Statistics

EARLIEST DATE:	5/2004
LATEST DATE:	12/2004
MONTHS COVERED:	8
NUMBER OF MAPPED JOURNEYS:	2095
LONGEST JOURNEY SCORE:	45
SHORTEST JOURNEY SCORE:	15
MEAN (AVERAGE) JOURNEY SCORE:	34

Achievements Reached

Legend:	
a.	not applicable
b.	made no progress
c.	meets requirements --average
d.	made significant progress--above average
e.	made exemplary progress--A
f.	exceeded all expectations --A++

	Achievement	none	a	b	c	d	e	f
1	SOBRIETY? Note different KEY: a = 1 month; b = 2 to 5 months; c = 6 to 11 months; d = 12 to 17 months; e = 18 to 23 months; f = 24 months or greater	8 (8%)	4 (4%)	25 (26%)	32 (33%)	14 (15%)	13 (14%)	0 (0%)
2	HOUSING SITUATION? Note different KEY: a = not applicable; b = no progress (skip c, d, & e), f = maintaining stable housing	0 (0%)	0 (0%)	0 (0%)	8 (8%)	0 (0%)	0 (0%)	88 (92%)
3	EDUCATION OR TRAINING	0 (0%)	11 (11%)	15 (16%)	56 (58%)	9 (9%)	1 (1%)	4 (4%)
4	EMPLOYMENT	0 (0%)	1 (1%)	6 (6%)	42 (44%)	31 (32%)	6 (6%)	10 (10%)
5	FAMILY/SOCIAL RELATIONSHIPS	0 (0%)	0 (0%)	19 (20%)	38 (40%)	30 (31%)	8 (8%)	1 (1%)
6	MEDICAL CONDITION? Note different KEY: a = not applicable; b = no progress; c = medically stable and/or	0 (0%)	0 (0%)	2 (2%)	80 (83%)	13 (14%)	1 (1%)	0 (0%)

	physically fit; d = extra effort on medical or health; e = initiated wellness activities; f = blue ribbon!							
7	COMPLETED WHICH PHASE? note different KEY: b = Phase I, c = Phase II, d = Phase III, e = Phase IV, f = Phase V	12 (12%)	22 (23%)	9 (9%)	21 (22%)	22 (23%)	10 (10%)	0 (0%)
8	RECOVERY PROCESS/ PROGRAM COMPLIANCE? Note different KEY a = some effort , b = more effort , c = a lot of effort, d = more than most, e = blue ribbon participation	0 (0%)	7 (7%)	11 (11%)	26 (27%)	31 (32%)	14 (15%)	7 (7%)
9	MENTAL HEALTH	1 (1%)	1 (1%)	17 (18%)	48 (50%)	23 (24%)	5 (5%)	1 (1%)

Success Markers Reached

	Marker	No	Part	Yes	N/A
x1	Reduction in use of drugs and alcohol and growth in understanding of recovery	4 (0%)	16 (1%)	2075 (99%)	0 (0%)
x2	Improvements in personal well-being (safe place to live, got employment, family issues improved)	1 (0%)	64 (3%)	2030 (97%)	0 (0%)
x3	No criminal violations	12 (1%)	0 (0%)	1997 (95%)	86 (4%)
y1	Abstinence from drug and alcohol	3 (0%)	12 (1%)	2080 (99%)	0 (0%)
y2	Social stability	7 (0%)	113 (5%)	1975 (94%)	0 (0%)
y3	Graduate from program	301 (14%)	0 (0%)	341 (16%)	1453 (69%)
z1	Active long-term involvement in recovery community	96 (5%)	46 (2%)	1953 (93%)	0 (0%)
z2	Social achievements (no recidivism, completion of additional education, return of custody of children, excellent employment records)	143 (7%)	1 (0%)	1951 (93%)	0 (0%)
z3	Graduates return to mentor other Drug Court participants.	266 (13%)	0 (0%)	313 (15%)	1516 (72%)

Frequency of Appearance

Contributors to Growth	In Journeys		In Maps	
	Freq	Pct	Freq	Pct
JUDGE	2095 of 2095	100%	418 of 435	96%
DRUG COURT TEAM AND TREATMENT PROVIDERS	2095 of 2095	100%	411 of 435	94%
OTHER CLIENTS	2033 of 2095	97%	340 of 435	78%
PROGRAM GRADUATES/RECOVERY COMMUNITY	2003 of 2095	96%	285 of 435	66%
FAMILY, FRIENDS, AND EMPLOYERS	2089 of 2095	100%	346 of 435	80%
OTHER HUMAN SERVICE PROFESSIONALS	1047 of 2095	50%	139 of 435	32%