AB single-case designs 138, 144
ABAB single-case designs 144, 145–145
ABC multiple component designs 147–148
accreditation 19–20
acculturation-related differences 39; see also culturally sensitive program evaluation
active listening skills 232–233
active voice, report writing 223–224
adolescents, informed consent 31
after-school dropout prevention program 204–205
allergy study example 139
AmeriCorps program, process evaluations 17
analysis of covariance (ANCOVA) statistical tests 189
appendices, report writing 223
assertive community treatment (ACT) programs 48
attrition 158–159, 161–163; see also retention
available records, outcome objectives 96–97
bar graphs 179, 217, 219, 219
baselines, single-case designs 143–144
behavioral problems studies 144–148, 221–222
benchmarking, outcome evaluations 127
between-group effect sizes (Cohen’s $d$) 125, 194–195, 198–200
bias, questionnaire construction 79; see also selectivity bias
bivariate statistical significance tests 188, 189
burden of proof, causality 113
burnout rate, job applicants 103–105
care in the community, deinstitutionalization 46–48
causal inference 85, 110–111, 119–120
causality criteria 111–113
degrees of certainty 119
discharged military veterans example 118
evidence-informed practice 113–114
exercises 120–121
pragmatism vs. perfectionism 116–117
and pseudoscience 114–116
randomized controlled trials 118
single-case designs 139–140
central tendency measures 180–181
children, informed consent 31
chi-square test 193, 194, 194
cigarette smoking and lung cancer, causality 112–113
client satisfaction surveys 76–78
critical incident stress debriefing (CISD) 5–6
communication, with stakeholders 229–230
community forum approach 54–55
community mental health (CMH) programs 47
codebooks, qualitative data analysis 182–183
Cohen’s $d$ see between-group effect sizes
coin-tossing example, statistical power 191–193
cost–benefit ratios 204
contemporary positivism paradigm 9–10, 12
corrrelation, causal inference 111–112
cost–benefit analyses 202–205
cost-effectiveness/cost–benefit analyses 202–205
cost-effectiveness ratios 204
costs to subject, ethical guidelines 29
critical incident stress debriefing (CISD) 5–6
disclosure, ethical guidelines 29
discordance, causal inference 113
critical thinking skills 114

cultural competence 38–40

cultural issues, general 24, 40–42

culturally sensitive program evaluation 32–38, 79

data analysis 173

culturally sensitive 40
ethical guidelines 26, 32

data analysis, formative and process evaluations 173, 176, 183–185
coding 182–183
descriptive statistics 177–178
exercises 185
frequency distributions 178–179, 179, 180
measures of central tendency 180–181
measures of dispersion 181
outliers 181–182
quantitative vs. qualitative data 176–177, 182–183
resources/software 183

data analysis, outcome evaluations 173, 187, 206–207
cost-effectiveness/cost–benefit analyses 202–205
effect sizes 193, 194, 195–200
exercises 208–209
odds ratios and risk ratios 194–195, 200, 201
p values 189–190
problems and pitfalls of interpretation 191, 192–194
quantitative vs. qualitative data 205–206
sample size 191–193
statistical significance tests 187, 189
substantive significance 201–202
type II errors 190

data collection, culturally sensitive 35–38

data points, single-case designs 138
data presentation see infographics
definitions and terminology 13–14
evaluation 13
interventions 13
outcome objectives 93, 94–97
policy 13
process objectives 93

programs 13
stakeholders 13–14

degrees of certainty, causal inference 119
deinstitutionalization movement 46–48
descriptive statistics 123–124, 177–178, 187;
see also data analysis (formative and process evaluations)
direct observational methods 95
discussions, report writing 219–222
dispersion measures, data analysis/
presentation 181
disproportionate sampling 67
dissemination methods, report writing 224, 224–225
drop-out see after-school dropout prevention program; retention
effect sizes
outcome evaluations 125–128, 193, 194, 195–200
report writing 219
EMDR (eye movement desensitization and reprocessing)
causal inference 115
single-case designs 144
empathy, people skills 232
empowerment paradigm 10, 12, 20
ending questions 57–59
engagement see staff engagement; stakeholder engagement
ethical issues 24, 40–41
ethical guidelines 24–27
Institutional Review Boards 27–32
report writing 26, 213
risks vs. benefits of harm 25, 27, 29
single-case designs 143–144
study exercises 41–42
evaluation 7, 20
definitions and terminology 13, 21
funding 4–5, 8
ineffective and harmful programs 5–6
purposes 14–15, 21
study exercises 22
types 15–20
evidence-based practice (EBP) movement,
historical perspectives 8
Index

Evidence-informed practice 8–9, 20
causal inference 113–114
needs assessments 50
philosophical paradigms 9–12
single-case designs 149
executive summaries, report writing 214–216
external evaluators vs. in-house evaluators 164–165, 166

Family First program 90, 91, 94–97
feedback
planning stage 229
from stakeholders 230–231
felt need
findings, report writing 217–219
focus group approach 55–59
advantages/disadvantages 59
how to conduct 56
types and sequencing of questions 57–59
follow-up reminders, survey methodology 69
formative evaluations 13–14, 16, 21; see also causal inference; data analysis; outcome objectives
frequency distribution tables/charts 178, 179, 179, 180; see also infographics
funding issues 4–5, 7, 8
generalizable effects, interventions 147
goal displacement, problems and pitfalls 169
graphs see infographics
group assignment, contamination effects 156–157, 161–163

Hamilton Depression Rating Scale (HDRS/Ham-D) 96
hard-to-reach populations, survey methodology 70–71
harmful programs see ineffective and harmful programs
hidden populations, survey methodology 70–71
historical perspectives, program evaluation 7–8
homelessness programs
data analysis/presentation 176–177
needs assessments 48–49, 56–57
survey methodology 67–68

hookworm example, causal inference 119
humor, people skills 231–232

idealistc pragmatism xviii
immigrants, culturally sensitive program evaluation 39
inclusion criteria, ethical guidelines 27
ineffective and harmful programs
ethical guidelines 24–25
reasons for evaluation 5–6
reporting 26, 213
risks vs. benefits of harm 25, 27, 29
inference, causality see causal inference
inferential statistics 187, 189, 189; see also data analysis (outcome evaluations)
infographics
frequency distributions 178, 179, 179, 180
report writing 217, 218, 219
informed consent, ethical guidelines 24, 30–32
in-house vs. external evaluators 164–166
Institutional Review Boards (IRBs) 27–32
interest in others, people skills 231
interpretivism paradigm 10, 12
intervention fidelity, problems and pitfalls 155–156
interventions, definitions and terminology 13
interview guides 74–76
interview techniques 71–76
introductions, report writing 216
introductory questions, needs assessments 57–59
irreversible effects, interventions 145

job applicants, qualifications 103–105
key informants approach, needs assessments 53–54
key questions, focus groups 57–59

latchkey children example, needs assessments 51–52
letters, follow-up reminders 69
LGBT older adults, needs assessments 58–59
life-review therapy example, report writing 215
limitations see study limitations
linguistic equivalence 36, 38, 38
literature reviews, report writing 216
Index

logic models, outcome objectives 89, 90–91
lung cancer and smoking, causality 112–113
managed care concept, historical perspectives 8
mean, central tendency measures 180–181
meaningfulness of results see substantive significance
measurement equivalence, culturally sensitive 36, 38, 38
measurements
  report writing 216–217
  single-case designs 141–143
means of central tendency 180–181
median, central tendency measures 180–181
methodological limitations see study limitations
methodology, report writing 216–217
military veterans example, causal inference 118
millennials, social media-based surveying 71
mission statements, outcome objectives 88–89
mixed-methods studies 12
mode, central tendency measures 180–181
multiple baseline designs 146, 146–147
multiple component designs 147–148
multivariate statistical significance tests 189
Native American survey example 67
needs assessment evaluations 4, 46–49, 60–61
  community forum approach 54–55
  community survey approach 59–60
destitutionalization movement 46–48
differing approaches 51–52
evidence-informed practice 50
exercises 62
focus group approach 55–59
homelessness shelters 48–49, 56–57
key informants approach 53–54
long-term care needs of LGBT older adults 58–59
normative need and felt need
  questions to ask 57–59
rates under treatment approach 53
and service utilization 51
social indicators approach 52–53
triangulation methods 60
negative findings, reporting 26, 213; see also
  ineffective and harmful programs
non-adult subjects, informed consent 31
non-English speaking subjects, informed consent 30–31
non-equivalent comparisons groups designs 128–129
non-probability sampling 65
non-response bias 65–66
normative need, needs assessments
  note taking, interview techniques 73
Obamacare example, questionnaire construction 79
observable indicator(s), outcome objectives 93
observational measures, single-case designs 142
obtrusive observation, single-case designs 142
odds ratios 194–195, 200, 201, 201, 201
one-group pretest–posttest designs 124, 127
online resources, logic models 90–91
open-ended questions, interview techniques 73–74
opening questions, needs assessments 57–59
operational definitions, outcome objectives 94–97, 103–105
outcome evaluation designs 85–86, 123, 134–135
  benchmarking 127
  choice of appropriate design 133–134
  descriptive 123–124
effect sizes 125–128
  exercises 135–136
  military veterans example 118
  non-equivalent comparisons groups 128–129
  one-group pretest–posttest design 124, 127
  research supported treatment for traumatized children example 128
  selectivity bias 129–130
  standard deviation and pooled standard deviation 125
  switching replication design 130–132
  time-series designs 132, 132–133 (see also
    single-case designs)
  waitlist quasi-experimental design 131–132
  see also data analysis/presentation
outcome objectives 85, 88, 105–106
definitions and terminology 93
exercises 107–108
Family First program 90, 91, 94–97
logic models 89, 90–91
mission/vision statements 88–89
operational definitions 94–97, 103–105
self-report measures 95–96, 97–105
stakeholder goals 91
triangulation methods 92–93
writing up 93–94
outliers, data analysis/presentation 181–182
p values, statistical significance tests 189–190
participants, report writing 216–217; see also recruitment retention
participatory action evaluation paradigm 10, 11
passive voice, report writing 223–224
payments to subject, ethical guidelines 29
people skills, researcher 231–233
perfectionism see pragmatism vs. perfectionism
performance measurement systems 18–19, 21
pie charts
frequency distribution tables/charts 179
report writing 217, 218–219
see also infographics
pitfalls see problems and pitfalls
places of worship example, outcome evaluations 123–124
planning the evaluation 228–229
feedback 229
Plato’s cave allegory 11
police brutality example, outcome evaluations 132
policy, definitions and terminology 13
political pitfalls 163–164, 212
pooled standard deviation, outcome evaluations 125
populations, survey methodology 64–66; see also participants
positive parenting example, report writing 219–222
post-traumatic stress disorder (PTSD) example, causality 111–112
practical significance see substantive significance
pragmatism vs. perfectionism
causal inference 116–117
outcome evaluations 133–134
pretest–posttest designs 124, 127
PRO mnemonic (Problem, Rationale, Objective), report writing 216
probability sampling, survey methodology 65
probes, interview techniques 73–74
problems and pitfalls 86, 154, 169–171, 229–230
case example 166–168
changes during study period 229–230
contamination effects 156–157
data analysis 191–194
exercises 171
goal displacement 169
in-house vs. external evaluators 164–166
intervention fidelity 155–156
political pitfalls 163–164, 212
practical pitfalls 161, 161–163
recruitment of study participants 157–158
report writing 223–224
retention of study participants 158–159
staff compliance 160–161
staff engagement 160
process evaluations 16–17, 21; see also causal inference; data analysis; outcome objectives
process objectives, definitions and terminology 93
professional demeanor, interview techniques 72
programs, definitions and terminology 13
protection of sensitive information, ethical guidelines 26
pseudoscience, and causal inference 114–116
quantitative vs. qualitative data analysis 173
formative and process evaluations 176–177, 182–183
outcome evaluations 205–206
quantitative vs. qualitative evaluations 12, 20–21, 43–44
single-case designs 143
survey methodology 75
questionnaires see self-report measures
questions to ask
interview techniques 73–74
needs assessments 57–59
random sampling error 67–68
randomized controlled trials, causal inference 118
rates under treatment approach 53
recommendations, report writing 220
recruitment, study participants
culturally sensitive 32–34
etical guidelines
problems and pitfalls 157–158
reference volumes, self-report measures 98, 99
references, report writing 222–223
relevance, self-report measures 99
reliability, self-report measures 99–100, 102
report writing 173, 211, 225–226, 230–231
dissemination methods 224, 224–225
ethics 26, 213
exercises 226–227
online resources 224
problems and pitfalls 223–224
stakeholder engagement 212–213
structural components of reports 213–223
tailoring to target audience 211–212, 216
writing style/format 212
representativeness, survey methodology 65, 66
researcher people skills 231–233
respondent-driven sampling (RDS) 70
response rates, maximizing 65–66, 68–69
results, report writing 217–219
retention, job applicants 103–105
retention, study participants
culturally sensitive 34–35
problems and pitfalls 158–159, 161–163
risk ratios, data analysis 194–195, 200, 201, 201
risks vs. benefits of interventions 25, 27, 29
Rolling Stones rock band 49
ruling out alternative explanations, causality 112
self-confidence, researcher 232
self-defeating thoroughness, report writing 217
self-report measures 19
outcome objectives 95–96, 97–105
questionnaire construction 78–81
reference volumes 98, 99
relevance 99
reliability 99–100, 102
sensitivity 101–102, 103
single-case designs 141–142
survey methodology 71
validity 100–101
sensitivity, self-report measures 101–102, 103
sensitivity analysis, cost-effectiveness/cost–benefits 204
service utilization, needs assessments 51
significance see statistical significance tests;
substantive significance; visual significance
single-case (single-system) designs 86, 138, 150–151
aggregation of multiple studies 149
applications 138, 148
baselines
causal inference 139–140
clinical significance 139–140
evidence-informed practice 149
exercises 151–152
measurements 141–143
types 144, 146–148
visual significance 139, 140, 141, 146
SMART mnemonic (Specific, Measurable,
Achievability, Relevance, Time-bound)
objectives 93–94
smoking and lung cancer, causality 112–113
snowball sampling 65, 70–71
social desirability bias
direct observational methods 95
self-administered questionnaires 96
survey methodology 71
social indicators approach, needs assessments 52–53
social media-based surveys 71
social work degrees, job applicants 103–105
staff compliance, problems and pitfalls 160–161
staff engagement, problems and pitfalls 160
stakeholder engagement, report writing 212–213
stakeholder goals, outcome objectives

communication with 229–230
definitions and terminology 13–14
feedback 230–231
participation 229
planning the evaluation 228–229
standard deviation
data analysis/presentation 181
outcome evaluations 125, 198–199
statistical power see sample size
statistical significance tests 187–189
p values 189–190
Type II errors 190
study limitations
ethical guidelines 26–27
report writing 220–222
study participants see participants
substance abusing parents examples 166–168, 219–222
substantive significance
data analysis/presentation 201–202
single-case designs 139–140
summary questions, needs assessments 57–59
summative evaluations 15–16, 85; see also outcome evaluation designs
survey methodology 64, 81–82
client satisfaction surveys 76–78
exercises 82–83
follow-up reminders 69
hard-to-reach populations 70–71
interview techniques 71–76
modalities 71
questionnaire construction 78–81
sample size 67–69
samples, populations, representativeness 64–66
self-administered questionnaires 71
switching replication designs
outcome evaluations 130–132
report writing 221–222
temporal perspectives, causality 112
termology see definitions and terminology
therapeutic alliance, intervention fidelity 155–156
thought field therapy (TFT) 116
time factors, causality 112
time-series designs 132, 132–133; see also single-case designs
trauma-focused cognitive behavioral therapy (TFCBT) with children and adolescents example, outcome evaluations 128
treatment-as-usual (TAU) fidelity 156, 158
triangulation methods
needs assessments 60
outcome objectives 92–93
Tuskegee syphilis study, risks vs. benefits of harm 27
Type II errors, statistical significance tests 190
unobtrusive observation, single-case designs 142
validity, self-report measures 100–101
vision statements, outcome objectives 88–89
visual significance, single-case designs 139, 140, 141, 146
voluntary participation, ethical guidelines 24
vulnerable populations, ethical guidelines 28
Waitinglist quasi-experimental designs 131–132
war veterans example, causal inference 118
within-group effect sizes 126–128, 195–198
written drafts, planning the evaluation 229