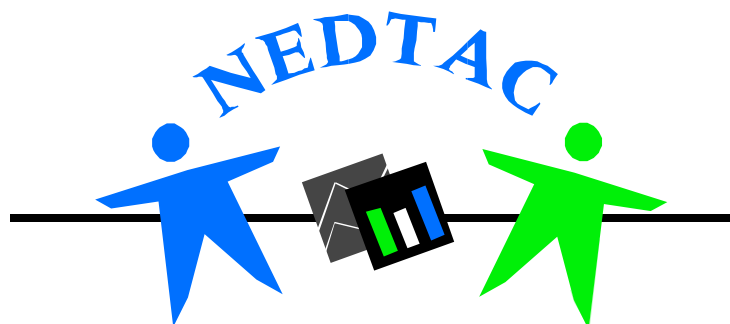


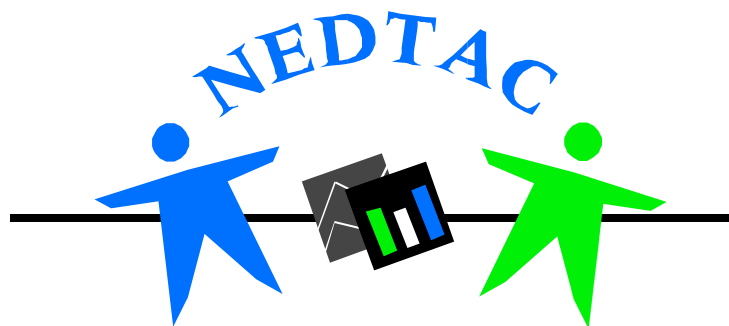
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**PROCESS EVALUATION:
AN OVERVIEW AND SELECTED BIBLIOGRAPHIES**

April 1999

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FOREWORD

One of the missions of the Center for Substance Abuse Treatment (CSAT) is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. NEDTAC produced a series of bibliographies in key topic areas to further this objective. This document belongs to that series. This compilation presents an overview of process evaluation and a selected annotated bibliography of resources concerning process evaluation. This document also contains an annotated bibliography of case studies of actual process evaluation research and a listing of other related resource materials.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Beth Archibald Tang for compiling and reviewing this document. Tara Townsend wrote the overview.

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National Evaluation Data and
Technical Assistance Center (NEDTAC)

**I. PROCESS EVALUATION:
AN OVERVIEW**

I. PROCESS EVALUATION: AN OVERVIEW

Evaluation is the formal and systematic process of collecting, analyzing, and interpreting data in order to determine the merit, worth, and value of something. In the context of social programs, evaluation involves the collection of data about a program's activities, characteristics, and outcomes to assist program personnel during program implementation, to help improve program effectiveness, and to assist decision making with regard to a program's management, operations, and outputs. In most cases, the primary purpose of program evaluation is to justify a social intervention by determining its utility. Evaluators must "sell" the program by demonstrating its ability to produce socially desirable effects (Dehar, Casswell, & Duignan, 1993). This has resulted in a "black box" approach to evaluation, in which evaluation efforts focus on measuring program outcomes, paying little attention to the processes by which a program achieves its results (Dehar et al., 1993; Patton, 1986). Consequently, evaluation activities are predominated by outcome evaluation methods designed to assess the extent to which a program enhancement is successful in improving intermediate and long-term outcomes for program clients. By contrast, process evaluation methods are designed to enhance understanding of program operations by assessing program implementation and management and to provide a context for interpreting program outcomes and effects.

This overview distinguishes process evaluation research, which has the goal of explaining and understanding why a given effect is produced, from outcome evaluation research, which has the goal of demonstrating the effects of a treatment or program; summarizes process evaluation methodology; and describes uses for process evaluation data. The overview is followed by a selected annotated bibliography on process evaluation in social services programs, an annotated bibliography of case studies of actual process evaluation research, and a listing of other related resource materials. The overview and bibliographies are not exhaustive. The information provided, however, should facilitate a solid understanding of process evaluation in the context of substance abuse treatment programs.

Process Evaluation

There are several definitions for process evaluation in the evaluation literature. Process evaluation has been defined as a method for determining how a program achieves or fails to achieve outcomes. Process evaluation has also been defined as a technique for comparing program plans to actual program operations to assess the extent of program implementation. Process evaluation can also be used to improve program performance by identifying program strengths and weaknesses and specific program components influencing outcomes (Dehar et al., 1993). Typically, a process evaluation model addresses all of these issues. Process evaluation

involves describing and assessing program materials and activities occurring during program development, checking the appropriateness of approaches and procedures used during the implementation of program activities, and documenting actual program operations to determine the degree to which they resemble program goals (Muraskin, 1995).

Process evaluation is used to answer questions about a program's efforts (e.g., What is the program doing?). Process evaluation typically involves the examination of the amount, type, and quality of program services delivered; how closely the services provided correspond to program plans; the actual client population served in order to assess a program's ability to provide services to its target population; barriers to program implementation; and a program's strengths and weaknesses. Process evaluation activities are guided by evaluation questions such as:

- What are the program's goals and objectives?
- What is the program's organizational structure?
- Who are the program staff and what are their backgrounds?
- Does the program have a management information system (MIS)?
- How do clients gain access to program services?
- What program services are offered and in what quantities?
- Who are the target populations?
- Are the program services appropriately designed for the populations being served?
- What are the major funding sources?
- What is the cost of services per client?
- What type of client is most likely to complete an episode of care? What type of client is least likely to do so?

Process evaluations involve the collection of quantitative and qualitative data to measure resource expenditures, administrative activities, client information, and service delivery activities. Process evaluation questions address: the program's background, program organization and staffing, program access, the program components, the target population, the program's budget and costs, and the program context.

Evaluation activities should generate data that can be used in improving program implementation, allow program staff to learn from errors, and can be used for the continual refinement of the program (Browne & Wildavsky, 1987). Evaluations should be used to:

- Determine a program's effectiveness
- Document whether program objectives are being met
- Provide information about service delivery
- Enable staff to make changes to improve program effectiveness.

Outcome/impact evaluations provide information about immediate and long-term program effects. Evaluations focusing on outcomes typically involve data collection at single points in time. By contrast, process evaluation involves adopting an approach in which evaluation is considered a regularized strategy for information collection and analysis rather than an "event" (Dehar et al., 1993). Process evaluation activities are ongoing and integrated into program development and implementation.

The use of process evaluation necessitates a move from thinking of evaluation as an "end" to thinking of evaluation as part of program planning and management (Shadish, Cook, & Leviton, 1991). Process evaluation should begin in the program planning stage and continue into implementation, provide continuing feedback of information relevant to program planning and operation, and involve a collaborative working relationship between the evaluator and program staff. Process evaluation methods are primarily used to:

- Examine program development procedures
- Monitor program operations and performance
- Clarify and interpret outcome evaluation results.

A detailed description of each of these features of process evaluation follows.

Program Development

In the evaluation literature, process evaluation is often equated with formative evaluation because they both provide information useful in program development and improvement. The evaluator becomes involved in creating a more successful program by providing input at the early

stages. In this context of program development, process evaluation forces clear thinking and planning because the program must be specified in detail. Features of this stage of evaluation include:

- Developing and refining the program model, objectives, and strategies
- Reviewing relevant literature
- Conducting needs assessments
- Pretesting program materials
- Piloting program interventions
- Obtaining feedback from program participants
- Assessing initial program effects
- Developing evaluation systems.

Evaluation data are collected on program origins, program structure, and contextual factors. These evaluation activities change the notion of the evaluator as a neutral, detached observer. Instead, the evaluator works closely with program personnel to influence program planning, development, and implementation (Dehar et al., 1993). Evaluators must become familiar with multiple aspects of the program, providing personnel with information and insights to help them improve the program. As a result, revisions may be made in program staffing, activities, organization, and other program materials (Herman, Morris, & Fitz-Gibbon, 1987).

Program Monitoring

Program monitoring is the systematic examination of program coverage, the extent to which a program reaches its target population; and program delivery, the degree to which the services and treatments provided match those planned (Rossi & Freeman, 1993). This type of process evaluation involves:

- Assessing the extent to which program objectives are met
- Documenting program operations
- Identifying problems faced in service delivery and strategies for overcoming them.

This information is used to provide program management with regular feedback on how to improve program efficiency, effectiveness, and productivity (Harrell et al., 1996).

The extent of program delivery cannot be assumed. Four types of implementation failures may prevent the delivery of intended services:

- Non-existent or incomplete service delivery
- Incorrect service delivery
- Unstandardized service delivery.

Monitoring service delivery is important for decisions about continuing and expanding programs, determining whether a program's actual outputs sufficiently approximate intended ones, and identifying faults and deficiencies in program implementation (Rossi & Freeman, 1993). Unless a program is described and its delivery measured through the process of performance monitoring, outcome evaluations may be attempting to assess services that were not delivered or were different than those intended by program developers (Scheirer, 1994). Program efforts may be ineffectual, misunderstood, or misinterpreted because what was actually implemented fails to match what was described in the original program design. Without knowledge of the degree of program implementation, it is impossible to determine whether a program fails to show impacts because of a failure in program design or a failure to implement a program as designed (Dehar et al., 1993).

Program monitoring provides feedback on the quality of ongoing service delivery by elucidating the internal dynamics of program operations. There are two key aspects of program delivery: the extent of implementation and the scope of implementation. The extent of implementation refers to the number of program services delivered, while scope refers to the number of service recipients and their characteristics. Data are collected on the intensity and duration of program services, client participation rates, participant characteristics, participant perceptions, and resources used. These data are used to monitor current program activities, identifying program implementation successes and failures for the purpose of improving service

delivery and assessing why delivery is or is not carried out as intended. Data collection methods for assessing program delivery include:

- Indirect, unobtrusive measures
- Direct observation
- Activity/participant logs
- Questionnaires
- Interviews
- Case studies.

Management information systems (MIS) have promoted a convergence between program monitoring and process evaluation. Evaluation efforts have become more institutionalized, with evaluators becoming more accepted as program staff. Evaluators share findings with program staff and collaborate in program improvement efforts (Rossi & Freeman, 1993). This “self-adjusting” treatment evaluation model creates a feedback loop in which evaluators help service providers incorporate evaluation findings into program service delivery, and service providers help evaluators understand program objectives and processes.

Outcome Interpretation

Process evaluation helps to explain why a given program produces the effects it does. It accomplishes this goal by:

- Identifying program components that are necessary to produce effects
- Identifying program setting components (e.g., client characteristics) necessary to produce effects
- Increasing the interpretability of outcome evaluation results.

Once a program has demonstrated its ability to produce desirable outcomes, in order to generalize these results and develop and implement new programs, the program components required to produce the outcomes must be identified. Process evaluation can be used to determine what aspects of the program improved client outcomes. Similarly, process evaluation may also reveal information about the types of clients obtaining positive outcomes. Participant characteristic data

can be used to determine which clients were more likely to benefit from the program, or which received more benefits from program participation than other clients. Both of these pieces of information place program personnel in a better position to modify the program to produce outcomes more effectively and efficiently (Judd, 1987).

Process evaluation can also facilitate a more complete understanding of outcome evaluation findings. Certain aspects of process should be examined as a part of any comprehensive evaluation. Process evaluation, however, is not a substitute for inspection of outcomes (Scriven, 1991). Process analysis allows for a more complete understanding of why a program produces a given effect. Consequently, process evaluation creates the potential for increasing theoretical knowledge about the factors that produce desirable behaviors. Additionally, because process evaluation methods typically involve measures of a wider set of data than outcome evaluation methods, process analyses may reveal unintended program effects missed by outcome analysis. Finally, information collected through a process evaluation may facilitate the communication and interpretation of outcome evaluation findings because process evaluation promotes a clearer understanding of the implicit assumptions guiding program development and a commitment to program improvement (Judd, 1987).

Materials Following the Overview

The sections following this overview on process evaluation provide additional references and resources concerning program and process evaluation in the context of substance abuse treatment programs and other social and health service programs. The overview is immediately followed by selections of publications that describe actual process evaluation models, methods, and findings for a variety of service programs. Next is an annotated bibliography of publications that explore the benefits of process evaluation in program evaluation research and that describe how to incorporate process evaluation methods into a program evaluation design.

All NEDTAC listings and reviews are for informational purposes only and should not be interpreted as an endorsement of any specific resource or publication. The views reflected in this overview do not necessarily reflect the opinions and perspectives of the Center for Substance Abuse Treatment.

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II. PROCESS EVALUATION: SELECTED CASE STUDIES

II. PROCESS EVALUATION: SELECTED CASE STUDIES

Blaze-Temple, D., & Honig, F. (1997). Process evaluation of an Australian EAP. Employee Assistance Quarterly, 12(4), 15-35.

This paper discusses the process evaluation results from a larger study, where impact and outcome evaluation results are discussed elsewhere. The larger study was a comprehensive, independent, and controlled evaluation of an employee assistance program (EAP) in one blue collar workplace of 400 employees. The EAP service provider supplies an external counseling service for employees in Western Australia. In this multiple time series design, the experimental group was those who used the EAP counseling service, and the two comparison groups were those who used Self-Arranged Counseling, and those who had No Counseling, over the 2.5 years of the study. Measurements were taken by employee surveys and employee records in five sets, two pre and three post EAP. The EAP was found to be implemented as planned, and effective in terms of being utilized, and in penetrating the pool of troubled employees in this particular company. Awareness and knowledge of the EAP were high for both supervisors and general staff, but attitudes toward the EAP by general staff were more negative than anticipated. The prevalence of troubled employees were quite high. Recommendations to the EAP provider and the purchasing company are made, including the necessity for measurable EAP strategy and process objectives, the need to reduce the proportion of troubled employees through additional welfare programs and structural changes to the workplace, and the need to address the relatively high proportion of negative attitudes toward the EAP provider.

California Department of Corrections. (1992). Process evaluation of the R.J. Donovan Correctional Facility Amity Rightturn substance abuse program (July 1, 1990 - September 30, 1991). Sacramento: Author.

The process evaluation of the Amity Rightturn substance abuse program, an intensive therapeutic community in-prison program for male inmates is highlighted. Program services, program staff, and indices of success are identified.

Castell, P., Smith, N.G., Melus, S., & Orwin, R. (1991). First annual interim process evaluation report: NIAAA community demonstration grant projects for alcohol and other drug abuse treatment of homeless individuals. Rockville MD: National Institute on Alcoholism and Alcohol Abuse.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Community Demonstration projects for Alcohol and Other Drug Abuse Treatment of Homeless Individuals. The report includes information on numbers of clients served in NIAAA-funded program components; client characteristics including race and ethnicity, age, and gender; service utilization information, i.e., numbers of clients served in various service activities and units of service delivered by each project; systems-level activities, such as might occur between the project and other service

providers, policy makers, or the general community; and progress on implementation, i.e., description of successes and barriers to program implementation and activities that supported systems linkages.

DeWit, D.J., Timney, C.B., Silverman, G., & Stevens-Lavigne, A. (1996). Process evaluation of a comprehensive drug education training package. Journal of Alcohol and Drug Education, 4(3), 102-122.

This study presents the results of a process evaluation of a comprehensive drug education training package aimed at primary and secondary school teachers with an interest in developing and delivering drug education lessons to their students. Teacher Training in Prevention (TTIP) objectives are to assist teachers in planning, developing, and implementing drug education lessons; to assist teachers in identifying and assisting students who may be at risk of alcohol and drug problems; and to increase teacher comfort level and confidence in teaching drug education to students. A detailed questionnaire was mailed to 470 trained teachers in 35 public and private school boards; results based on 205 returned and completed questionnaires indicated a high approval rating for the package. (Author abstract modified)

Drake, R.E., Bebout, R.R., Quimby, E., Teague, G.B., Harris, M., & Roach, J.P. (1993). Process evaluation in the Washington D.C., Dual Diagnosis Project. In K.J. Conrad, C.I. Hultman, & J.S. Lyons (Eds.), Treatment of the chemically dependent homeless (pp. 113-124). Binghamton, NY: Harrington Park Press.

This chapter describes the model-guided process evaluation of the Washington, D.C., Dual Diagnosis Project, a research demonstration project for homeless persons with co-occurring severe mental disorders and substance use disorders. Model-guided process evaluation involves defining the treatment model; monitoring the integrity of the model over time; assessing the extent of each client's exposure to, and absorption of, the intervention; and using the process data to understand intermediate, as well as final client outcomes.

Gleghorn, A.A., & Corby, N.H. (1996). Injection drug users' reactions to guidelines for bleach disinfection of needles and syringes: Implications for HIV prevention. Journal of Drug Issues, 26, 865-881.

The objective was to determine injection drug users' (IDUs) reactions to and willingness to adopt new National Institute on Drug Abuse, Center for Substance Abuse Treatment, and Centers for Disease Control provisional guidelines for bleach disinfection of needles and syringes (NS). In 1993, 154 IDUs participated in 17 focus groups in 8 U.S. cities. Process evaluations of transcriptions were completed utilizing qualitative techniques. Active IDUs expressed willingness to adopt most new recommendations. Syringe agitation and use of full-strength bleach were acceptable. Pre-bleach water rinse, complete filling of the NS, post-bleach rinsing with fresh

water, and longer bleach contact times were possible under favorable injection conditions. Cleaning both before and after injection and disassembling the NS for cleaning were unlikely to be adopted. Multiple barriers to consistent bleach use were identified. IDUs were willing to attempt new guidelines, but many circumstances interfere with adequate bleach disinfection. To avoid HIV exposure, increased access to sterile NS is necessary. Implications for HIV prevention are discussed. (Author abstract)

Mansergh, G., Rohrbach, L.A., Montgomery, S.B., Pentz, M.A., & Johnson, C.A. (1996). Process evaluation of community coalitions for alcohol and other drug-abuse prevention: A case study comparison of researcher- and community-initiated models. Journal of Community Psychology, 24, 118-135.

This article presents case studies of two different coalition models, one developed to support a community-based drug abuse prevention trial, and the other, a demonstration program grantee. Comparisons of the two coalitions on key characteristics indicated that they were similar except for their impetus for initiation and primary purpose. Members of the two coalitions responded to a written survey that assessed immediate coalition process and activity outcomes, including perceptions of coalition efficiency, outcome efficacy, interagency coordination, and benefits of involvement. After controlling for demographic differences, the two groups of coalition members were similar, overall, on the measures of immediate outcomes. Univariate analyses indicated only one difference: members of the researcher-initiated coalition had higher ratings of perceived action committee effectiveness than did members of the community-initiated coalition. The results suggest that the impetus for initiation and primary purpose of a coalition may not be as important as other factors in influencing immediate process and activity outcomes. (Author abstract modified)

Perry, R.D., Hoff, B.H., & Gaither, D.S. (1994). The process study component of mental health evaluation. Evaluation and Program Planning, 17(1), 43-46.

This article describes the analysis of system and administrative changes involved in the implementation of the Washington State Mental Health Reform Act of 1989. The process evaluation involved the review of planning documents and contracts with the state, interviews with program staff to identify progress made toward program goals and problems encountered, and analysis of numerical data and narrative information from a variety of sources.

Spinola, C., Stewart, L., Fanslow, J., & Norton, R. (1998). Developing and implementing an intervention. Evaluation and the Health Professions, 21, 91-119.

This article discusses the role of formative and process evaluation in the development and implementation of a pilot intervention to improve the identification, treatment, and referral of women abused by their partners who present to an emergency department. These evaluations

were undertaken in conjunction with an outcome evaluation of training in and use of a five-step protocol of care piloted in a New Zealand public hospital. The outcome evaluation showed there was an improvement in identification and acute care of abused women following the intervention. The article highlights key factors that were relevant to the intervention's development and implementation, including social context, development process, appropriateness for the setting, and level of support from key stakeholders. Factors identified as key to intervention effectiveness included its appropriateness for abused women and responsiveness to specific hospital, department, and staff needs. The key role of formative and process evaluation in the development and implementation of pilot interventions is highlighted, and the particular lessons gained from this study have relevance and application to other interventions. (Author abstract)

Wiener, R.L., Russell, B., & Eton, D. (1996). Outcome evaluation report for the TASC Intensive case management program: Final report. St. Louis, MO: Center for the Application of the Behavioral Sciences.

The goal of the evaluation of the East St. Louis Case Management Program was to provide process and outcome information about the implementation of the project and its impact on the project participants. The report addresses the goals of: developing a descriptive composite of the types of clients who are referred to intensive case management, traditional RMA services, and rehabilitation treatment; developing a comprehensive description of the program as it was planned and as it is actually carried out; and providing an analysis of the participation rate of the clients referred for treatment. (Author abstract modified)

III. PROCESS EVALUATION: ANNOTATED BIBLIOGRAPHY

III. PROCESS EVALUATION: ANNOTATED BIBLIOGRAPHY

Center for Substance Abuse Treatment. (1997). Demystifying evaluation: Manual for evaluating your substance abuse treatment program (Volume I). Rockville, MD: Author.

Five modules are presented for program evaluation. In the first module, the concept of program evaluation is introduced, the benefits of evaluation are explored, and evaluation and associated terms are defined. In the second module, strategies are described for using program and client data to improve the effectiveness of programmatic efforts. Such an evaluation should allow the service provider to be self-critical, ultimately permitting improvement in the functioning and effectiveness of those programs evaluated. Resources needed for different outcome evaluation strategies also are explored. In the third module, strategies focus on process evaluation as the essential companion to outcome evaluation. Participants are taught to describe the range of treatment services available in their programs, develop strategies for measuring the extent to which services are provided, and determine staff to be involved in data collection. In the fourth module, participants explore strategies for understanding the extent to which the clients in their programs reflect the substance use problems and the substance using populations in their communities. The focus is on learning to assess the nature of substance use in communities and to characterize substance users in those communities, and selecting and implementing measures that can describe the range of substance use problems in each community and measures that can describe the characteristics of substance users in the community who are not in substance abuse treatment. The fifth and final module provides program administrators and clinical staffs with information for accessing any additional resources they need to conduct outcome and process evaluations.

Center for Substance Abuse Treatment. (1997). Demystifying evaluation: Manual for evaluating your substance abuse treatment program (Volume II). Rockville, MD: Author.

Trainers are given the necessary information to teach a five-module course on program evaluation. In the first module, the concept of program evaluation is introduced, the benefits of evaluation are explored, and evaluation and associated terms are defined. In the second module, strategies are described for using program and client data to improve the effectiveness of programmatic efforts. An evaluation should be designed to allow the service provider to be self-critical in a logical, structured fashion, with the ultimate objective of permitting improvement in the functioning and effectiveness of those programs evaluated. Resources needed for different outcome evaluation strategies also are explored. In the third module, strategies are developed for describing and assessing the level of effort in a program; these focus on process evaluation as the essential companion to outcome evaluation. Participants are taught to describe the range of treatment services available in their programs, develop strategies for measuring the extent to which services are provided, and determine staff to be involved in data collection. In the fourth module, participants explore strategies for understanding the extent to which the clients in their programs reflect the substance abuse problems and the substance-using populations in their

communities. The focus is on techniques that program administrators can employ to assess the nature of substance use in their communities and to characterize substance users in those communities. Participants are taught to select and implement measures that can describe the range of substance use problems in the community and measures that can describe the characteristics of substance users in the community who are not in substance abuse treatment. The fifth and final module provides program administrators and clinical staffs with information for accessing any additional resources they need to conduct outcome and process evaluations.

Cunningham, M.S. (1993). Evaluating alcohol and other drug abuse programs. In E.M. Freeman (Ed.), Substance abuse treatment: A family systems perspective (pp. 267-294). Thousand Oaks, CA: Sage Publications.

This chapter, written for policy makers and practitioners, addresses evaluation of family-focused alcohol and other drug treatment programs. The following evaluation steps are delineated: needs assessment, specification of goals and objectives, process evaluation, outcome evaluation, impact evaluation, interpretation and decision making, and dissemination and technology transfer.

Dehar, M., Casswell, S., & Duignan, P. (1993). Formative and process evaluation of health promotion and disease prevention programs. Evaluation Review, 17(2), 204-220.

This article discusses the application of formative and process evaluation in the field of health promotion and disease prevention. Program evaluators often employ a “black box” approach to evaluation, focusing on final outcomes and devoting little attention to the processes by which the program achieved the outcomes. The authors suggest that program evaluators need to give greater recognition to the need to provide input at early stages of program development and the need to document and analyze the process of program implementation. Formative evaluation begins in the program planning stage and continues into program implementation, assisting in the development and improvement of the program. Process evaluation involves documenting and analyzing program operations to assist in interpreting program outcomes and inform future program planning. The authors propose that without this knowledge of program implementation, program administrators will not be able to determine whether a program fails to produce impacts because of a failure in program design or a failure to implement the program as designed.

Fitzpatrick, J.L. (1992). Problems in evaluation of treatment programs for drunk drivers: Goals and outcomes. Journal of Drug Issues, 22, 155-167.

This article reviews and critiques the validity of methods used to evaluate drunk driving treatment programs. Evaluation activities typically focus on measuring the single outcome of re-arrest as an indicator of program effectiveness. The authors suggest that evaluation activities should focus more on program processes and intermediate outcomes to provide more valuable information for program improvement and dissemination and to enable better identification of effective treatment

models. Triangulation of data collection methods is also recommended, with increased use of self-report and collateral measures. Ambiguity concerning program goals and directions is cited as a related problem.

Kaskutas, L.A. (1998). Methodology and characteristics of programs and clients in the social model process evaluation. Journal of Substance Abuse Treatment, 15(1), 19-25.

This paper describes the qualitative protocol used in a process evaluation of social model residential substance abuse programs, including site selection, rules for observation, and the grounded theory approach taken to data analysis. Overviews of the programs offered at each study site are given, including overall philosophy, staffing approach, size of program, length of stay, funding sources, and cost for average stay. Using survey data available from another study, background demographic and Addiction Severity Index client-level information are presented to augment the program-level results of the process evaluation.

Linney, J.A., & Wandersman, A. (1991). Prevention plus III: Assessing alcohol and other drug prevention programs at the school and community level. A four-step guide to useful program assessment. Rockville, MD: Office for Substance Abuse Prevention.

This workbook was developed for use in assessments of alcohol and other drug prevention programs at the school and community level. Evaluation is described as a four-step process: identification of goals and desired outcomes, process assessment, outcome assessment, and impact assessment. Methods for documenting programs and their effects and improving the programs are also outlined.

Lipps, G., & Grant, P.R. (1990). A participatory method of assessing program implementation. Evaluation Review, 14(4), 427-434.

In this article, the authors draw from previous research on program implementation to develop a participatory approach to evaluating program implementation. The primary feature of this method is the continuous, active involvement of program developers, managers, and staff in the evaluation process. The initial step of the process involves the review of program documents and the discussion of program activities with program developers, management, and staff. A description of each program activity and three possible levels of program implementation are developed based on the review and discussions. Once multiple methods for measuring the implementation level are identified, evaluation data is collected and the level of program implementation is determined. The evaluation findings are then fed back to all concerned parties, informing future program development, implementation, and evaluation efforts. This participatory approach to evaluation increases cooperation of program management and staff; and enables the establishment of quantitatively based, realistic levels of implementation. The basic

procedures of the approach are illustrated through the application of the method to an actual program.

Maccoby, N. (1990). Communication and health education research: Potential sources for education for prevention of drug use. In C.G. Leukefeld, R.J. Battles, & Z. Amsel (Eds.), AIDS and intravenous drug use: Future directions for community-based prevention research (pp. 1-23). Rockville, MD: National Institute on Drug Abuse.

This paper describes research conducted during the last 20 years that has been applied to the reduction of disease risk in communities. Formative, process, and summative evaluation methods are discussed.

National Institute of Justice. (1996). Evaluation of drug treatment in local corrections. Washington, DC: Author.

Based on a review of the literature, elements identified as important to successful programming are described and some methodological considerations in conducting research of this nature are discussed. Detailed narrative descriptions are provided of the five jail treatment programs, including program setting, goals, history, staffing, recruitment and selection procedures, content, and aftercare. The research design is described, including both impact evaluation and process analysis components. With regard to the evaluation of impact, the relevant research questions, a description of data collection instruments, and the details of how treatment and control subjects were selected (and in some cases interviewed) at each of the five sites are presented. The design of the process evaluation, the procedures developed to collect the program information in a standardized format, and the nature of the data obtained are presented. A number of tables summarize the five programs in terms of setting, eligibility criteria, formal screening and intake procedures, program elements, post-custody links, characteristics of participants (including self-reported patterns of drug use), incarceration information (such as length of jail and program stay), and program completion or termination rates. An analysis is provided of institutional behavior for program participants versus those in comparison units. Information also is provided with respect to the costs of these programs versus comparable units within each facility. Twelve-month recidivism data are analyzed to compare the probability of rearrest/reconviction for treatment and control offenders.

Patton, M. (1997). Utilization-focused evaluation (3rd ed.). Newbury Park, CA: Sage.

This book details the author's suggestions for conducting program evaluations that are both useful and will actually be used. Both theoretical and practical, the author's approach to useful evaluations is presented along with a review of relevant literature and actual case examples.

Posavac, E.J. (1997). Program evaluation: Methods and case studies (5th ed.). Englewood Cliffs, NJ: Prentice Hall.

This book differentiates program evaluation methods from basic research methods by illustrating the importance of evaluation in program planning and monitoring. The core tasks of evaluators, approaches to program evaluation, and suggestions about communicating evaluation findings are presented.

Rossi, P.H., & Freeman, H.E. (1993). Evaluation: A systematic approach. Newbury Park, CA: Sage Publications.

This book, written for both researchers and students, provides essential tools for conducting and implementing evaluation research.

Scheirer, M.A. (1994). Designing and using process evaluation. In J.S. Wholey, H.P. Hatry, & K.E. Newcomer (Eds.) Handbook of practical program evaluation (pp. 40-68). San Francisco: Jossey-Bass.

In this chapter, the authors discuss how process evaluation has acquired a variety of meanings, often being equated with formative evaluation, evaluation designed to assist program development, program monitoring, or evaluation designed to identify the processes underlying the treatment. This chapter discusses and illustrates each of these types of process evaluation in an effort to clarify each use and to guide appropriate applications. Additionally, the importance of process evaluation, the types of useful data, and appropriate methodologies are discussed.

Shadish, W.R., Cook, T.D., & Leviton, L.C. (1991). Foundations of program evaluation: Theories of practice. Newbury Park, CA: Sage Publications.

This book, written for students, evaluators, and policy makers, addresses the challenges of evaluating social programs. The theories of seven evaluation theorists are presented, along with critical feedback.

Wholey, J.S., Hatry, H.P., & Newcomer, K.E. (Eds.). (1994). The handbook of practical program evaluation. San Francisco: Jossey-Bass.

This handbook advocates efforts to systematically assess the performance, particularly outcomes and impacts, of public and nonprofit programs and policies. Suggestions about evaluation are provided to enable policy makers and managers to obtain useful and reliable information about their programs at an affordable cost.

Wolk, J.L., & Hartmann, D.J. (1996). Process evaluation in corrections-based substance abuse treatment. Journal of Offender Rehabilitation, 23(1-2), 67-78.

An interest in rehabilitation programming, including substance abuse treatment within correctional institutions, has grown because the increase in prison construction in the last decade has been offset by more arrests and convictions, and longer mandatory sentences. It is argued that a process evaluation is essential for any substance abuse treatment outcome evaluation. In the course of process evaluation, five groups need to be taken into account: inmates, treatment staff, prison staff, prison administration, and parole board. Stages of treatment program progression consist of program policy making, program operational evolution, and program viability. The authors concluded that recognizing the centrality of process evaluation as the foundation of improved substance abuse program delivery is pivotal.

Yin, R.K. (1993). Lessons learned about the effects of community-based prevention programs. In R.K. Yin (Ed.), Applications of case study research (pp. 94-109). Newbury Park, CA: Sage Publications.

This chapter challenges the assumption that a single evaluation design is always sufficient to assess a community-based intervention; and instead, advocates a singular case study evaluation with multiple substudies to evaluate comprehensive substance abuse prevention programs. Prevention programs have become increasingly sophisticated in that they no longer concentrate exclusively on the at-risk individual, but rather target the individual's broader social environment as well. This comprehensive approach requires evaluators to adopt a multiple-substudies methodology in order to effectively measure multiple outcomes and to collect data from multiple units of analysis. In addition to the inclusion of multiple substudies in the evaluation design, it is important to develop the process as well as the outcome evaluation before the program has been implemented and to develop strong collaboration between the evaluators and the project managers.

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