2019-2020 Evaluation Plan for PB&J Family Services

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I. Introduction

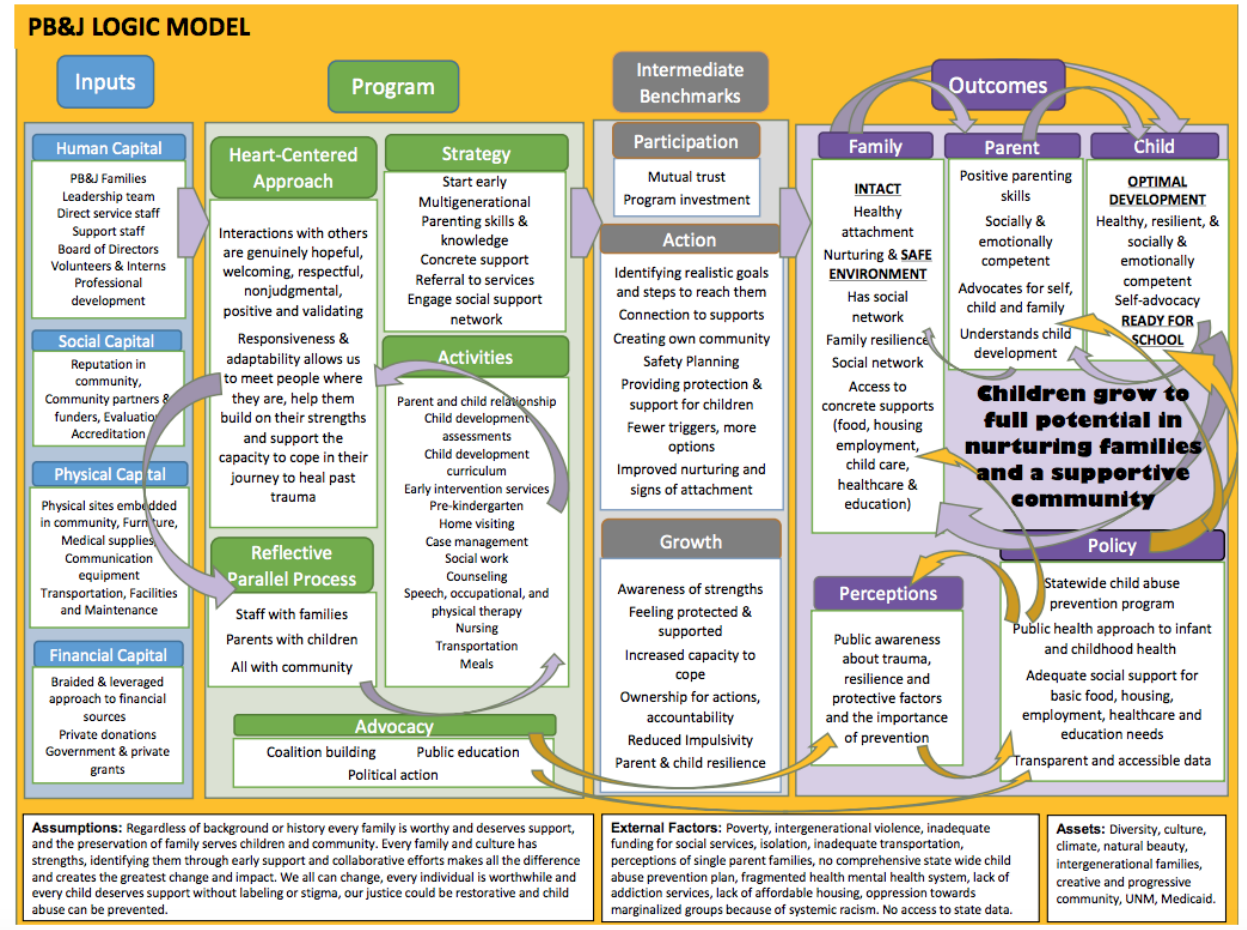
PB&J Family Services have been helping at-risk children grow and develop to their full potential in nurturing, supportive families since 1972. As a non-profit organization, they serve families and children at three locations in Bernalillo and Sandoval counties with the hope of meeting clients where they are, both in terms of geographic location and in terms of meeting families' immediate service needs.

II. Purpose of the Evaluation

As PB&J Family Services enters their 5th and final year with the UNM Evaluation Lab, it was important for the organization to come out of the lab with the proper tools to self-evaluate their success. For this year's evaluation, the team decided to develop a client feedback survey for PB&J to use throughout the organization. Clients will be able to complete the survey regardless of what program they participated in, giving PB&J valuable information about client interactions across programs and identifying areas where they might be in need of improvement.

Primarily, PB&J is interested in creating a survey that will demonstrate to what extent they are meeting their service goals, are leaving clients satisfied with their services, and if their core values and practices are being demonstrated in interactions with clients. During the evaluation, we will be working with the staff to identify these values and completing focus groups with clients to better understand how PB&J does their work. Using this information, we can develop a survey that PB&J can use to build their self-evaluation capacity over the long-run and inform their practices moving forward.

III. **Logic Model**



Using the logic model previously developed at PB&J, we worked with staff to determine whether the values in the logic model were still important to staff who did not assist in developing the model. The logic model also helped to inform the team's literature review. For instance, we examined literature on child development since optimal development is a desired outcome for children at PB&J. Some other important areas of the logic model that are involved in how PB&J works with parents and children include trauma-informed care, home-visiting, and family resilience. By examining the research and receiving input from the staff about the values and practices used in their work, the evaluation team was able to determine that the logic model does represent and outline those values and practices that staff at PB&J Family Services hold.

IV. Literature Review

To understand how PB&J Family Services does the work that they do, we reviewed the literature on childhood development, family resiliency, and home-visiting models of treatment which inform the practices that PB&J use to support client families. By understanding how children develop and the potential consequences of trauma and adverse experiences on their ability to grow, we can better understand how to improve those relationships and environments that children are exposed to early on to combat the negative effects of their childhood trauma. We can also develop a better understanding of how to assist families and parents in the development process and how to best support a nurturing parent-child bond. This science informs the practices that PB&J employ in their family service work and provide background for evidence-based treatment practices that are shown to really benefit client families.

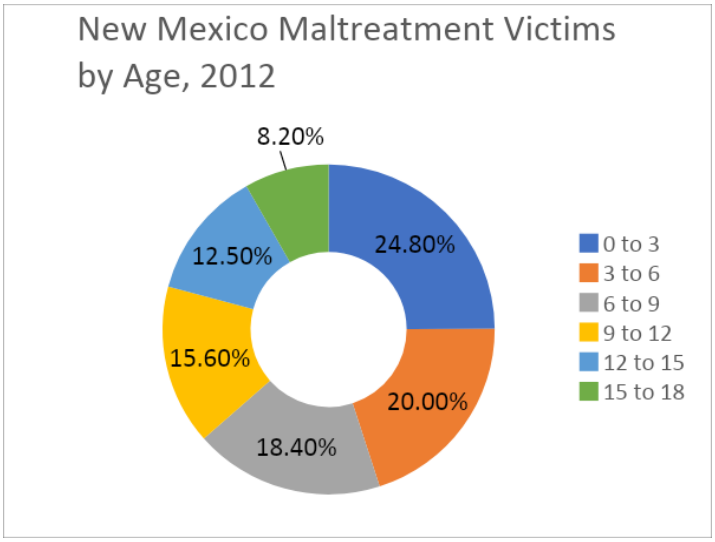
Preventive services and early intervention strategies, such as the home-visiting care models, can reduce high future costs of childhood trauma and maltreatment and can help children build resilience by addressing the problem before it progresses. Investing in preventative services that address the problem before it escalates to Child Protective Services or relinquishment of parental rights can help keep families together while simultaneously improving outcomes for children. If family service organizations like PB&J can effectively interpret and address the needs of families while keeping them together and work towards building strong relationships both with and among the family members, these organizations can help to improve the future life outcomes for high-risk children and their families.

V. Evaluation Context

In addition to the literature on childhood development, family resiliency, and home-visiting models of treatment, we explored relevant data about PB&J's target population to better understand the need that PB&J fills in New Mexico.

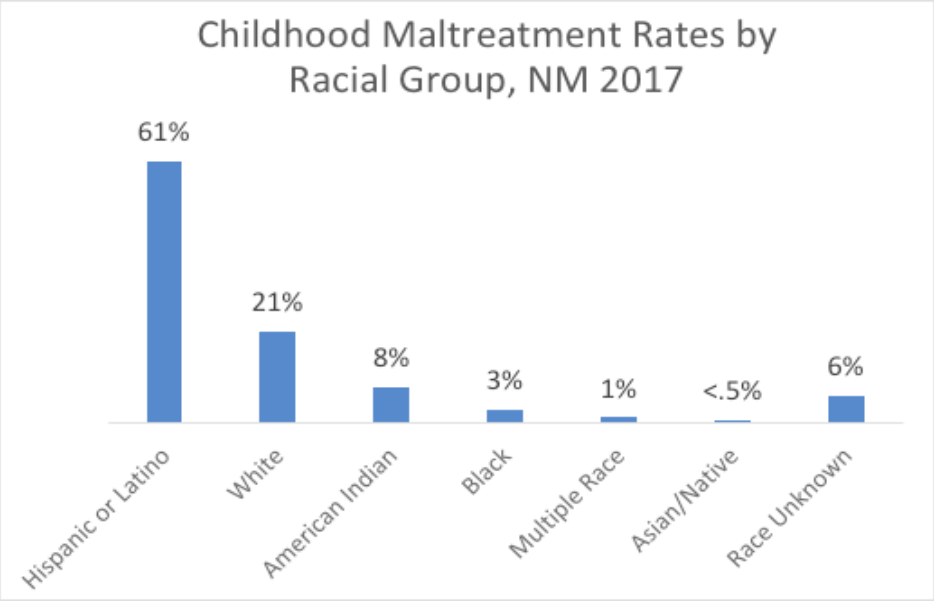
The first chart shows the breakdown of child maltreatment victims by age in New Mexico. According to the NM Legislative Finance Committee, in 2012 there were a total of 5,882 child maltreatment victims in New Mexico. Maltreatment includes cases of neglect against a child as well as cases of physical, psychological, or sexual abuse. Childhood maltreatment cases represent a good portion of those that might be referred to PB&J Family Services with the hope of providing prevention or intervention services to the victim.

In 2012, children between the ages of 0 and 6 years old represented over 44% of all childhood maltreatment cases in New Mexico. PB&J Family Services primarily serves families with children within this age range, with their Pre-K services and parenting groups mainly focusing on serving families with young children aged 0-5. Serving and representing families with young children can have a positive impact on a family's ability to stay together and to combat the negative effects of maltreatment for kids in New Mexico.



Source: LFC Results First – Evidence-Based Options to Improve Outcomes. (2014). *Evidence-Based Programs to Reduce Child*

Similarly, our second chart shows the prevalence of child maltreatment by racial group and ethnicity in New Mexico. All race categories other than "Hispanic or Latino" are categorized as non-Hispanic in ethnic origin. Showing the prevalence of childhood maltreatment by race allows us to see who is most affected by childhood maltreatment and therefore who might be most in need of PB&J's services.



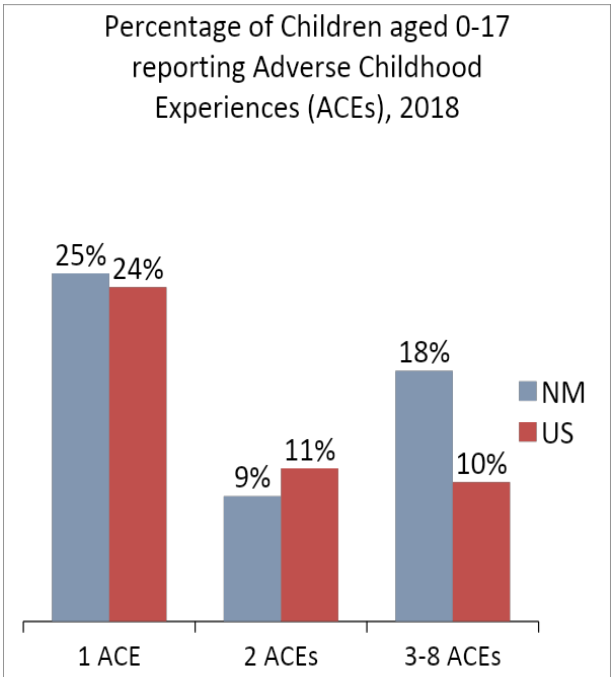
Source: The Annie E. Casey Foundation KIDS Count Data Center (June 2019). *Children who are confirmed by child protective services as victims of maltreatment by race and Hispanic origin in New Mexico.*

The number of clients served by PB&J broken down by racial group compares very closely with the above graph, showing the highest prevalence of clients served from Hispanic origin. According to PB&J's 2017 Annual Report, they served a total of 1,467 Hispanic clients in 2017, followed by 282 white clients, 137 Native American, and less than 100 clients each for those whose race was African American, Asian, or an undeclared race (PB&J Family Services, 2017).

In the state of New Mexico the percentage of Hispanic or Latino individuals is much higher than in other states, but children from Hispanic or Latino families still experience maltreatment at a disproportionate rate. By knowing who is most likely to be affected by abuse or neglect, organizations like PB&J can use that information to better serve at-risk children and their families.

New Mexico also has high rates of children who report having Adverse Childhood Experiences (ACEs) between birth and age 17. ACEs are described as events or experiences that were potentially traumatic for the child, including things like abuse or neglect, exposure to substance abuse, or violence in the home.

Exposure to one or more ACEs has been linked to potential health risks in adulthood and a higher likelihood of experiencing toxic stress (Sacks & Murphey, 2018). Compared to the national average, New Mexico has a significantly higher rate of children who experience 3-8 ACEs during childhood. Overall, New Mexico has more children that report having at least one adverse experience and a high rate of those who report multiple ACEs throughout their childhood.



Source: Sacks, V., & Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.*

Organizations like PB&J provide services to families that reduce the negative effects of adverse experiences in childhood. For instance, PB&J's programs aid both the parent and the child, demonstrating the use of "intervention models that are explicitly two-generational: focusing simultaneously on the needs of adults (particularly parents) and children who have been exposed (or who are at risk of exposure) to ACEs." (Sacks & Murphey, 2018). This approach allows for both parents and children to address the cause of the trauma and to prevent future exposure to adverse childhood experiences as they grow.

Ensuring that PB&J are meeting the needs of their clients and providing effective intervention services is one reason why PB&J will benefit from having a client feedback survey. Knowing where they are succeeding and where they can improve allows everyone at PB&J to evaluate their own success and their impact on the families that they serve.

VI. Evaluation Team

Working with PB&J Family Services this year, the 2019-2020 UNM Evaluation Lab team members are Melissa Binder, PhD (team lead, Associate Professor of Economics), Jessica Hitzman (Evaluation Lab Fellow and MA Public Policy Student) and Emily Guerra (Evaluation Lab Fellow and Master in Public Health student).

PB&J Family Services team members are Jennifer Thompson (Associate Director of Clinical Services) and Felicia Tapia-Alvidrez (Associate Director of Family Services).

As the evaluation project is focused on measuring clients' satisfaction with their interactions with staff and the various PB&J programs, the appropriate stakeholders that are engaged and involved in the process include PB&J staff from all departments and programs and present and former clients of PB&J Family Services.

VII. Evaluation Activities and Timeline

During our first meeting with Felicia and J.T. at PB&J's South Valley location, we became aware of PB&J's desire to leave the evaluation lab with a way to self-evaluate their progress and success with their clients. The creation of a client satisfaction survey is something that PB&J can continue to use once their work with the evaluation lab completes at the end of this year. Having a client satisfaction survey that can be used across all PB&J programs allows the staff and management to evaluate their own success and see where they can improve.

To develop the survey, we needed to identify what values and practices were most relevant to the PB&J staff members in how they do their work. This led us to define those values, principles, and practices with a group of staff members and to use these ideas to develop rubrics of performance. Using terms like non-judgement, transparency, and communication, the staff were able to define what things were most important to them in the work that they do. The full list of values, principles and practices can be found in Appendix B. These ideas will be used to develop the measures on the client survey to determine if PB&J staff are upholding these values in their interactions with client families.

We also needed to find out what ideas and values the clients found important in their interactions with PB&J staff. Interactive focus groups that are done with current and previous PB&J clients will allow us to determine whether the clients are seeing the PB&J values in their interactions with staff and to see what the client values the most in their interactions at PB&J. Defining what a 'good' staff member looks like can serve as a basis for our survey by asking the questions that matter most to both PB&J staff and clients. The protocol for the interactive client focus group can be found in Appendix C.

After collecting the data from the focus groups, we will code the responses with relevant stakeholders, including PB&J staff team members, management, and the evaluation team. This coding will allow us to theme and analyze what the clients are saying and to determine what is most important to them in their interactions at PB&J. Using these themes, we will have a better understanding of what success at PB&J looks like and what measures are most important to include in the survey. Once the survey is developed, the evaluation team will develop a set of implementation options for PB&J to determine the best route for administering the survey at a later date.

The evaluation timeline is outlined below along with corresponding evaluation goals:

October 17th

- Meeting with PB&J staff team to:
  - Define Best Practices
  - Define Values that staff should embody (relationship building, etc.)

    <u>Goal</u>: Define 4-5 Principles & Practices for Rubric Development

October 24th, October 29th, November 4th

- PB&J Rubric Development with staff team

  <u>Goal</u>: To define levels of performance for values and best practices

November 12th - 18th

- PB&J Meeting to brainstorm Focus Group themes, questions, activities.
- Evaluation Team Facilitation Planning

  <u>Goal</u>: Linking focus group with rubrics

November 19th

- Interactive Focus Group with current PB&J clients

  <u>Goal</u>: To identify client experiences and values related to working with PB&J staff

December 2nd

- Evaluation Plan Presentation

January

- Preliminary Coding of Focus Group Responses
- Coding Focus Group w/ staff team and relevant stakeholders
- Finalize Rubrics with staff team

To Be Completed before February 1st

February

- Revise PB&J Rubrics & Develop Client Feedback Survey

To Be Completed before Spring Break

March

- Review & Edit Survey Questions
- Develop Implementation plan for Client Feedback Survey

<u>Goal:</u> To propose possible ways for PB&J to administer survey and evaluate survey data throughout the following year

April

- Finalize Evaluation Report

Appendix A: Full Literature Review

The things that children experience while their brains are still forming and developing, including the relationships they build, their genetics, and the environment they grow up in, can influence their later development and impact how they respond to challenges and adversity. Early brain development is extremely important for a child's growth and can impact a child's ability to cope with high-stress situations and to grow into healthy, functioning adults. Brain development is heavily reliant on the gradual acquisition of executive functions (Center on the Developing Child at Harvard University, 2016), and that acquisition can be interrupted by negative relationships and exposure to poor or unsafe environments in early childhood. Learning to cope with and address adversity is a crucial part of childhood brain development. If a child is constantly dealing with adverse situations, their 'flight or fight' response is continually activated which can lead to a decreased ability of their biological functions to recognize and respond to adverse experiences. Exposure to negative relationships and environments in childhood has the potential to cause physical and mental health problems, including but not limited to depression, heart disease, and diabetes (Center on the Developing Child at Harvard University, 2016).

Children who experience adversity may develop resiliency as a tool to respond to negative relationships and environments. "Resiliency" is a broad term that refers to how individuals adapt to stressful and adverse situations and how they can achieve good outcomes despite having high levels of personal, social, and environmental risks. Resiliency is often discussed in connection to trauma, as people who experience trauma can still have positive outcomes that demonstrate high levels of adaptability (Kumpfer, 1999). Kumpfer discusses five main resiliency constructs: the stressor or challenge itself, the individual characteristics such as genetic, social, and internal factors, the outcome of the challenge or stressor such as how families respond, the interactions between an individual and the environment, and the interactions between the individual and the set of potential outcomes. Each of these factors are shaped with and by the surrounding environment. They structure both the stressors and outcomes children and their families may face. According to Kumpfer (1999), the child's environment exerts the most influence on the types of challenges they come into contact with and how they face those challenges. Even if a child has a supportive family, if their external environment is not designed to offer them opportunities to positively grow, they have two possible outcomes: they will either build resilience in response to the situation or succumb to the negative environment around them. Failing to build resiliency can lead to future negative life outcomes for the child such as poor coping skills or an inability to respond to stressors in a productive, healthy way (Kumpfer, 1999).

For high-risk children in high-risk environments, having a place like a church or a school that serves as a safe, positive space within their community helps them build resiliency. It also helps children build positive social relationships with others and can expand their social networks and social skills. Access to these types of spaces allows children to work on their problem-solving and cooperation skills and practice facing challenges in a controlled and

supportive setting (Kimpfer, 1999). The positive relationships and environments that help children build resilience also have the potential to teach children how to assess their own strengths and needs, to show inhibitory control, and develop mental flexibility into adulthood. Supporting children during this early brain development process and providing them with safe, positive, nurturing spaces in which to grow and learn are essential to a child's wellbeing.

One of the earliest evidence-based programs that focused on developing families' resiliency is the Strengthening Families Program (SFP). The program was first developed as a 4-year randomized controlled trial in 1982 by Dr. Karol Kumpfer with assistance from a research grant from the National Institute on Drug Abuse (NIDA). The original program was a 14-week intervention that targeted high-risk elementary school children whose parents had a history of a substance use disorder. These parents were recruited from drug treatment centers and the initial trial had 288 participating families. The purpose of SFP was to prevent substance use in high-risk children by improving parenting and nurturing skills. They found that the first round of SFP "significantly improved parenting skills, reduced family and children's risk factors, and increased protective factors and resilience for drug abuse" (Kumpfer & Magalhães, 2018. p.174). Based on these initial findings, SFP has expanded to cover children from 0-17 years old and targets families and children from a wider range of risk factors. As an intervention program, "the goal of SFP is to break the intergenerational cycle of substance abuse by strengthening the family and parenting skills" (Kumpfer & Magalhães, 2018, p.175). The main way that parenting skills are taught and strengthened is by encouraging parents to use positive reinforcement to encourage 'good/wanted' behaviors and ignoring 'bad/unwanted' behaviors.

After the initial 4-year randomized controlled trial, the Strengthening Families Program has been made culturally sensitive to appeal to and include the widest possible number of families by including elements of the local culture such as songs, music, food, games, and stories. They also do so by focusing on the issues and concerns that are relevant for that cultural location. By adapting SFP to fit a wider range of cultures, the intervention "increase[s] community engagement, recruitment, and retention by an average of about 40%" (Kumpfer & Magalhães, 2018, p.177). Compared to similar evidence-based programs, "SFP prevented the highest percentage of youths from the use of alcohol (18%), marijuana (15%), other drugs (11%), and tobacco (7%)" (Kumpfer & Magalhães, 2018, p.177). As the overall goal and aim of SFP is to prevent children from developing a substance use disorder later in life, these findings indicate that SFP is successful in breaking the intergenerational cycle of substance use by addressing parent trauma and encouraging positive parenting skills.

If children are not supported well enough to develop resilience in response to negative situations, they are at risk of stunted development. When children are influenced by the past traumas of their parents, for instance, they experience a lack of support that affects the infant-parent bond as well as the child's later development. Supporting this idea, the study by Fraiberg, Aldeson, and Shapiro (1975) examines how infant-parent relationships can be harmed by 'ghosts in the nursery', which the authors describe as "visitors from the unremembered past of the

parents, the uninvited guests at the christening" (Fraiberg et *al.,* 1975, p.387). The 'ghosts' in this sense are the parent's own childhood experiences with trauma and memories from their own upbringing. The 'ghosts' or past traumas may linger and become present in their current relationships if not addressed and 'removed' from the home. While some parents have strong bonds and attachments with their children, other families may feel like their trauma is 'normal.' This shows an example of generational trauma and how trauma can be passed down from parents to children. Because the ghosts are attached to the parent's experiences of trauma, if a parent does not have high resiliency and believes their trauma is 'normal', they will not recognize how their unaddressed trauma negatively affects their children's physical, mental, and emotional development (Fraidberg et *al.,* 1975).

Prior to this study, many of the parents' past traumas were mainly addressed in a clinical setting such as a therapist's office. However, the authors found that for some high-risk cases the clinical setting actually causes the ghosts to more firmly attach themselves to the family. As such, the authors developed a new technique for addressing the 'ghosts' called "psychotherapy in the kitchen" (Fraiberg et *al.,* 1975, p.394). The authors use two cases of impaired infant-mother relationships to trace how their methods helped the mothers identify, rectify, and move past their own traumas and adverse childhood experiences to better care for their own children in the present. In these two cases, the mothers were exposed to these 'ghosts' for years and saw their presence as normal. They were unable to see how the 'ghosts' were causing trouble for their own child's growth and development. By working with the therapy team, the mothers were able to banish the 'ghosts' from their lives and were able to care for their children in positive ways that help their family's growth and development. While "psychotherapy in the kitchen" was a novel idea at the time the authors were conducting their research, many contemporary programs and organizations that work with high-risk families and children now include some type of home-visiting component as a standard practice.

To counteract the negative effects of growing up in high-risk environments, children who are exposed to programs like home visiting may have better physical, emotional, and behavioral outcomes compared to children who do not. The study by Kilburn & Cannon (2017) examined the effectiveness of the First Born Program (FBP) home-visiting model as an intervention to assist first-time parents. Consisting of 40 weekly home visits during the child's first year of life and less frequent visits through the child's third year, the goals of the First Born Program "include promoting children's health and developmental outcomes and improving parenting in areas such as...promoting child development, developing nurturing relationships, and accessing needed community resources" (Kilburn & Cannon, 2017, p.3). The authors hypothesized that those who are enrolled in the FBP program would reduce the number of primary and emergency care visits they had with the child. The results showed that children whose family was enrolled in FBP were a third less likely to visit an Emergency Department during their first year of life and were also 41% less likely to visit their primary care provider more than 9 times in that first year. Based on the results, the First Born Program was found to reduce the amount of contact with the

medical system children had in their first year of life and has the potential to improve the health outcomes of children in their early years.

Similarly, the study done by Lowell et *al.,* (2011) employs a randomized controlled trial of the Child and Family Interagency, Resource, Support and Training (Child FIRST) home-visiting program to assess its effects on child outcomes and family bonding. Employing both a 'system of care' approach and a 'relationships-based' approach to provide supports to families, this program uses the science of child development to inform their care practices. The 'system of care' approach aims to use "natural home environment to promote healthy child development and optimal parenting practices" (Lowell et *al.,* 2011, p.195). The 'relationships-based' approach focuses on the central role of relationships in the development of healthy social-emotional behaviors and the physical and mental health of children. This allows for the workers to provide non-judgmental, individualized, comprehensive outreach support with the hope of helping parents and their children live healthy and happy lives together.

The authors hypothesized that participation in the Child FIRST home-visiting program would correspond with an increased use of services, lower levels of emotional and behavioral problems among children, lower levels of maternal mental health symptoms, less parenting stress, and lower levels of child protective services (CPS) involvement. It is clear the Child FIRST program reached its own goal of increasing access to services, connecting families with 91% of their wanted services compared to only 33% of wanted services accessed by the control group (Lowell et *al.,* 2011). They found a very high level of parent satisfaction with the program, scoring an average of 4.6 out of 5 stars in the questionnaire, and a strong effect was found at 6-month follow up and 12-month follow up for an increase in the number of services accessed (from 5.1 wanted services used in the control group to 14.7 wanted services used by the Child FIRST group). They also find lower parent stress within 6 months past the baseline of care and significant effects on reduced CPS involvement at 36 months past the baseline. These findings provide promising support for the effectiveness of Child FIRST home-based interventions not only for the child but for the parents as well. The implications of this type of intervention on child welfare reach farther when both child *and* parent are supported and when their needs are addressed within a natural parent-child bonding environment like the home. Building strong relationships and high levels of bonding between parent and child are important indicators, in this case, of responsiveness to the system of care that Child FIRST provides.

Relationship building and maintenance of positive relationships with the family are integral in the success of home-visiting and other early interventions. Part of building and maintaining successful relationships comes from a foundation of trust, open and honest communication, and a shared decision-making process between the family and the care worker. For families experiencing vulnerability and disadvantage, it can be incredibly difficult and uncomfortable seeking and accessing services. Because these families have experienced trauma that affects their ability to trust others, early childhood educators and professionals (ECEPs) need to be mindful and avoid forcing any relationships with these families. Time is an integral part of

relationship building because it takes dedication and perseverance to build a meaningful relationship that has positive outcomes for everyone involved. The study by Roberts (2017) "found that both ECEPs and families shared an understanding that empathy, trust and time proved key to effective relationships...[and] suggests the need for more collaborative practices and the acceptance of a new model for relationship building" (Roberts, 2017, p.10). This is especially the case if any type of service provider wishes to build a meaningful and impactful relationship with their clients. By building empathetic and trusting relationships, ECEPs can work with families to break down barriers that silo children into environments that are incompatible with or disrupt their development. Within the context of early childhood education and development, having an educational professional in the home who is in line with the family's wants and needs can create a supportive environment and trusting relationships that positively contribute to the child's wellbeing.

Whether in the form of abuse, maltreatment, neglect, or the presence of 'ghosts in the nursery,' exposure to negative early childhood experiences and childhood trauma has a high cost. This cost is borne both by the child in the form of poor life outcomes and monetarily by taxpayers and child welfare systems. According to the New Mexico Legislative Finance Committee (2014), foster care and adoption services are the costliest in terms of monetary spending in the child welfare system, but these services are often provided once it is too late for any other possible interventions or programs for the child. Preventive services and early intervention strategies, such as the home-visiting care models or 'psychotherapy in the kitchen', can reduce these high future costs of childhood maltreatment by addressing the problem before it progresses. Investing in preventative services that address the problem before it escalates to Child Protective Services can help keep families together while simultaneously improving outcomes for children. This shows that childhood maltreatment and negative early childhood experiences do not have to translate into poor outcomes for children. If child welfare support systems and family service organizations can effectively interpret and address the needs of families while keeping them together, then these support systems may be able to improve the future life outcomes for high-risk children and their families.

Appendix B: Staff Values, Principles, & Practices

List of values, principles and practices identified by PB&J Staff members:

- Relationship Building
    - Non-Judgement
    - Supportive
    - Integrity
    - Process of Engagement (meeting clients where they are)
    - Safety
    - Consistency
    - Clarity in goals
    - Transparency with clients & staff
    - Open communication
- Family Systems Approach
- Meeting Immediate Service Needs
- Parent/Child Bonding
- Collaboration & Community Involvement
- Accountability
- Empowerment

Appendix C: Focus Group Protocol

Client Focus Group - November 19, 2019

Roles: Jessica as Facilitator
Emily as observer, note taker/recorder

Logistics:

1. Recruitment: how to get many perspectives (from both your fans and your less-satisfied participants)
2. Recruitment: getting 5-8 people to show up (may need 10 yeses)
3. Logistics: room, equipment, transportation

Steps:

1. Articulate the evaluation **goals**
2. Assign **activities** to each goal
3. List **materials** needed to complete each activity
4. Assign **timeframe** to each activity

Step 1: Articulate the evaluation goals. What question(s) do you hope will be answered through your focus group?

Overall Goal:

Determine **what clients value in interactions and what language they use** to describe positive and negative interactions. This feedback will inform the development of a **client satisfaction survey**.

Goal 1: Learn client perspective on what makes a good PB&J staff member.

Goal 2: Understand specific actions and words that make interactions positive.

Goal 3: Understand how clients feel after a positive interaction with a staff member.

Goal 4: Learn client perspective on what makes a bad PB&J staff member.

Step 2: Assign activities to each goal. There are several activities that can work in an

Activity 1: Role playing: positive interaction, negative interaction, discussion. (Goals 1, 4)

Activity 2: Write on notecards. Give a specific example of positive interaction. Give a specific example of a negative interaction. (Is writing a problem? Should people share stories instead? Or draw the example?) (Goal 2)

Activity 3: Gingerbread person: how do you feel after a positive interaction with a staff member? (Goal 3)

Note: Some activities can hit on more than one evaluation goal. This is perfectly fine.

Step 3: List materials needed to complete each activity. Use the space below to brainstorm what you may need for participants to complete each activity.

Materials for Activity 1: PowerPoint slide/white flip chart with questions, note paper, pens/markers

Materials for Activity 2: PowerPoint slide/white flip chart with prompt, notecards, pens/markers

Materials for Activity 3: Gingerbread printouts, pens/markers

Step 4: Assign timeframe to each activity. Remember to think about how much time you want to give participants and how much time you will allot for the activity in the protocol. Typically, your protocol will leave room for participants to spend more time on each activity than you tell them they have.

Time allotted for Activity 1: 30 minutes (2 for activity explanation, 15 for working in groups, 10 to present, 3 for discussion)

Time allotted for Activity 2: 10 minutes (8 for writing, 2 for discussion)

Time allotted for Activity 3: 10 minutes (8 for writing, 2 for discussion)

Finishing Up: Assemble these pieces into a protocol. Use the skeleton of a protocol below to create your final script. Your evaluation goals do not need to be addressed in order.

Focus Group with PB&J Clients

Date: Tuesday November 19, 2019 10:30-11:30

Location: PB&J Family Services Conference Room

Evaluation Goals:

1. Learn client perspective on what makes a good PB&J staff member.
2. Learn client perspective on what makes a bad PB&J staff member.
3. Understand specific actions and words that make interactions positive.
4. Understand how clients feel after a positive interaction with a staff member.

Protocol:

[10:30] Welcome & Consent Form – Thank everyone for joining the session. Read the Evaluation Lab's Consent Form for Focus Groups and ensure that everyone present wants to participate.

[10:35]Activity 1 – Role Playing: Act out what makes a good PB&J staff member. Act out what makes a bad PB&J staff member. For this first exercise, volunteers will role play two different scenes: One that shows an effective interaction with a PB&J staff member. And the other that shows an ineffective interaction. Let's start with the effective interaction.

[10 minutes]

EFFECTIVE INTERACTION ROLE PLAY – Record keeper films role plays.

Recruit a volunteer to play the staff member, and another to play the client.

Recruit a second volunteer to add other ideas. (The first staff member role player should sit down.)

See if anyone else would like to do the role play.

Discuss – * What stood out from everyone's performances? [Record keeper take notes on white board or flip-chart.]

[10 minutes]

INEFFECTIVE INTERACTION ROLE PLAY

Recruit a volunteer to play the staff member, and another to play the client.

Recruit a second volunteer to add other ideas. (The first staff member role player should sit down.)

See if anyone else would like to do the role play.

Discuss – Record keeper take notes on whiteboard or flip-chart. Discuss – * What stood out from everyone's performances? [Record keeper take notes on white board or flip-chart.]

[**Goal: Learn client perspective on what makes a good PB&J staff member**.]

[**Goal: Learn client perspective on what makes a bad PB&J staff member**.]

[Materials: PowerPoint Slide/white flip chart with questions, note paper, pens/markers]

[11:00]Activity 2 – Individual Answers: A. Give a specific example of a positive interaction you have had with a PB&J staff member. B. Give a specific example of a negative interaction you have had with a PB&J staff member. In this activity, we will give you about 5-10 minutes to write out examples (or draw a picture) of a positive interaction and a negative interaction that you've had with a staff member. Be as specific as possible, but try not to include names or other identifying details that can be linked back to a particular person. The purpose of this activity is to see the types of actions and words that are used in these interactions that make them positive or negative to you. Once everyone is done, I'll ask for just a few volunteers to share their examples.

After 6 minutes Please start wrapping up your thoughts and write down anything else you would like to add.

After 8 minutes [11:08] - Can someone please share what they wrote as an example of a positive interaction? Can someone please share his or her example for a negative interaction? What stands out to you?

[**Goal: Understand specific actions and words that make interactions positive.**]

[Materials: PowerPoint Slide/white flip chart with prompt, index cards, pens/markers]

[11:15]Activity 3 –Gingerbread People: How do you feel after a positive interaction with a staff member? I am going to pass around some papers that have blank images of gingerbread people. Using the gingerbread person, I would like you to illustrate how you feel after having a positive interaction with a PB&J staff member. You can draw symbols or write words or phrases on your person, but be sure to make it personal to you. You can also get creative with colors that we will provide at each table.

Note: If you decide to do mostly drawings on your gingerbread man, please describe your illustrations with words or short phrases on the side so we can appropriately interpret them. For example: If I draw closed eyes on my gingerbread person, I might write that after a positive interaction with a staff member I feel sleepy. You'll have about 5 minutes to decorate your gingerbread man and then I may ask one or two volunteers to share.

**After 5 minutes ** Let's start wrapping up our ideas and then we will do a quick share.

After 6 minutes [11:21] – Would anyone like to share what they came up with?

[**Goal: Understand how clients feel after a positive interaction with a staff member**.]

[Materials: Gingerbread people printouts, pens/markers]

[11:25]Conclusion of focus group – Thank participants for their time and let them know when they can expect to receive a copy of the results/findings/report. – Will need names to get info back to them.