

## **Chapter 2: Method**

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### **Sources of information**

Research literature .....	17
Interviews .....	18
Observations .....	19

### **Expert review**

.....	20
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# Chapter 2:

## Method

The conceptual framework presented in this report is based on three main sources of information. First, project staff gathered relevant theory, research, and practice-oriented information available in published and unpublished literature. Second, we interviewed a number of stakeholders in the team-based ISP process, including parents, children/ youth, parent advocates, and other caregivers and team members; team facilitators and their supervisors; program and organization administrators; and county and state administrators. Finally, we gathered information during observations of ISP teams as they planned, implemented, and monitored services for children and families. Each of these sources of information is described in greater detail below.

At several points during the course of developing this framework, we asked experts in ISP to review our work and give us feedback. After each round of expert review, we synthesized the feedback and incorporated it into the subsequent version of the framework. Further information about the process of expert review is provided in the last section of this chapter.

### Sources of information

#### Research literature

Project staff undertook a broad-based search for relevant literature at the team, organization, and systems levels. At the team level, one of our primary goals was to gather research on factors influencing the effectiveness of teams and groups that are similar to ISP teams in important ways. For example, we were particularly interested in locating information on teams that undertake a long-term planning process during which they define their own goals, devise strategies for meeting those goals, and monitor implementation and effectiveness of the strategies. We also sought information on the effectiveness of teams that have demographic, power, and/or status differences between team members, and teams whose members represent a diversity of experience and perspective. Our goal was to focus on team-level attributes shown to impact effectiveness in multiple studies across a variety of planning contexts. Thus, we paid special attention to locating relevant research reviews and meta-analyses. Much of the research we reviewed came from the fields of organizational behavior and applied social psychology; however, we also consulted literature on group facilitation, mediation, and the resolution of conflicts in groups, as well as research and theoretical literature directly related to the principles, practices and evaluation of ISP.

We also gathered and reviewed materials designed to guide the practice of ISP. Primarily, these materials were manuals for training team members in the ISP process. We gathered 13 different training manuals. Among these, 11 were developed for specific sites (in nine different states), while two were used by trainers who worked with a variety of sites around the nation. In addition to the full manuals, we collected a variety of practice-oriented guidelines, checklists, brochures, booklets, and descriptions of training activities.

In preparing the first draft of this framework, staff from the research project conducted semi-structured interviews with a total of 55 people with high levels of experience in ISP at the team, organization, and/or system levels. Included in this number were interviews conducted with 28 team members identified as experts who had worked with multiple teams. Among these experts, eight were caregivers. The expert team member interviews were part of a separate sub-study on supports and barriers for ISP teams. Since we will report some of the results of this study at various points in later chapters, we provide here some information about the method used to obtain and analyze the data.

Each expert team member had worked with multiple teams in roles that included facilitator, care coordinator, resource developer, and parent partner/advocate. About two-thirds of the interviewees were identified by asking site directors to nominate the team members they would recognize as being among the most effective and experienced at that site. Site directors contacted included those at seven sites recognized by the Center for Mental Health Services\* as having implemented promising practices related to ISP. The remaining interviewees were identified as experts by national level trainers with experience at numerous sites. The interviews with expert team members lasted about an hour each, and focused on interviewee perceptions of factors that influenced the success or failure of ISP teams. The factors identified by the interviewees included both those that were mostly within the team's control (e.g. team process and structures), as well as those which were not (e.g. funding policies and supervisor support).

To analyze the data from the expert interviews, we developed a coding system that was designed to capture interviewees' perceptions regarding the essential elements of effective ISP teamwork, barriers to achieving effective teamwork, and strategies for overcoming these barriers. Records from six of the interviews were coded by two staff members, who achieved good agreement (mean inter-rater agreement  $>.85\%$  over 62 ratings for each interview) on whether or not a given theme was or was not present. The remaining interview records were coded by one researcher.

In addition to these experts, we also interviewed a further seven experienced team members (including five caregivers and one youth); one trainer; twelve directors of ISP programs; five system-level administrators from the county, regional, or state level; and two researchers with a national perspective on ISP teams. Our interviewees at the team and organizational level included seven African Americans, two Latinos and three Native Americans (all but one from the expert group); however none of our system level interviewees was a person of color. The interviews were tailored somewhat for people at the team, organizational, and system levels, but each version focused on the eliciting information about supports for and barriers to successful ISP teamwork.

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\*These sites are identified, and their promising practices described, in a series of monographs produced from the Promising Practices Initiative of the Comprehensive Community Mental Health Services for Children and Their Families Project. The series is published by the Center for Effective Collaboration and Practice, American Institutes for Research, in Washington, D.C.

In preparing later drafts of this framework, we also had additional interview data available to us, from the preliminary phases of our intensive study of videotaped team meetings. For this study, we videotaped meetings of ISP teams whose members had been working together for some time. Soon after the meeting, we met individually with key team members who watched a series of selected excerpts from the meeting. After viewing each portion of the meeting, the team member answered a series of scaled and open-ended questions about the teams interaction and productivity during that segment. We also had an expert family member\* who worked with our project reviewing the meeting using the same debriefing procedure. We completed this process for a total of 11 teams and 52 debriefing participants. While we have not formally analyzed the data, the interview information has informed the preparation of this report.

## Observations

As part of a separate study on ISP teamwork, research staff collected data during observations and follow-up of 72 meetings of 26 different collaborative family-provider ISP teams. Sixteen of the participating teams were observed during only one meeting, and four teams were observed during five or more meetings. Observations were made of teams whose members had been working together for some time.

The teams that were observed were diverse in a variety of ways. In terms of geographic diversity, participating teams represented 13 different communities in eight different states. Three of these communities were located in the core areas of large cities, two in smaller cities, three in established suburban areas, and eight in developing “edge” areas where farmland and newer suburbs were intermixed. Teams were also diverse in terms of the overall levels of organizational and system support they received. For example, nine of the teams were from programs recognized by the Center for Mental Health Services as having implemented promising practices related to ISP. An additional four teams were also drawn from communities which had received substantial federal grants to improve service coordination and to implement Systems of Care. Members of some of the observed teams received extensive training and support from the organizations and systems in which they were embedded, while other teams received almost no such support.

One or two members of our research staff attended each observed meeting. Research staff collected any materials created by the team for use during the meeting (e.g. agendas, lists of goals), and took notes during the meeting about the structural characteristics of the team and elements of team process and planning. Copies of minutes or other team records produced as a result of the meeting were also provided to the research staff. At the end of the meeting, team members were asked to fill out a post-meeting survey.

At a later date, after all meeting materials had been gathered, each staff member who had attended the meeting separately reviewed notes and team materials, and completed a checklist summarizing various attributes of the team and its activities during the

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\* This family member had participated on, and then facilitated her son's ISP team, and had participated on numerous other teams in a role of parent advocate/support. She had also received a good deal of high quality training on ISP values and practice.

meeting. Information collected included: sex, race, and role of each team member in attendance; portion of the meeting attended by each member; and location, time, and length of the meeting. Another section of the checklist was used to rate whether or not various indicators of team process and planning were evident during the meeting. The list of indicators was derived from theory and research on team effectiveness and ISP. It was created as a means of assessing the extent to which there was evidence, during the observed meeting, that the team had the ability to promote both effective planning and the value base of ISP (see also Chapter 3). Using the ratings of two observers over nine of the meetings that were attended by two staff members, a mean agreement greater than 85% was achieved over the 28 items.\* A revised version of the team checklist is provided as the team level assessment in Chapter 8.

## Expert review\*\*

The first draft of this report was written based on the information in the interviews, the data from the study of expert team members, and the data from the first 54 observations. Results from additional observations were incorporated into later drafts as the information became available.

The first draft was circulated to members of the National Advisory Committee for the Research and Training Center for Family Support and Children's Mental Health. This committee includes caregivers, advocates, practitioners, youth consumers, and researchers with a high level of expertise in children's mental health. From this group, seven with the greatest level of expertise relevant to ISP participated in a feedback session, which was audiotaped. Remarks from the session were summarized from the tape, and the feedback was incorporated into the second draft.

The second draft was then circulated to a further 11 expert reviewers, who included two parents/caregivers, one case manager, one ISP program director, two researchers, three state-level administrators, and two consultants. Ten of the 11 reviewers provided detailed feedback during interviews lasting about an hour in length. In most cases, two members of the research staff took detailed notes on the feedback during the interviews. Seven of the reviewers also provided written comments. One reviewer provided only written comments. Once again, the feedback was incorporated into the

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\*Three items had three disagreements each, representing agreement of 67%. For one such item, disagreement arose from the issue of whether a team could have shared goals in the absence of a team plan. We clarified this definition and were able to reach agreement. A second area of disagreement centered on whether natural support activities could count as team-related activities if the team as a whole had played no role in arranging the activity. Adjusting the definition of this item to reflect a team role in arranging the natural support led to acceptable agreement on this item. Finally, disagreement arose regarding the item coding whether or not teams had looked into providing community service. Clarifying the definition of community service allowed agreement on the item. Revised definitions were applied to all future work with the checklist.

\*\* Of the total 45 expert reviews of the framework, twelve were given by parents, four by youth or young adult consumers, ten by researchers, eight by ISP facilitators or care coordinators, five by state level administrators, five system-level administrators, six ISP program administrators, and two consultants. (This total is greater than 45 due to reviewers in multiple roles relative to ISP teams and programs.) Among the 45 reviews, seven were provided by African Americans, three by Native Americans, and three by Latinos. The remainder of our reviewers were Caucasian, or their ethnicity was unknown.

subsequent (third) draft. This draft also became the basis for the assessment of organizational support and the assessment of the policy and funding (system) context.

Revised portions of the third draft, as well as the system and organizational assessments, were circulated to the National Advisory Committee, and again, the (ten) members with the highest levels of expertise in ISP participated in a group feedback session. Feedback, which focused primarily on the assessments, was incorporated into revisions of the assessments.

After these revisions, the organization and system assessments were circulated to two further groups of people who had considerable expertise in ISP and who were planning to attend a national conference on systems of care. One group received the assessment of organizational support. Included in this group were parents/caregivers who had been members of ISP teams, case managers/care coordinators, facilitators, and consultants. Members of this group came from four different states. The second group received the assessment of policy and funding context. This group included system or program administrators and consultants from seven different states. At the national conference, each group came together for an hour-long reaction session during which the participants discussed the appropriate assessment and provided feedback. Feedback sessions were taped. The assessments were revised based on a review of the tape, as well as on notes taken during the reaction sessions. A final draft of this report, including the assessments, was then prepared and sent out for final review. Final review included internal review, as well as review by a parent consultant to the research project. This parent has a high level of expertise with the ISP process, coming not only from her experience with her own ISP team, but also from her involvement with a parent advocacy group taking a strong role in system reform. The current version of each of these assessments is included in Chapter 8.

