

January 1st, 2019

# Program Evaluation Plan for The Bridge Care Center: A Plan for Measuring Effectiveness, Efficiency, and Theological Foundations

Janai Wallace  
*Seattle Pacific University*

Follow this and additional works at: [https://digitalcommons.spu.edu/spseminary\\_projects](https://digitalcommons.spu.edu/spseminary_projects)



Part of the [Practical Theology Commons](#)

---

## Recommended Citation

Wallace, Janai, "Program Evaluation Plan for The Bridge Care Center: A Plan for Measuring Effectiveness, Efficiency, and Theological Foundations" (2019). *Seattle Pacific Seminary Projects*. 10.  
[https://digitalcommons.spu.edu/spseminary\\_projects/10](https://digitalcommons.spu.edu/spseminary_projects/10)

This Project is brought to you for free and open access by the Seattle Pacific Seminary, 2009 - at Digital Commons @ SPU. It has been accepted for inclusion in Seattle Pacific Seminary Projects by an authorized administrator of Digital Commons @ SPU.

PROGRAM EVALUATION PROPOSAL FOR THE BRIDGE CARE CENTER:  
A PLAN FOR MEASURING EFFECTIVENESS, EFFICIENCY, AND THEOLOGICAL  
FOUNDATIONS

“Program Evaluation Proposal for The Bridge Care Center”

JANAI WALLACE

SEATTLE PACIFIC SEMINARY

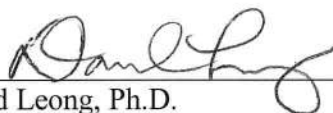
PROGRAM EVALUATION PROPOSAL FOR THE BRIDGE CARE CENTER: A PLAN FOR  
MEASURING EFFECTIVENESS, EFFICIENCY, AND THEOLOGICAL FOUNDATIONS

JANAI B. L. WALLACE

A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE DEGREE REQUIREMENTS  
OF MASTERS OF ARTS (RECONCILIATION AND INTERCULTURAL STUDIES) AT  
SEATTLE PACIFIC SEMINARY

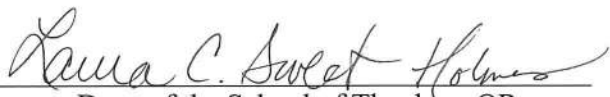
YEAR

Approved by:

  
David Leong, Ph.D.  
Associate Professor of Missiology

Date: 1/30/2019

PROGRAM AUTHORIZED TO OFFER DEGREE: SEATTLE PACIFIC SEMINARY

  
Dean of the School of Theology OR  
Associate Dean of Seattle Pacific Seminary

Date: 1/30/2019

# Program Evaluation Plan for The Bridge Care Center

---

A PLAN FOR MEASURING EFFECTIVENESS, EFFICIENCY, AND  
THEOLOGICAL FOUNDATIONS

Janai Wallace

SEATTLE PACIFIC UNIVERSITY | COMPLETED SPRING 2018

# Table of Contents

<b>QUEST CHURCH .....</b>	<b>5</b>
<b>History and Introduction .....</b>	<b>5</b>
<b>The Bridge Care Center .....</b>	<b>6</b>
Overall Purpose & Goals .....	6
<b>Program Theory .....</b>	<b>7</b>
Theological Foundations .....	8
Outcomes: Seeking Dignity, Agency & Hope .....	10
Factors Which Could Interfere with Success .....	20
Unintended Side Effects.....	21
<b>Program Logic Model.....</b>	<b>21</b>
Inputs .....	22
Activities.....	23
Outputs .....	23
Outcomes.....	23
<b>Ethical Safeguards .....</b>	<b>24</b>
<b>THE EVALUATION.....</b>	<b>25</b>
<b>Research Propositions .....</b>	<b>25</b>
<b>Outcomes .....</b>	<b>25</b>
Agency.....	26
Dignity .....	27
Hope.....	27
<b>Delay or Decay .....</b>	<b>28</b>
<b>IMPLEMENTATION PLAN .....</b>	<b>28</b>
<b>Participant Selection .....</b>	<b>28</b>
<b>Unique Events .....</b>	<b>29</b>
<b>Research Design .....</b>	<b>30</b>
<b>Threats to Validity.....</b>	<b>31</b>
Construct Validity.....	31
Statistical Conclusion Validity .....	33

Internal Validity.....	35
External Validity .....	37
<b>Statistical Analysis.....</b>	<b>38</b>
<b>Timeline.....</b>	<b>39</b>
<b>Personnel Requirements .....</b>	<b>40</b>
<b>REFERENCES .....</b>	<b>42</b>

This paper presents a program evaluation plan for The Bridge Care Center (BCC), a ministry of Quest Church, which operates a drop-in center for those—primarily within the Seattle neighborhood of

#### Bridge Care Center Historical Timeline:

- Pastor Eugene and wife Minhee feel called to minister within a multiethnic community
- After several months: first gathering of 11 people in living room.
- Soon thereafter: begin a bible study in the U-District
- Group transitions to a Sunday worship gathering
- June 2001: relocate to Interbay/Ballard to use facility at Interbay Covenant Church
- October 2001: Quest Church officially launches as a member church of the Evangelical Covenant Church (ECC)
- 2002: To the Streets, a ministry of Quest Justice & Compassion, launches as a monthly distribution of clothing and sack lunches for those in the Ballard area.
- June 2007: Interbay Covenant Church “gives itself” to Quest and the two communities combined under the name Quest Church
- 2011: The Bridge Care Center (BCC) opens in a free space by the Jubilee Fisheries (51<sup>st</sup> and 15<sup>th</sup> Ave NW, in Ballard)
- 2012: To the Streets ends, being fully absorbed into the BCC
- 2015: The BCC relocates to open space on the property of St. Luke’s Episcopal Church in Ballard
- September 2015: Quest hosts first gathering at the new Ballard location

Ballard—experiencing homelessness or housing instability. This report presents an overview of the client company and its history, a description of the program and its goals, how the programs outcomes align with both the mission of Quest Church as well as God’s call for the Church universal, the proposed program evaluation methodology, and a project plan.

## Quest Church

### History and Introduction

Quest Church is a Christian congregation associated with the Evangelical Covenant Church (ECC) and located in Ballard—a neighborhood of Seattle. Quest was initially founded by Pastor Eugene Cho and his wife Minhee, with the purpose of serving a diverse, multi-ethnic community. Quest’s commitment is to “building our community with character and integrity.” Quest’s vision statement reads as follows:

*“Our vision is simple yet profound, mysterious yet plain — is to be the Church. Quest is the expression of a vision and dream of a church where truth is sought, mystery acknowledged, compassion and justice embodied, culture and arts engaged, creativity and innovation fostered, diversity and multi-ethnicity embraced, authenticity and community pursued, and sharing the love of Christ the great cause.”*

The Bridge Care Center (BCC) was launched by Quest in 2011 with the mission of being an outreach center for those who are experiencing homelessness and economic hardship. Through relationships of

advocacy and case management, The BCC seeks to engage each friend (i.e., clients, guests, participants) with dignity and to acknowledge them with value and meaning.

## *The Bridge Care Center*

### **OVERALL PURPOSE & GOALS**

The overall long-term goal of The BCC is to eliminate homelessness from the Ballard neighborhood and the greater Seattle community. To this end, The BCC takes a unique approach, focusing on maintaining the dignity and individuality of those experiencing homelessness, providing a place for them to obtain resources and build relationships with others while making their own choices. On an individual level, and as a more short-term goal, The BCC seeks to help each friend take their “next healthy step.” For some this means less drug use; for others, attending drug rehabilitation. For some it means simply engendering the desire to seek temporary shelter, while for others it means obtaining permanent housing of some sort. For some it means obtaining work; for others it means retaining steady employment. For *all* it means the ability to more fully and productively participate in society.

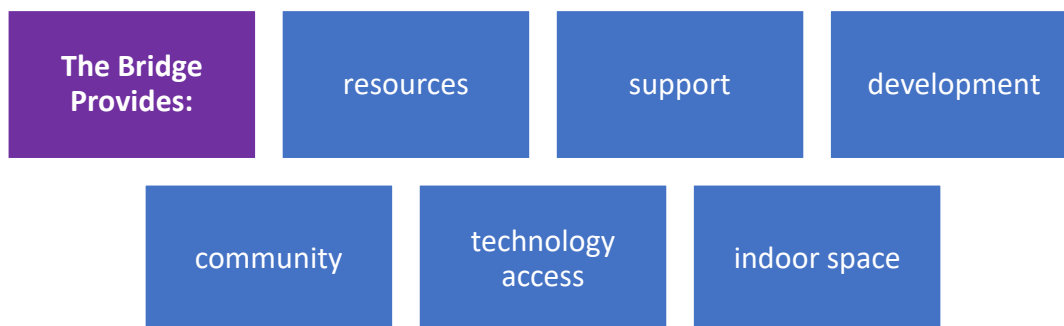


What is now called The Bridge Care Center can trace its roots to a ministry of Quest Justice & Compassion called *To the Streets*. To the Streets was a monthly distribution point which would take bins of clothing and sack lunches to 15<sup>th</sup> Ave and Market Street every third Saturday of the month. Each Saturday, roughly 30 people were served—having an opportunity to look through the clothing and take a sack lunch. The pastor in charge of To the Streets saw a need for something more: a physical center



with case management, referrals, and advocacy that would support steps to long-term solutions, rather than simply a few resources to get people through the day. The Bridge Care Center opened in 2011. In 2012, To the Streets came to an end—having been completely absorbed into The BCC.

The BCC provides a physical location for friends to get out of the cold and rain, to obtain resources (such as clothing, hygiene products, a hot drink, or a snack), receive support (through case management, development through the Advocates Representing Community [ARC] program), to develop community with others visiting or volunteering at the center, to relax and be entertained (through watching a movie or napping on couches or chairs in the community room), and to utilize key resources (such as a telephone and computers). Through it all, friends are treated with dignity, reminded that they are valued, and equipped with resources as they are supported in taking their “next healthy step”.



### *Program Theory*

The Bridge Care Center seeks to achieve three main goals in relation to the friends that visit and utilize their services:

1. to treat each friend with *dignity*—helping them to *feel known and valued*
2. to increase each friend’s *sense of agency* in their own lives
3. to help each friend take their next healthy step towards greater productive participation in society by helping them have *hope for the future*



This evaluation is designed to measure the extent to which friends who visit The Bridge Care Center increase in these three facets: dignity, agency, and hope. These outcomes were chosen for three purposes. First, research shows that each of these facets contribute to a person’s ability to actively

#### Quest’s Vision Statement

*Our vision is simple yet profound, mysterious yet plain — is to be the Church. Quest is the expression of a vision and dream of a church where truth is sought, mystery acknowledged, compassion and justice embodied, culture and arts engaged, creativity and innovation fostered, diversity and multi-ethnicity embraced, authenticity and community pursued, and sharing the love of Christ the great cause.”*

participate in society, to pursue meaningful goals, to be resilient in the face of challenges—and perhaps most importantly, to feel a sense of value and belonging within a community. Secondly, these outcomes relate directly to what Quest desires to achieve as a local church: “to embody compassion and justice in the pursuit of authentic community” (Quest Website). Thirdly, these outcomes relate to what it means to be *on mission* with God in the world—to be participants in God’s healing and reconciling work. The way in which these purposes relate

to the desired outcomes will be discussed in more detail throughout the program evaluation proposal.

#### **THEOLOGICAL FOUNDATIONS**

Isaiah 52:7 announces the beauty of those whose lives declare God’s peace and good news to those around them. Throughout the Bible, the Hebrew word *shalom*—often translated as peace—is used over 230 times in describing God’s hope for creation. The peace described by *shalom* is much richer than many initially perceive. In his book, *Not the Way It’s Supposed to Be*, Cornelius Plantinga (1996) verbalizes the fullness of the meaning of peace well, describing it as “The webbing together of God,

humans, and all creation in justice, fulfillment, and delight...shalom means *universal flourishing, wholeness, and delight*" (p. 10). Through the Bible's 230 verses about shalom it is clear that the establishment of shalom for creation is at the center of God's heart.

This concept of *wholeness* can be found in another rich Biblical concept—that of *menuha*. In his book, *Living the Sabbath*, Wirzba (2006) describes *menuha* as "the rest, tranquility, serenity, and peace of God" which "suggests the sort of happiness and harmony that come from things being as they ought to be" (p. 33). Throughout the Bible examples of *menuha* can be seen: in the 7<sup>th</sup> day of rest as the "crown" of God's creation, in the way Jesus regularly heals people restoring them to wholeness and community, in God's institution of jubilee which represents God's care as an *economic* reality, and in reconciliation and salvation as participation in—and enjoyment of—God's life as it is and was intended for all creation. Wirzba points out that "'Creation in Christ' inaugurates a fundamentally different ordering of reality from the one we might choose for ourselves. Our ways of ordering, premised as they are on self-promotion and the tools of exploitation and control, inevitably lead to violence and death. The way of Christ, which is the way creation is supposed to be, inaugurates a new kind of reality no longer dependent or parasitic upon violence" (p. 44).

Jeremiah 9:23-34 reads: "Thus says the Lord, 'Let not a wise man boast of his wisdom, and let not the mighty man boast of his might, let not a rich man boast of his riches; but let him who boasts boast of this, that he understands and knows Me, that I am the Lord who exercises lovingkindness, justice and righteousness on earth; for I delight in these things,' declares the Lord" (NASB). As people of God, this passage tells us that to truly love God means to *know* God and *act* in a way consistent with God's own character. Just as God exercises lovingkindness, justice and righteousness on earth—and delights in doing so, so are we to live and act in this way. Often called the "weeping prophet", Jeremiah calls a sinful people who have embraced idols and ignored their covenantal relationship with God to repentance and reminds them what it looks like to live faithfully with and for their God.

In 2 Corinthians 5, the picture of what it looks like to live faithfully for and with God continues to be painted as we see our call to be on mission with God. Just as God has already reconciled the world to God's self through the work of Jesus, we are called to continue this work as ambassadors of the message of reconciliation. We are to embody the type of wholeness and healing found within the Biblical concepts of *shalom* and *menuha*. Just as Jeremiah warned the Israelites about the impending judgment of God, so too does Paul warn his listeners about the "judgement seat of Christ" where the ways in which people live their lives will come under scrutiny (2 Cor 5:10). When some would emphasize only the spiritual, future, side of faith, Paul reminds people of the importance of living faithfully *now* within an earthly context. In the same way Jesus was always watching for the ways in which he could join God in the work God was already doing (John 5:19), we also are to always be on the look-out for how we can join in God's work of reconciliation and restoration of *menuha* to the world around us. In seeking to renew hope, dignity and restore a sense of agency to those experiencing homelessness and housing instability, The BCC is participating in God's work of restoring wholeness, justice, fulfillment, and delight, to this population. In doing this, The BCC is also responding to the call of God, the prophet Jeremiah, and the apostle Paul, to live faithfully within, and contribute to, God's economy *today*.

***OUTCOMES: SEEKING DIGNITY, AGENCY & HOPE***


***Affirming dignity.*** One of the objectives of The Bridge Care Center is to treat each friend in a way that affirms and restores their dignity. In what Beyleveld and Brownsword (2001) refers to as the "three constituent instruments comprising the 'International Bill of Rights'" (referring to the Universal Declaration of Human Rights 1948, the International Covenant on Economic, Social and Cultural Rights 1966, and the International Covenant on Civil and Political Rights 1966) human dignity is highlighted as a foundational concept. Each of these documents includes an emphasis on guarding the dignity of all humanity in their preambles which read: "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in

the world” (Beyleveld & Brownsword, 2001). Dignity is a concept—that overall—has been an agreed-upon facet of the human experience internationally. As Schachter (1983) comments: “No other ideal seems so clearly accepted as a universal social good” (p. 849) while also often lacking a clear definition—causing him to wonder if the concept is truly so plainly recognizable that it does not need to be defined.

Outside of this international legal realm, others have made their attempts at a definition of dignity. Seltser and Miller (1993) propose treating people with dignity means relating to them “in a manner that allows them to have an inner attitude, a world of dreams and hopes and intentions toward the future” (p. 94). Miller and Keys (2001) define dignity without so many words: as self-worth. In the Patient Dignity Inventory (PDI), Chochinov et al. (2008) seek a more specific definition—creating an assessment to measure the various elements that have been reported to influence a person’s sense of dignity. While the assessment was created for use among patients in palliative care, the themes discovered highlight the elements which may be considered most valuable for a person’s dignity—elements which are possibly most apparent when the ability to exercise them is taken from us, whether it be by a terminal disease (as in this study), or within those experiencing various other forms of disempowerment and marginalization, such as homelessness. Chochinov et al.’s (2008) final inventory includes five distinct factors that are informative for an understanding of the experience of dignity as well as the absence of dignity:

1. *Symptom Distress*: relating to physical as well as psychological distress
2. *Existential Distress*: relating to feeling a sense of purpose, a change in looks or in feeling like themselves, feeling valued, seeing purpose in life, being able to carry out important roles, and feeling like a burden to others
3. *Dependency*: dis/ability to do things without the help of others, a sense of privacy
4. *Peace of Mind*: concern about one’s spiritual life
5. *Social Support*: level of felt support from friends, family or providers.

Theologically, dignity can be found in the concept of *imago dei*—the image of God. Some would propose that the image of God means to be creative, or reasoning, or loving, or communal<sup>1</sup>. However, each of these descriptors also ends up providing (even if unintentionally) a line by which to judge the



*"We are made in  
the image of God  
because God has  
called us 'friend'"*

"humanity" of a person. Given the opportunity, some will use this line to exclude and dehumanize those who don't fit the criteria. It is important to note however, that while Genesis says that God created people in God's own image (Genesis 1:237), what it *means* to be made in the image of God is never directly defined. Theologians Kathryn Tanner and Amos Yong may come the closest to to a holistic, inclusive understanding

what Genesis is trying to communicate here. Tanner (2010) proposes that being made in the image of God means that we are made to be in relationship with God. Yong (2007) says it similarly, but more accessibly: being made in the image of God means God has called us 'friend'.

Taken as a whole, these various elements begin to give us a picture of what it means to provide a person with a sense of dignity, self-worth, and a world of dreams and hopes. As The BCC participates in the mission of God, dignity means that they work to restore the *imago dei* to those experiencing homelessness. Aptly, as the next section explains, one way they seek to do this is by calling these guests "friend".

---

<sup>1</sup> The Aristotelian view that humans are rational, reasoning creatures has historically affected the Christian link between the ability to reason and being made *imago Dei*. In his book, *The Artisan Soul*, pastor and author Erwin Raphael McManus asks the question: "What is it that makes us human? Is every human being inherently creative?" (2014, p. 5). A few pages later he answers this question: "If we are inherently spiritual creatures, we are by our nature creative beings" (p. 6). While McManus' work will be inspiring for many, it can be problematic when creativity is theologically linked to what *makes us human*, rather than simply being a mindset, many have the opportunity of accessing. For instance, nowhere in his book does McManus dive into what creativity looks like for those with severe physical and/or cognitive disabilities and how this relates to their humanity. As McManus' book shows us, the desire to draw correlations between the characteristics of God and what it means to be made *imago Dei* is most often done with the best of intentions.

One of the primary ways The BCC seeks to affirm a sense of dignity in their friends is by greeting each friend by their name (whatever name they prefer to be called) upon their arrival at The Bridge Care Center. Referring to their clients as “friends” and calling each friend by their name may seem like an odd place to start in the quest to renew dignity; however, research into the response of individuals to those

---

**“To name oneself is one of the most powerful acts a person can do. A name is not just a word by which one is identified. A name also provides the conceptual framework, the point of reference, the mental constructs that are used in thinking, understanding, and relating to a person...”**

**— Ada María Isasi-Díaz states**

---

speaking when they are called by their name shows that this may actually be a perfect starting point. The topic of identity and the impact of naming is seen throughout literature, from those speaking out for marginalized groups to those teaching business strategy. In her book, *Mujerista Theology*, theologian Ada María Isasi-Díaz states “To name oneself is one of the most powerful acts a person can do. A name is not just a word by which one is identified. A name also provides the conceptual framework, the point of reference, the mental constructs that are used in thinking, understanding, and relating to a person...” (p. 60). Throughout the Bible there are instances where a person’s name, or the act of naming, carries special significance. God brought the various animals before Adam to see what he would name them (Genesis 2:19-20), a name may record some aspect of a birth or the parents reaction to a birth (Genesis 21:6 for the birth of Isaac and Genesis 25 on the birth of Jacob and Esau), or a name can indicate a new direction or calling (Genesis 17 Abram is named Abraham as the father of many nations, in Genesis 35 Jacob becomes Israel, in Matthew 16:18 Jesus re-names Simon as Peter). When Moses asks God who he should say has sent him, God responds “I am who I am. This is what you are to say to the Israelites: ‘I am has sent me to you’” (Exodus 3: 14). While there is no singular reason behind naming in the Bible—these examples show that names are not insignificant. On the other side of the spectrum, within the

world of business, Dale Carnegie's third principle in *How to Win Friends and Influence People* is to "Remember that a person's name is to that person the sweetest and most important sound in any language" (p. 79).

Examples of the value of a name continue: from the experience of devaluation when your name is stripped from you, to the monetary benefits within customer service and sales when a person's name is purposefully used. Throughout the period of slavery, black people were often stripped of their name, instead called "boy" or by a common name of "George," even as they were required to show respect to their owners by calling their young male children "master" (Martin, 2008). Among the literature on disability the concept of the value of naming is seen in the push to use "person first" language. Person first language seeks to recognize the person, separate from their dis/ability. Restoring the person as the primary element, rather than the disability<sup>2</sup>. In each of these, a person's worth is either affirmed or devalued. Their humanity is restored or taken away.

Research into brain activation patterns show that specific regions of the brain are activated when hearing one's own name relative to hearing the names of others (Carmody & Lewis, 2010). This indicates that for our brain there is something unique about hearing our own name. Howard, Gengler, and Jain (1995) found that name remembrance increased compliance to a request and was perceived as a compliment by the person remembered. A person's name is an integral component of their sense of self (Hermans, 1987) and a positive input into this sense of self causes the person to have increased feelings of self-worth (Weiner, 1985). Thus, Howard et al. (1995) propose the use of a person's name will elicit *self-serving bias* (the tendency to perceive one's self in a favorable light)—causing the person to perceive the use of their name as a compliment. *Reciprocal positive regard* (the desire to reciprocate

---

<sup>2</sup> An example of this is seen in how a child on the autistic spectrum is referred to. Person first language speaks about Jim, a "child on the spectrum" as opposed to Jim, an "autistic child."



positive feelings expressed toward us by another) then causes the person to respond in a favorable way—in this situation, with increased compliance.

In conclusion, something as simple as the use of a person's name can have broad outcomes. In a positive sense, the use of a name can speak to the core of a person's self, affirm their identity as a valued individual, and increase their sense of self-worth. These align well with the definitions of dignity: self-worth, having a sense of meaning and purpose, feeling as if one matters, seeing oneself as a carrier of the *imago Dei*. Thus, the purposeful act of calling each friend that visits The BCC by name should indeed imbue them with an increased sense of dignity.

***Increased agency.*** Another goal of The BCC is to increase each friend's sense of agency in their own lives. Bandura (2006) describes an agent as a person who is able to intentionally influence their functioning and life circumstances. Agents are active contributors to their behavior—not simply passive onlookers. Bandura (2001) proposes “The core features of agency enable people to play a part in their self-development, adaptation, and self-renewal with changing times” (p. 2).

Various offerings at The BCC—and especially the *ways in which these offerings are designed*—seek to empower friends to exercise a sense of control over and active participation with, their own lives. This can be quite powerful within a population which often feels as if control over their own lives has been stripped away. *Two computers and a phone for local calls* are provided by which friends can update resumes; reconnect with family, friends, and co-workers; access their email; apply for jobs; or do any number of explorations and errands. *Men's and women's clothing rooms* are available for guests to shop in. These are set up as a bit of a boutique: clothing and shoes are clearly organized and displayed in a way that improves the overall shopping experience. Volunteers staff each room and are present to engage with, and help, the friends during their shopping visit. Friends are given an *in-house currency* to purchase whatever items they want. When they are finished shopping, a volunteer checks them out—

folding and bagging the items friends have selected. Finally, only two friends are admitted into each clothing room at a time—as a way of fostering a calm shopping experience, where guests can peruse clothing at their own pace, and in a bit of peace. All of this allows friends to shop with self-directed dignity, as they would in any clothing store, and to exercise control over their resources (the in-house currency). Throughout these offerings, friends are treated with trust, respect and as equals, and are allowed to make their own decisions about how they utilize their time and the resources at their disposal.

God's desires for people to exercise agency in our own lives and in the world around us can be seen time and time again as God calls us to join in God's work—to join in the work of the *missio Dei*. God has provided a unique way for each person to contribute to the *missio Dei* and the work of the renewal of creation around them. The missional concept that God is *already* at work in various situations and contexts around us is not a dismissal of the need for people to actively join in this work. Rather, it is a reminder that we are never "bringing" God (or especially our perception of God which is shaped by our own experiences, upbringing, culture and identity) into a situation. In each context, for each person, we are called to watch how we can faithfully participate in exercising lovingkindness, justice and righteousness for all involved. By providing a context within which friends of The BCC can have the experience of a sense of control over their lives and decisions—The BCC is taking one step towards reminding each person that they have been uniquely called and equipped for a purpose.

***Help friends take their next healthy step.*** Dignity restores a person's self-worth and hope in the future. This sets the foundation for people to exercise agency over their lives—to actively contribute to their behavior. From this jumping off point, The BCC seeks to help friends actively influence their behavior in a *positive* way—in taking *their next healthy step*. Two programs directly facilitate this: the ARC (Advocates Representing the Community) and having a Case Manager available for consultation.

Select friends have the opportunity to apply to, and participate in, the ARC (Advocates Representing the Community) Program. This innovative program invites friends to join The BCC staff for a period of six months. During this time friends are provided with mentors and a social worker. They self-identify specific goals and are given a stipend to help meet these goals.

Years of research into motivation has consistently shown that goal-setting is a useful way to keep a person focused and motivated. However, not all goals are created equal. As reports about success in keeping New Year's resolutions shows, while people are very good at setting goals, they are not as good at sticking with them: In one study, by three months in, only 40% of participants reported to still be successfully pursuing their goals (Norcross & Vangarelli, 1988). For goals and resolutions to be maintained, one needs to do more than simply establish the goal. Research has shown that the most effective goals are ones that are specific and moderately difficult (Latham & Locke, 1991; Locke & Latham, 2002). Goals that stretch a person are energizing, lead to more effort, and often cause people to have greater persistence and prolonged effort (Locke & Latham, 2002). Additionally, goals should differ depending on task complexity. When tasks are high in complexity, the most effective goals to set are learning goals, whereas when tasks are low in complexity, performance goals are more effective. Locke and Latham (2002) also found that "the goal-performance relationship is strongest when people are committed to their goals" (p. 707). Research has found that goal commitment is moderated by belief that goal attainment is important—or understanding the value of a goal, as well as having self-efficacy (Locke & Latham, 2002). Research also recommends that goals be broken down into distal (long-term) as well as proximal (short-term) components. Latham and Seijts (1999) found that for moderately complex tasks, the use of short-term goals in support of long-term goals had a significant positive effect on goal-performance as compared to those who were told to "do your best."

Fitzsimons and Finkel's (2010) research showed the important effect of others can have on our success in goal attainment. We are communal beings, and even goal attainment—while perhaps

pursued as an individual—is attained within a community. Fitzsimons and Finkel showed that goal-relevant social support, which they defined as “a set of processes through which another person helps individuals engage in effective self-regulation” (p. 103) was beneficial in the process of goal attainment.

When staff work with friends to set goals, they take all of these things into consideration, working with friends to assure the goals they want to achieve are attainable within the time-period available, and helping them to break the goals down into short-term (proximal) and long-term (distal) elements. Along the way, staff check in with the participants to see how they are doing and provide feedback on progress. Through the ARC program’s process of assisting participants in setting goals, and then providing them with a mentor to help support and encourage them in meeting these goals, friends are supported in taking their next healthy step on an individual level.

Another way The BCC assists its friend in taking their *next healthy step* is through access to a *case-manager*. The experienced case-manager meets one-on-one with friends who are ready to put together a plan to take more concrete steps towards wholeness and healing. Time-slots to meet with the case-manager are available each day The BCC is open and are for a first-come basis. This provides individualized support for anyone who visits The BCC. Similar goal-setting structures are utilized, however as case management is not as structured and long-term as the ARC program, there is a greater onus on the participant to follow-up and receive the mentorship and support of the case manager.

Hope is “the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways” (Snyder, 2002a). Luthans and Jensen (2002) have cleverly called the two pathways through which hope works: “willpower” and “waypower.” This means both increasing agency through empowering people and/or communities (willpower) and helping these people and communities to develop clear step-by-step plans in how they will achieve their goal (waypower). Hope has been shown to have a positive influence in many different contexts including academics, athletics,

physical health, psychological adjustment, and psychotherapy. High hope people tend to see impediments as less stressful and have more affirming and positive internal pathways messages as compared to low-hope people ( Bushe, 1999; Luthans, 2002; Seligman & Csikszentmihalyi, 2000). An individual's level of hope has been shown to relate to goal expectancies, perceived control, and positive affect. Hope lifts our spirits and compels us to imagine what is possible (Luthans, 2002).

Theologian Jürgen Moltmann (2007) reminds us that “genuine hope is not blind optimism. It is hope with open eyes, which sees the suffering and yet believes in the future” (p. 14). Moltmann's theology of hope, outlined in a book by the same name originally published in 1964, grew out of post-war reflections and the question of “how to acquire future perspectives for building a more just, more peaceable and more humane world” (1993, p. 8). In this context, Moltmann describes hope as replacing apathy. He talks about hope as “The expectant creativity of the kingdom of God” which will once again give “faith in Christ a real chance for the future”. The engendering of a “revolutionary ethic that aims to transform the world until it becomes recognizably God's world” (p. 9). Moltmann's hope is not an empty platitude, but rather, is one born out of challenging personal experiences and a historical setting that would cause most to believe hope was dead and the deep faith and theological understanding that says instead: God is not yet done. Moltmann sees hope as the thing that can counter despair—as the thing that reminds us to keep moving forward and progressing towards things that are possible, but ‘not yet’.

Within scripture we see three aspects to hope emphasized. First, Romans 15:4 tells us that everything that was written was written to teach us so that through the encouragement they provide we might have hope: **We can gain hope through past experiences and learning.** Second, in Ephesians 4:3-6 we see that **there is a communal aspect to hope** as we are reminded to keep “the unity of the Spirit” because we were *all* called to one hope. Lastly, in 1 Peter 1:21 we see that **hope is from—and in—God**: “Through him you believe in God, who raised him from the dead and glorified him, and so your faith and hope are in God”. Hope is from and in God, is given to us as, and in, community, and can be

gained through experiences and learning. Through the *ways in which* The BCC executes many of their programs, participants should experience increases in hope. By calling guests ‘friend’ and engaging them with dignity while giving them a context within which they can act with agency—the *willpower* in those who visit is nurtured and grown. Programs such as ARC as well as making a case-manager available for friends to talk to and develop goals for the future with, allows guests to have a sense of *waypower*—a belief that there really is an avenue for them to progress and take their *next healthy step*. When taken together these two aspects increase each friends’ *hope* for a better future.

### ***FACTORS WHICH COULD INTERFERE WITH SUCCESS***

Due to the nature of, and the challenges facing the friends of The BCC, there are a number of factors that—no matter how effective the program—can interfere with its success including: substance abuse, mental health challenges, un/truthfulness, and un/conscious biases. The experience of homelessness often creates a situation in which people take two steps forward, only to take one step back. As The BCC seeks to help *all* friends take their “next healthy step”, seeing people progress, only to regress again is difficult for both BCC staff/volunteers as well as the participants. Substance abuse can also interfere with success. It is commonly thought people become homeless *due to* substance abuse; however, a report by the National Coalition for the Homeless points out that substance abuse is as much a cause of homelessness as it is *caused by* homelessness. No matter the point at which substance abuse enters the picture, it is harder to help people who are in a state of addiction. There are a number of friends who come to The BCC who have a mental health history. These are people which would need support and a good social network even if they were not experiencing homelessness. Having to navigate the experience of homelessness along with experiencing mental health challenges only compounds the challenge. The willingness or unwillingness of friends to be un/truthful in their interactions can interfere with trust-building and thus the type of social support that facilitates healthy progress. Lastly, the unconscious and

conscious biases about the homeless on the part of staff and volunteers can also interfere with success.

Many of these factors tie into the negative unintended side effects discussed next.

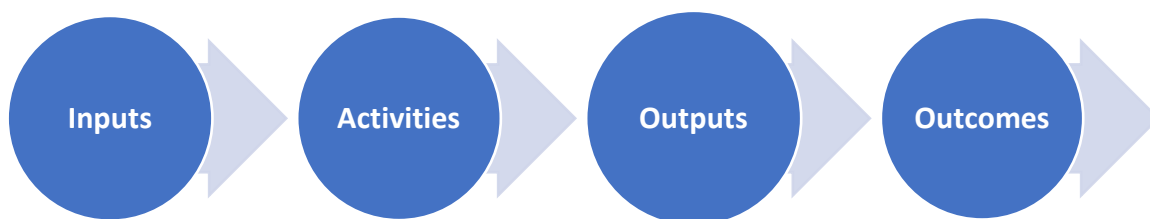
On an operational level, The BCC is also restricted by funding, donations and physical space. The clothing rooms are stocked almost exclusively through donations. While the women's clothing room is often overfilled—since women are more likely to get rid of clothing more often, the men's room is often sparse and in need of more donations. Additionally, the majority of the friends who visit The BCC are men, meaning that the resources from the men's room go more quickly than those in the women's room.

Many of the staff would like to expand their case management support as well as be able to host classes valuable for their friends. The time needed for planning and staffing these classes are currently outside the resources available.

#### ***UNINTENDED SIDE EFFECTS.***

The BCC includes a *community room* where friends can get in out of the cold, relax on couches or chairs, watch a movie, and enjoy a hot drink. In the best cases, this community room also facilitates helping relationships through which friends find opportunities to provide support and needed resources for one another. In the worst cases, a number of factors mentioned in the previous section are provided a space within which to interact in unknown ways. If not monitored carefully, the community space can sometimes provide the context for drug exchange or other criminal activity. More broadly, it can create an opportunity for those who are more likely to take steps back to drag others down with them.

#### ***Program Logic Model***



Following is outlined the inputs, activities, outputs, and outcomes of The Bridge Care Center.

While this is a current snapshot of The Bridge Care Center's activity at the time of this report, the Logic Model is a valuable tool to be used in developing future programs/activities. Inputs, activities, and outputs should all actively drive The BCC toward one of its intended outcomes. As new activities are suggested, The BCC can use the outcomes as a test to discern if this new activity fits their intended mission. Additionally, The BCC can leverage their desired outcomes to reflect on what (if any) new activities or inputs are needed to successfully reach these goals.

### ***INPUTS***

- Volunteers (3 minimum / 5 optimal).
- Individual attitudes/skills/values of volunteers.
- New Volunteer Training.
- Funding: \$130,000 per year needed to operate. Fund currently come from:
  - Quest Church, Bethany Presbyterian Church, and individual giving & company matches (40,000).
- Support of Quest Church.
- Staff: One full-time (Director); two part-time (Associate Director, Case Manager).
- Facilities: Space to host friends: space for community room, two clothing rooms, office space, storage room, small off-campus office.
- Equipment: TV, DVDs/VHS, DVD VHS Player, computers (check-in computer, 2 computers for guest use, staff computers).
- Software: CMS (salesforce) (customer management software) to track friends and supplies, Microsoft Office Suite, Google Drive.
- Resources: Snacks, tea, coffee, clothing, blankets, backpacks, sleeping bags, office supplies, first aid supplies, couches, chairs, desks, storage units, individual hygiene supplies.
- 40 Churches in regular contact with, get some financial support on and off from these.
- Part of a Neighborhood Service Providers Network for Ballard (focused primarily at homeless and low-income community).
- Culture/norms of organization: People come to The BCC with a desire to serve. In part this is linked to Quest's desire to "act justly, love mercy and walk justly" (Micah 6:8) as they seek to live out the call to be God's "hands and feet" among the forgotten and marginalized.
- The attitudes/needs/personality/skills/past experiences, and other unique attributes of the friends: Those experiencing homelessness and housing instability often have the experience of feeling unseen and forgotten. They may come to The BCC with a higher need than many to experience belonging, community and the desire to be known. Past experiences also may cause them to be slower to trust.



## **ACTIVITIES**

- *Welcoming Room*: Provide welcoming atmosphere for each friend and greet them with a handshake, using their name. Where friends can sign up to go into the clothing closet or to see the case manager.
- *Guest check-in*: Check-in friends using Salesforce. Give vouchers for clothing closet if applicable.
- *Clothing vouchers*: each voucher is redeemable for one full set of clothes from the clothing closet. Each month a friend is eligible for three tickets.
- *Women's clothing closet*: Set up as a bit of a boutique where friends can shop for themselves using the in-house currency (vouchers).
- *Men's clothing closet*: Same as women's above.
- *Case management support*: Case-manager meets one-on-one with friends who are ready to put together a plan to take more concrete steps towards wholeness and healing.
- *Computer & Phone (local calls) use*.
- *Community Room*: Room where friends can relax and watch a movie/talk. Outfitted with couches and chairs. Also has hot drinks (tea/coffee) and snacks available.
- *ARC (Advocates Representing the Community Program)*: Program that friends can apply to. If accepted get to do a 6-month "internship" during which they are provided with a mentor and social worker. The self-identify specific goals and are given a stipend to help meet these goals.
- Thanksgiving dinner: Special meal where volunteers serve friends a Thanksgiving meal.
- Bridge loves Ballard: Partner volunteers with friends to clean up the neighborhood / pick up trash.
- Warmvember: Yearly clothing collection during the month of November.
- Spring Birthday Celebration / Open House: Time when the community (Quest / Ballard) are invited to come and learn more about what The BCC does and who they serve.
- Short talks and presentations at local schools and with community partners to build understanding and support for The BCC's activities.

## **OUTPUTS**

- Open for friends two days per week (Tuesday/Thursday) for four hours (10am-2pm) and two Saturdays per month (1<sup>st</sup> and 3<sup>rd</sup>) for four hours (10am-2pm).
  - Total: 10 days per month / 40 hours per month.
- Creating a welcoming hospitable environment for the friends.
- Warm, dry location for friends to gather together and watch a movie.
- Affordable / free clothing for friends.
- Foster mutual understanding between housed and un-housed neighbors.

## **OUTCOMES**

- Friends have an increased sense of dignity.
- Friends have an increased sense of agency.
- Friends have a place where they feel known and valued.
- Friends have a greater sense of community.
- Clients able to take their next healthy step:
  - decreased drug use

- attending rehab
- moving into housing of some sort
- desire to seek shelter
- obtain work
- retain steady employment
- ability to more greatly participate in society
- Friends have greater hope for the future.
- # of returns/repeat guests.
- Increased resources donated to BCC.
- Increased awareness within Quest community about what BCC does and how they can partner with them.
- Increased awareness within Ballard community and those serving Ballard.

### *Ethical Safeguards*

**Responsiveness and inclusive orientation.** Fitzpatrick, Sanders and Worthen (2011) state that “evaluations should be responsive to stakeholders and their communities”, emphasizing that this evaluation should “consider the many different groups who may have interests in the evaluation” (p. 85). As mentioned in the section on factors interfering with success, there are a number of participants of the program who struggle with mental health challenges, and/or substance abuse. It is critical that the program evaluation take these friends into consideration, however there may also be a challenge in collecting accurate survey data from participants under an influenced state.

**Human rights and respect.** Within the framework of Appreciative Inquiry, there is the mindset that once you ask a question an intervention has already begun (Cooperrider, 2008). Fitzpatrick et al. (2011) point out that “evaluations should be designed and conducted to protect human and legal rights and maintain the dignity of participants...” (p. 86). It will be important that the way in which the evaluation for The BCC is designed—from the ways questions are worded, to how survey data is collected—help to leave participants in a better place upon completion. Especially within a population which already too-often experiences marginalization within society, it is important that the program evaluation be conducted in such a way that The BCC remains a safe space for all those involved.

Another aspect of considering human rights and respect that is mentioned is assuring *confidentiality of the data* collected. This is especially true among vulnerable people groups who may—due to past experiences—be less immediately trusting. When doing the evaluation, it will be important to make sure that participants understand that data is being collected (give informed consent to participate), know that their privacy will be maintained, and that their data will be kept confidential.

## The Evaluation

### Research Propositions

This proposed evaluation is to help The BCC better understand the impact of their program within their target population: those experiencing homelessness and housing instability. They specifically desire to understand if the programs they provide and the *way in which* these programs are conducted have a positive effect on their friends' sense of dignity, agency, and level of hope.

**Hypothesis 1:** The program will increase participants' sense of dignity compared to before their participation with the program.

**Hypothesis 2:** The program will increase participants' sense of agency compared to before their participation with the program.

**Hypothesis 3:** The program will increase participants' sense of hope compared to before their participation with the program.

### Outcomes

As mentioned above, The BCC has many desired outcomes for its friends who visit. They desire for these outcomes to be achieved not only through their more direct offerings (such as a community room with snacks, clothing closets, and a case manager), but also through the *way in which* they engage and interact with the friends who visit (calling friends by name, greeting them with a hand-shake). This study will look at three outcomes: (1) agency, (2) dignity and (3) hope. Through the offerings of The BCC

as well as through the *way in which* staff and volunteers engage the friends that visit, it is hoped that guests will increase in each of the three outcome areas.

For each outcome variable, items have been selected from three measures detailed below. For each item, participants will use a 5-point Likert Scale to indicate the extent to which the item is true of them. The scale is as follows:

- 5 – Mostly true.
- 4 – Partially true
- 3 – Neither true nor false
- 2 – Partially false
- 1 – Mostly false

Participants will take the test (pretest) upon their first visit to The BCC. Participants will then take the test again (post-test) two months later. Average scores for each of the outcome variables will be calculated for each participant. Higher average scores will indicate higher levels of each measured outcome (agency, dignity, and hope).

### **AGENCY**

Bandura (2006) describes an agent as a person who is able to intentionally influence their functioning and life circumstances. Agents are active contributors to their behavior—not simply passive onlookers. Bandura (2001) proposes “The core features of agency enable people to play a part in their self-development, adaptation, and self-renewal with changing times” (p. 2). Smith et al. (2000) found that personal control is a major contributor to psychological well-being over time. Therefore, increasing a sense of agency among this population should help to restore some of the sense of control that is lost through not having a *place*, and should show positive effects in enabling them to take steps forward in self-development, adaptation, and self-renewal.

**Measurement:** Agency will be measured using seven items from Smith, et al.’s (2000) personal agency and interpersonal agency scale items. Questions asked are ones such as: “*I control what happens*

*to me by making choices in my best interest” and “I achieve my goals by knowing when to ask others for help”.* Personal agency and interpersonal agency combine to show a person’s overall perceived sense of control. Higher scores indicate greater perceived agency.

### ***DIGNITY***

Dignity is having feelings of self-worth (Miller & Keys, 2001), as well as having the ability to feel important and valuable to others—feeling as if one matters (Haddock, 1996). In being called by their name when they are at The BCC, greeted with a handshake, and given opportunities to be treated like a “paying” customer, it is hoped that friends of The BCC will experience increases in their sense of dignity because of their time there.

**Measurement:** Dignity will be measured using items from the Dignity Questionnaire developed by Khatib and Armenian (2010). Examples of questions used to measure dignity are: *“I have a high sense of self-respect”* and *“I do not feel I need to depend on other people to get things done”*. Higher scores indicate a greater sense of dignity.

### ***HOPE***

Snyder (2002) defines hope as “the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways” (p. 249). Hope has been shown to have a positive influence in many different contexts including academics, athletics, physical health, psychological adjustment, and psychotherapy. High hope people tend to see impediments as less stressful and have more affirming and positive internal pathways messages as compared to low-hope people (Luthans & Jensen, 2002). Therefore, it is reasonable to believe that increased levels of hope will have a positive influence on those experiencing homelessness as well.

**Measurement:** Hope will be measured utilizing 7 items from the Hope Scale developed by Snyder et al. (1991). Examples of questions used to measure hope are: *“There are lots of ways around any problem”* and *“I energetically pursue my goals”*. Higher scoring responses indicate higher levels of hope.

### *Delay or Decay*

Overall, it is expected that there will be treatment delay for all three outcomes this evaluation is measuring: agency, dignity, and hope. While guests to The BCC may experience a short-term “bump” in any one of these three areas, it is expected that a more sustained increase in any of the outcomes will correlate with an increased dosage of the intervention (more visits to The BCC). It is possible that the outcome of hope would show the shortest delay over and above the outcomes of agency and dignity. This may be due to the idea that friends can visit The BCC and receive immediate information on processes and systems which they can leverage to achieve their desired goals (waypower) as well as encouragement and support that they are capable of using these systems and processes (willpower). The belief that these two paths exist leads to feelings of hope. On the other hand, outcomes such as increased agency and dignity may require more sustained positive inputs (The BCC interacting with friends in a way that affirms their dignity and allowing friends to participate with The BCC in a way that grants agency) and may be more susceptible to treatment decay (not being treated with dignity or given opportunities to exercise agency outside of The BCC). This delay and decay will make it more difficult to know that it is specifically the program of The BCC that is having a positive effect on a friends’ hope, agency or dignity.

## *Implementation Plan*

Following is the implementation plan for the study. This includes: how participants should be selected; if there are any unique events which could change the results of the study; the design of the research study and why it was selected; any threats to validity that are present; and the statistical technique that should be utilized to analyze the data.

### *Participant Selection*

The evaluation sample will encompass any friends who are new to The BCC over a 3-week period. All first-time visitors will have the option to be included in the study. The BCC does not currently have a

capacity limit, so turning people away who seek their services would not be ethical. A clear explanation of the research process, what it involves on their part, as well as their ability to leave the study at any time will be given to any first-time visitors to try to ensure that as many as possible (and hopefully all) feel comfortable participating in the study.

### *Unique Events*

There are quite a number of unique events that could affect this program in ways which could change the evaluation including budget or resource changes, changes to St. Luke's breakfast schedule, and policy changes:

1. *Budget/Resource Changes:* Much of what draws guests to The BCC is the availability of resources such as clothing, hot drinks, and snacks. For the most part, The BCC relies on donations to supply the clothing closets. When funds are high, if donations are low, they can utilize some of the funds to fill in certain resources that haven't been donated in the needed quantities. However, if funding is low, then The BCC is not as able to fill in donation lulls with purchased items. An example of this happening was when Starbucks Corporate changed the policies whereby they donated their day-old pastries in such a way that BCC is no longer eligible to be on the receiving end of these donations. Funding then had to be used to be able to provide some snacks in the Community Room—however the number of snacks provided with funding is still less than what used to be available through the partnership with Starbucks. We all know how much of a draw free food is. What we don't know for sure is how much a decrease in free-food effects the regular attendance of friends to the BCC. Similar, and sudden increase in funding in the middle of the evaluation might result in greater than normal increases in guest satisfaction (a spike in satisfaction) that would be unlikely to be seen in the long-term.
2. *Changes to St. Luke's Breakfast Schedule:* The BCC already sees marked increases/decreases in traffic depending on if St. Lukes (the church whose grounds the BCC's facilities are located on)

serves breakfast in the morning or not. St. Lukes serves breakfast Monday through Friday. The BCC is open Tuesday, Thursday, and the first and third Saturday of each month. There is a markedly higher attendance at The BCC on weekdays (when visitors have already come for free breakfast) than on Saturdays (when there is no free breakfast).

3. *Policy Changes:* Homeless populations are often subject to the support of the communities within which they reside. Many of the friends who visit the BCC visit because it is in the Ballard area and near other valued resources. However, if changes in local policies or public opinion made it more difficult for those experiencing homelessness to stay in the area then it would likely affect how many persons utilized the services of the BCC.
4. *Contract Changes:* The BCC currently rents space from St. Lukes. If for some reason The BCC was no longer able to rent space from St. Luke's and had to move locations during the evaluation, that would change the possible results as a location change could affect which guests continue to utilize the BCC, and how often.

## Research Design

For this study, a one-group pre-post with a dose-response model is being utilized:

$$O_1 \quad X \quad O_2$$

As mentioned in the participant selection, The BCC welcomes any friend who wants to utilize their services. Therefore, establishing an experimental and control group for those who *can* access the BCC's services and those who cannot would not be ethical. For this reason, the selected option is to take a baseline assessment of those who have previously not utilized The BCC (e.g., those who are visiting for the first time;  $O_1$ ), and then take another assessment after two months ( $O_2$ ). Additionally, the number of times each friend visited The BCC over the two-month time-period (their "dosage") will be collected. This will help to detect if there is any relationship between the change in pre/post-test scores and how many times a friend utilizes the BCC's offerings.



## *Threats to Validity*

Shadish, Cook, and Campbell (2002) define threats to validity as “specific reasons why we can be partly or completely wrong when we make an inference about covariance, about causation, about constructs, or about whether the causal relationship holds over variations in persons, settings, treatments, and outcomes” (p. 39). There are four primary categories for validity: construct validity, statistical conclusion validity, internal validity and external validity. Considering the threats to validity that can apply to a program or a program evaluation can help a researcher anticipate possible criticisms to the study, as well as possible additional factors that need to be taken into account during the research process. By doing this, the researcher can build the strongest case possible for the impact of the program or intervention in question. The BCC has a number of potential threats to validity that should be taken into consideration. Each is outlined and discussed further below.

### **CONSTRUCT VALIDITY**

Shadish et al. (2002) propose that threats to construct validity “concern the match between study operations and the constructs used to describe those operations” (p. 72). Sometimes this problem is due to how the constructs are defined, while other times it is in how the constructs are measured. This may be an especially pertinent validity component for The BCC as the purpose of its program is almost entirely towards improvement of constructs, specifically the constructs: dignity, agency and hope. Following are two specific threats to construct validity, as well as possible ways to mitigate them.

**Construct Confounding.** Construct confounding occurs when something contaminates a construct. In this study, all outcomes (hope, dignity, and agency) are measured by respondents reading a question written in English and responding on a 5-point Likert Scale. Within the specific population being measured, there may be a spectrum of abilities to read English fluently—or even to understand English. To be clear, *most* people in the population are very capable of reading and understanding a survey written in English. However, the possibility is greater among this population than among a population within the corporate

world, for instances to arise where a person does not speak English fluently enough to take the survey, or whose reading comprehension is not high enough to read the survey on their own and provide a response. In this case the measurement of the survey is not only measuring the outcomes but is also measuring English fluency or reading comprehension. If this population decides not to take the survey due to these barriers, and the program is indeed helping people to improve in the outcome areas, then the missing data points (attrition leading to low N) could lead to a Type 2 Error—failing to find an effect when there is one. If this population responds to the survey regardless of their understanding of the questions, this will muddy the results and would also likely lead to a Type 1 Error. *A way to mitigate this* would be to provide alternate ways for people to interact with the survey such as having the survey read to them, or having the survey translated for them. In this case, respondents could still mark their responses confidentially on their own paper so they are not influenced by the reader to give a different rating than they would if they were taking the test alone.

**Mono-Method bias.** Mono-Method Bias can occur when all operationalizations use the same method, such as self-report, that method becomes a part of the construct being studied. In this study there are two groups of information being collected: (1) responses to survey items measuring dignity, agency and hope, and (2) the number of times a participant (friend) visits The BCC over the course of the study (about two months). Mono-method bias could occur in this study if participants both answered the survey questions *and* self-reported how many times they had visited The BCC over the past two months. Participants who have strong positive feelings for The BCC may unconsciously think they had attended more than they have, or they may be more likely to over-estimate their use of the program because they want to show that they support what The BCC is doing. This could lead to a Type 1 error in which it appears that there is a stronger correlation between high levels of the outcome (dignity, agency or hope) and number of visits than there truly is. *A way to mitigate this* is to collect information the number of times a participant visited The BCC over the past two months by a method other than self-report—the best being to use a database or other record that The BCC has of who has attended each

day. The BCC tracks information about who visits each opening day in Salesforce, It will be important to make sure that participant survey data is connected to the attendance data on file.

### **STATISTICAL CONCLUSION VALIDITY**

Statistical conclusion validity considers the extent to which we can conclude that a certain program or intervention has an effect on the population being studied. Shadish et al. (2012) break this down into two considerations: (1) whether the presumed cause and effect covary and (2) how strongly they covary. Without careful statistical analysis, researchers may conclude that a program was successful when it was not (Type I error), or they may conclude that a program *was not* successful when it actually was (Type II error). Following are two threats to statistical conclusion validity that may cause an incorrect conclusion to be drawn about the level of effectiveness of the BCC: (1) unreliability of treatment implementation and (2) heterogeneity of units. Possible ways to mitigate these threats will also be discussed.

***Unreliability of treatment implementation.*** If the program doesn't follow the prescribed procedures, is inconsistently carried out, or if treatment is implemented inconsistently between persons or locations it is more difficult to detect a relationship between the intervention and the change in behavior. This could lead to a Type 2 Error—failing to detect an effect when in fact there is one. While there are common resources available to *all* friends who visit the BCC, there are none that each friend is required to utilize. Additionally, one of the goals of The BCC is to help each *individual* friend take their 'next healthy step.' This 'next healthy step' can take many forms—and within the context of The BCC may result in friends utilizing slightly different services, or simply different combinations of services. This variability will make it hard to pin-point exactly *which* aspect of The BCC is moving the dial on any given construct for any given participant. *One way this threat could be mitigated* is if The BCC focused on only one specific way of serving its friends rather than a selection of different ways. Alternatively, studies

could be conducted for each specific activity of The BCC (i.e., community room, clothing room, case manager, etc) to try to pinpoint the effect each individually has for the friends who visit.

The BCC is also primarily staffed by volunteers. While in general volunteers go through the same training (slight variations may occur depending on who is doing the training and whether it is done individually or in a group), each volunteer brings their own style to the ways in which they interact with the friends at the BCC. There is also the possibility that each volunteer might take away a slightly different key point from the training or have varying motivations for helping at The BCC. All of these factors can result in the program being implemented differently depending upon who is volunteering that day—which also means that friends could have a different experience of The BCC depending on when they visit and which volunteers they interact with. As was mentioned, while the same training components are a part of each volunteers training, it may vary depending on if they complete the training as a group or as an individual, as well as which staff member facilitates the training. *One way to try to mitigate this* would be through a calibration session for staff as to what the key points that each volunteer should take away from the training are and taking steps to ensure that these are the key points the volunteers actually walk away with<sup>3</sup>. Finally, there could be periodic “refreshers” to help make sure that the key points are remembered, and as an opportunity to cement some of the smaller learning points that may have been missed by the volunteer during training as they worked to take in even just the big picture of their role and how to fulfill it.

***Heterogeneity of units.*** Shadish et al. (2002) point out that the more participants in a study vary on an outcome variable (in this case: dignity, agency or hope) the greater the standard deviations on

---

<sup>3</sup> These trainings often involve receiving a *lot* of information all at once. As Dr. Yost points out, a training/lesson/workshop is a win if people walk away remembering even three key points from the session (and more often it is only one or two). For this reason, key points would not only help focus the volunteer orientation facilitator, but also the volunteer about what are the *most* important things to keep in mind for their time at the BCC.

that variable will be. This can create “noise” (specifically, within-group variability) that makes it more difficult to determine the extent to which the program or intervention and the outcomes measured are related. This could lead to a Type 2 Error—failing to detect an effect when there is one. The array of guests that The BCC serves is quite diverse. Some have jobs, some do not. The extent to which people experience mental and emotional health challenges is a wide spectrum, from minimally to often. Shadish et al. (2002) highlight that “Unless they are specifically measured and modeled, these interactions will be part of error, obscuring systemic covariation” (p. 51). *To mitigate for this*, they suggest capturing and measuring these characteristics for use in blocking or as covariates. This may help to understand to what extent various characteristics interact with the intervention. In the big picture, the best way to deal with this issue is to try to make the intervention as effective as possible. An extremely potent intervention will show results even within a heterogeneous group. This will also make generalizing to other groups or contexts more plausible.

#### **INTERNAL VALIDITY**

Threats to internal validity are described by Shadish et al. (2002) as being “those other possible causes—reasons to think that the relationship between A and B is not causal, that it could have occurred even in the absence of the treatment, and that it could have led to the same outcomes that were observed for the treatment” (p. 54). Plausible threats to internal validity for The BCC will be discussed and possible ways to mitigate these threats will be presented.

**Regression to the Mean.** Regression to the mean is possible anytime participants are selected due to their especially high or especially low scores. Shadish et al. (2002) point out that this threat is especially likely “whenever respondents are selected (or select themselves) because they had scores that were higher or lower than average” (p. 57). In essence, all participants in this study “self-select” themselves when they choose to visit The BCC for the first time. They are also a group who falls within an “extreme” score with regards to housing stability. People who previously had not utilized The BCC

may be tipped towards giving it a go during an especially hard or trying time in their lives (a low point). This may cause them to score lower on the outcome variables than they normally would. After the two-month “intervention period”, when they take the assessment again (post-test) they may have naturally returned to their regular state (regressed to the mean) and would show higher outcome scores on the post-test. Unfortunately, this would not be due to the program itself, but rather would simply reflect the participant at their natural state, rather than at a low point. This could cause a Type 1 Error to occur—for a program effect to be found when there actually isn’t one. *A potential way to mitigate this* would be to include multiple post-tests in the study—perhaps six months and a year out (in addition to the first post-test at two months). If scores on outcomes continued to increase at six months and one year out, then it is more likely that this increase is due to program participation, and that the program helps participants gain increases over and above their natural state.

**History.** History describes any event that occurs during the time of the study that could also produce the observed outcome in the absence of the treatment (Shadish et al., 2002). There are a number of services for those experiencing homelessness in the Seattle area. This could make it difficult to know the unique contribution The BCC has on any observed outcomes within the populations being accessed. Certain changes to local policy or community sentiment could also have an effect on the outcome variables. This could cause the researcher to find an effect that is not (or is not solely) due to visits to The BCC (a Type 1 Error). *A potential way to mitigate the former* threat would be to collect a measure of this variable (the extent to which other services for those experiencing homelessness are utilized). *A potential way to mitigate the later* could be to identify a nonequivalent dependent variable. This is a variable that would not respond to the treatment but would respond similarly to the primary dependent variable to a pertinent historical threat. However, it is difficult to think of an effective nonequivalent dependent variable in this situation—which may mean that it is not the best mitigation for the problem.

## **EXTERNAL VALIDITY**

External validity concerns the extent to which findings from one study can be generalized to other populations, contexts, and times. Shadish et al. (2002) break this down more specifically into two groups, the extent to which a causal relationship holds (1) over variations in persons, settings, treatments, and outcomes that *were* in the experiment and (2) for persons, settings, treatments, and outcomes that *were not* in the experiment. Threats to external validity are potential reasons why inferences about how study results would hold over variations in persons, settings, treatments, and outcomes may be incorrect. For this study we will look specifically at how *interactions of the causal relationship with settings* could pose a threat to external validity. A possibility for mitigation will also be discussed.

***Interactions of the causal relationships with settings & context-dependent mediation.*** Shadish et al. (2002) define the threat of interactions of the causal relationships with settings as “an effect found in one kind of setting [that] may not hold if other kinds of settings [are] used” and the threat of context-dependent mediation as “an explanatory mediator of a causal relationship [that mediates] in one context may not mediate in another context” (p. 87). Currently The BCC only has one location, and thus only one setting within which to study the effects of the program. There are also multiple components of The BCC (i.e., community room, clothing closets, case manager) that might influence (or mediate) the experience of the friends who come. If The BCC were to open in another location would the same outcomes be seen? If a similar culture was developed in this new location (i.e., calling the friends by name, giving agency through in-house currency) but the same services were not offered (i.e., the clothing closet), would the same effects be observed? Additionally, according to The BCC Director, Josh Perme, people experiencing homelessness in Seattle often form strong geographic in-group connections and can be a bit territorial. This may cause a unique situation to exist within Seattle where people experiencing homelessness form a strong community of support with one another which may influence the outcome measures (dignity, agency, and hope) positively. *One potential way to mitigate this threat*

is to collect data on which aspects of The BCC participants utilize, and how often. It may also be helpful to measure “sense of community” to see if that dynamic does exist. For further understanding of generalizability, the same study might simply need to be run in another setting to see if similar outcomes are observed.

### *Statistical Analysis*

In the analysis of the results of this one-group, pre/post-test, with dose-response design, two statistical methods will be used. First, a series of paired samples (dependent) t-tests will be used to analyze each of the three outcome variables (dignity, agency, and hope). This test will show if there is a significant difference between the average pre and post-test scores for each of the participants on each outcome. Next, a correlation will be run to see if the amount of change between the pre-test and post-test for each participant is related to their dosage of the intervention (the number of times they visit The BCC during the 2-month intervention period). If a positive correlation is found, it will indicate that the level of that outcome (dignity, agency, or hope) is increased with increased dosage of the intervention (visits to the BCC).



## Timeline

Following is a timeline for running the program evaluation. Key activities have been identified as well as which phase of the study they fall within (data collection, data analysis, results and recommendations), who is the owner of the activity, and the time-frame within which the activity should happen.

Activity	Phase	Owner	Date
<b>Program evaluation plan presented to client. Plan and dates confirmed. Feedback and questions collected.</b>	Planning	Consultant	March 12-16
<b>Feedback and questions synthesized. Final program evaluation plan presented to client.</b>	Planning	Consultant	March 16-20
<b>BCC Director / Associate director trained in how to administer pre-survey to new guests.</b>	Planning	Consultant	March 20-27
<b>Check-in Desk volunteer trained to identify possible study participants (guests/friends who are visiting The BCC for the first time).</b>	Planning	BCC Director / Associate Director	March 20-27
<b>Pre-Test survey administered to newcomers to The BCC during a 2-week period.</b>	Data Collection	BCC Director	April 1-14
<b>2-Month Post-Test Survey administered to same.</b>	Data Collection	BCC Director	June 17-30
<b>Survey data analyzed</b>	Data Analysis	Consultant	July 1-10
<b>Initial results and recommendations shared. Feedback collected</b>	Results	Consultant	July 15
<b>Final results and recommendations compiled into a report and delivered to client</b>	Results	Consultant	July 30

## Personnel Requirements

The following personnel are needed for the completion of this program evaluation. Key contributions to the project are outlined for each.

### *BCC Director / Associate Director:*

#### • **Responsibilities:**

- ☐ Gain buy-in from friends (guests) to participate in evaluation.
- ☐ Train check-in desk volunteers to present *new* friends with an opportunity to participate.
- ☐ Be primary point of contact for PR about the study.
- ☐ Be primary point of contact for consultant about the study.
- ☐ Be trained in how to administer the pre/post assessments.
- ☐ Sign new friends up to participate in the study.
- ☐ Give new friends the first assessment.
- ☐ Collect contact email from new friends, or tag them within Salesforce so they can be reached for follow-up / given the assessment in another 2 months.

#### • **Skills Needed:**

- ☐ Strong collaboration and communication skills.
- ☐ Strong relationship with current friends.
- ☐ Ability to quickly built connection and rapport with new visitors to the BCC.
- ☐ Ability to communicate survey directions effectively.
- ☐ Knowledge of Salesforce (client database system).
- ☐ Ability to recognize if participants need any special assistance in taking the survey.

#### • **Time Requirements:**

- ☐ Needs to be available during BCC operating hours during the pretest and posttest stages: roughly 16 hours per stage.

### *Check-in Desk Volunteer*

#### • **Responsibilities:**

- ☐ Alert the BCC Director or Associate Director of any new guests/friends when they check in for the first time.

#### • **Skills Needed:**

- ☐ Be trained in who needs to be included in the study (new guests/friends).
- ☐ Have good communication skills, be able to have good rapport with new guests and interact with them in a respectful and trusting manner.

#### • **Time Requirements**

- ☐ Minimal time requirements. Task can easily be integrated with other volunteer check-in desk duties.

### *New Friends / Participants*

- **Responsibilities:**

- ☐ Take pre-assessment.
- ☐ Take post-assessment.

- **Skills Needed:**

- ☐ Ability to read questions in English.
- ☐ Ability to listen to questions (in English or translated into their native language) and give a response.

- **Time Requirements:**

- ☐ Roughly 10-20 minutes for each survey (pretest and post-test).

### *Consultant*

- **Responsibilities:**

- ☐ Load assessment questions into a survey manager (Qualtrics, SurveyGizmo, etc).
- ☐ Collect assessment data.
- ☐ Analyze data utilizing SPSS or Excel.
- ☐ Present initial results to BCC Staff.
- ☐ Collect feedback / thoughts on initial results.
- ☐ Create final presentation for BCC Staff and Quest Leadership Team.

- **Skills Needed:**

- ☐ Ability to create simple surveys in a survey program (Qualtrics, SurveyGizmo, etc).
- ☐ Understanding of how to run statistical analyses (t-test and correlation) using a program such as SPSS or Excel.
- ☐ Ability to synthesize results and present survey findings.
- ☐ Ability to use PPT or Word to present survey findings in an engaging way.

- **Time Requirements**

- ☐ 1-2 hours pretest/posttest data input.
- ☐ 8-10 hours data analysis and draft recommendations.
- 3-4 hours final recommendations.

## References

- Adeney, Francis S.(2010) *Graceful Evangelism: Christian Witness in a Complex World*. Grand Rapids, MI: Baker Academic.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52, 1–26.  
[doi.org/10.1146/annurev.psych.52.1.1](https://doi.org/10.1146/annurev.psych.52.1.1)
- Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1, 164–180.  
[doi.org/10.1111/j.1745-6916.2006.00011.x](https://doi.org/10.1111/j.1745-6916.2006.00011.x)
- Beyleveld, D., & Brownsword, R. (2001). Human dignity as empowerment. In *Human Dignity in Bioethics and Biolaw*. Oxford University Press.
- Carmody, D. P., & Lewis, M. (2010). Brain activation when hearing one’s own and others’ names, 385, 22–29.  
[doi.org/10.1016/j.jmb.2008.10.054](https://doi.org/10.1016/j.jmb.2008.10.054)
- Carnegie, D. (2017). *How to win friends and influence people*. Sydney, NSW: HarperCollins Australia.
- Chochinov, H. M., Hassard, T., McClement, S., Hack, T., Kristjanson, L. J., Harlos, M., Sinclair, S., & Murray, A. (2008). The patient dignity inventory: A novel way of measuring dignity-related distress in palliative care. *Journal of Pain and Symptom Management*, 36, 559–571. [doi.org/10.1016/j.jpainsymman.2007.12.018](https://doi.org/10.1016/j.jpainsymman.2007.12.018)
- Cooperrider, D. L., Whitney, D. K., & Stavros, J. M. (2008). *Appreciative inquiry handbook: for leaders of change* (2nd ed.). Brunswick, OH: Crown Custom Publishing, Inc.
- Fitzpatrick, J. L., Sanders, J. R., & Worthen, B. R. (2004). *Program evaluation: Alternative approaches and practical guidelines*. (3rd ed.) New York, NY: Pearson Education, Inc.
- Fitzsimons, G. M., & Finkel, E. J. (2010). Interpersonal influences on self-regulation. *Current Directions in Psychological Science*, 19, 101–105. [doi.org/10.1177/0963721410364499](https://doi.org/10.1177/0963721410364499)
- Gervase Bushe, R. (1999). Advances in appreciative inquiry as an organization development intervention. *Organization Development Journal*, 17, 61–68.

- Haddock, J. (1996). Towards further clarification of the concept 'dignity'. *Journal of advanced nursing*, 24, 924-931.
- Hermans, H. J. M. (1987). Self as an organized system of valuations: Toward a dialogue with the person. *Journal of Counseling Psychology*, 34, 10–19. doi.org/10.1037/0022-0167.34.1.10
- Howard, D. J., Gengler, C., & Jain, A. (1995). Whats in a name? A complimentary means of persuasion. *Journal of Consumer Research*, 22, 200–211. doi.org/10.1086/209445
- Khatib, R., & Armenian, H. (2010). Developing an instrument for measuring human dignity and its relationship to health in Palestinian refugees. *World Medical & Health Policy*, 2, 33–47. doi.org/10.2202/1948-4682.1077
- Latham, G. P., & Locke, E. A. (1991). Self-regulation through goal setting. *Organizational Behavior and Human Decision Processes*, 50, 212–247. doi.org/10.5465/AMR.1991.4278976
- Latham, G. P., & Seijts, G. H. (1999). The effects of proximal and distal goals on performance on a moderately complex task. *Journal of Organizational Behavior*, 20, 421–429.
- Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *The American Psychologist*, 57, 705–717. doi.org/10.1037/0003-066X.57.9.705
- Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior*, 23, 695–706. doi.org/10.1002/job.
- Luthans, F., & Jensen, S. M. (2002). Hope: A new positive strength for human resource development. *Human Resource Development Review*, 1, 304–322. doi.org/10.1177/1534484302013003
- María, I. D. (2002). *Mujerista theology: A theology for the twenty-first century*. Maryknoll, NY: Westminster John Knox Press
- Mark, M. M. (2000). Realism, validity, and the experimenting society. In L. Bickman (Ed.), *Validity and social experimentation: Donald Campbell's legacy* (Vol. 1, pp. 141-166). Thousand Oaks, CA: Sage.
- Martin, R. S. (2008, April 15). *Understanding why you don't call a black man a boy*. Retrieved from <http://ac360.blogs.cnn.com/2008/04/15/understanding-why-you-dont-call-a-black-man-a-boy/>

- Miller, A. B., & Keys, C. B. (2001). Understanding dignity in the lives of homeless. *American Journal of Community Psychology, 29*, 331–354.
- Moltmann, J. (2007). *Experiences of God*. Minneapolis: Fortress Press.
- Moltmann, J. (1993). *Theology of hope: On the ground and the implications of a Christian eschatology*. Minneapolis: Fortress Press.
- Norcross, J. C., & Vangarelli, D. J. (1988). The resolution solution: Longitudinal examination of New Year's change attempts. *Journal of Substance Abuse, 1*, 127–134. doi.org/10.1016/S0899-3289(88)80016-6
- Plantinga, C. (1999). *Not the way its supposed to be: A breviary of sin*. Grand Rapids, Mich.: Eerdmans.
- Schachter, O. (1983). Human dignity as a normative concept. *The American Journal of International Law, 77*, 848–854.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5–14. doi.org/10.1037//0003-066X.55.1.5
- Seltser, B. J., & Miller, D. E. (1993). *Homeless families: The struggle for dignity*. Urbana, IL: University of Illinois Press.
- Smith, G. C., Kohn, S. J., Savage-Stevens, S. E., Finch, J. J., Ingate, R., & Lim, Y.-O. (2000). The effects of interpersonal and personal agency on perceived control and psychological well-being in adulthood. *The Gerontologist, 40*, 458–468.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*, 249–275. doi.org/10.1207/S15327965PLI1304\_01
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. X., Yoshinobu, J. G., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570–585.
- Tanner, K. (2010). *Christ the key*. Cambridge: Cambridge University Press.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review*, 92, 548–573. doi.org/10.1037/0033-295X.92.4.548

Wirzba, N. (2006). *Living the Sabbath: Discovering the rhythms of rest and delight*. Grand Rapids, MI: Brazos Press.

Yong, A. (2007). *Theology and Down syndrome: Reimagining disability in late modernity*. Waco, TX: Baylor Univ. Press.