

# Group Home Evaluation for At-Risk Youth: A Case Study of a Non-Profit Organization

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## Background

- Foster youth group homes tend to focus on one presenting issue rather than multiple presenting issues like mental health, substance abuse, etc. (Bean, White, & Daly, 2005)
- Some studies suggest that diagnoses (clinical or non-clinical) upon client intake are misattributed by gender (Cameron & Guterman, 2007; Forand, 1999; Handwerk, Clopton, Huefner, Smith, Hoff, & Lucas, 2006)
- Divided opinion on whether or not foster care group homes are beneficial to clients and treatment testing (Fulcher & Ainsworth, 2006; Forand, 1999)
- Foster care group homes should consider multidimensional treatment models that are inclusive to family involvement, incidents reports, scales, and counselor recommendations (Handwerk, Clopton, Huefner, Smith, Hoff, & Lucas, 2006; Scott & Lorenc, 2007)

## Methods

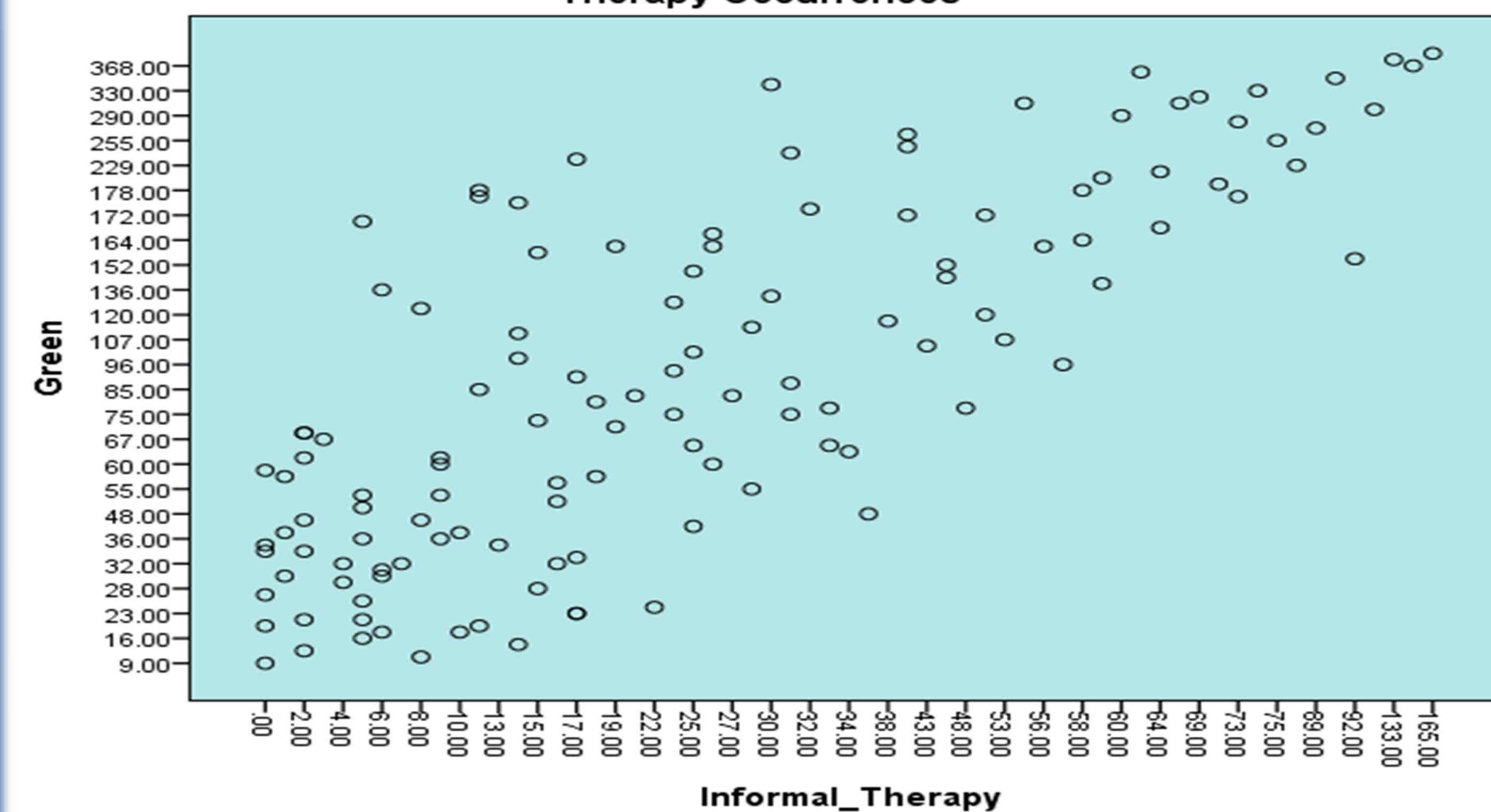
- Analyzed qualitative and quantitative data in IBM SPSS. Topics included:
  - Demographic Information (age, sex, religion, race, and educational level)
  - Therapeutic Information (frequencies of psychiatric visits, formal therapy visits, in-house therapy, the amount of psychotropic medications were prescribed, comorbidity, and their most presenting issue)
  - Progression in the duration of their stay (lights, levels, privileges, social contribution (or lack thereof), system goals, and incidents)
- 126 previous non-active and long term clients
  - 54.8% Female
  - 24.8% aged 17 years old
  - 73.8% White; 5.6% African American/Black; 5.6% American Indian/Native American; 4.8% Hispanic; 5.6% Native Hawaiian and Other Pacific Islander; Latino, Multiracial, Other < .8%
  - 67.5% No Religion Indicated

## Results

|                     | Family | Level_2 | Green  | Social_Contribution | Goal_Yes |
|---------------------|--------|---------|--------|---------------------|----------|
| Family              | 1      | .501**  | .647** | .652**              | .245*    |
|                     |        | .000    | .000   | .000                | .012     |
|                     | 125    | 125     | 125    | 125                 | 104      |
| Level_2             | .501** | 1       | .698** | .719**              | .214*    |
|                     | .000   |         | .000   | .000                | .029     |
|                     | 125    | 126     | 126    | 126                 | 104      |
| Green               | .647** | .698**  | 1      | .839**              | .304*    |
|                     | .000   | .000    |        | .000                | .002     |
|                     | 125    | 126     | 126    | 126                 | 104      |
| Social_Contribution | .652** | .719**  | .839** | 1                   | .467**   |
|                     | .000   | .000    | .000   |                     | .000     |
|                     | 125    | 126     | 126    | 126                 | 104      |
| Goal_Yes            | .245*  | .214*   | .304*  | .467**              | 1        |
|                     | .012   | .029    | .002   | .000                |          |
|                     | 104    | 104     | 104    | 104                 | 104      |

\*\* Correlation is significant at the 0.01 level (2-tailed).  
\* Correlation is significant at the 0.05 level (2-tailed).

Relationship Between the Frequency of Green Light Occurrences and Informal Therapy Occurrences



|                     | Informal_Therapy | Formal_Therapy | Psychiatry | System_Goal | Goal_Yes | Social_Contribution |
|---------------------|------------------|----------------|------------|-------------|----------|---------------------|
| Informal_Therapy    | 1                | .468**         | .448**     | -.339**     | .345**   | .818**              |
|                     |                  | .000           | .000       | .000        | .000     | .000                |
|                     | 126              | 126            | 126        | 104         | 104      | 126                 |
| Formal_Therapy      | .468**           | 1              | .684**     | -.219**     | .072     | .591**              |
|                     | .000             |                | .000       | .025        | .465     | .000                |
|                     | 126              | 126            | 126        | 104         | 104      | 126                 |
| Psychiatry          | .448**           | .684**         | 1          | -.226**     | .177     | .570**              |
|                     | .000             | .000           |            | .021        | .072     | .000                |
|                     | 126              | 126            | 126        | 104         | 104      | 126                 |
| System_Goal         | -.339**          | -.219**        | -.226**    | 1           | -.506**  | -.404**             |
|                     | .000             | .025           | .021       |             | .000     | .000                |
|                     | 104              | 104            | 104        | 104         | 104      | 104                 |
| Goal_Yes            | .345**           | .072           | .177       | -.506**     | 1        | .467**              |
|                     | .000             | .465           | .072       | .000        |          | .000                |
|                     | 104              | 104            | 104        | 104         | 104      | 104                 |
| Social_Contribution | .818**           | .591**         | .570**     | -.404**     | .467**   | 1                   |
|                     | .000             | .000           | .000       | .000        | .000     |                     |
|                     | 126              | 126            | 126        | 104         | 104      | 126                 |

\*\* Correlation is significant at the 0.01 level (2-tailed).  
\* Correlation is significant at the 0.05 level (2-tailed).

## Conclusions

- This research is correlational, but future research should compare it to evidence-based programs and other group home-like settings.
- The level and light system the group home offered seemed to contribute to the success of the client while in the group home, however, more research should be conducted on the long term effectiveness of this system.
- The frequent use of informal therapy offered by the group home and the frequency of family contact was beneficial to clients in various ways: they were more likely to gain access to privileges, socially contribute to the group home community, and decreased the rate of recidivism.
  - Informal therapy was often more beneficial to the clients than formal therapy outside the group home and psychiatric appointments.

## References

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