Developing and Evaluating Social Programs Using Dialectical Pluralism: Three Case studies of Youth Placed At-Risk

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ABSTRACT
The present article outlines three examples of the Dialectical Pluralism metaparadigm of evaluation and research in action. Each of these examples occurs within human services agencies serving youth and families: (a) juvenile mental health court, (b) residential foster care, and (c) juvenile detention center. All three examples were conducted by a university team of evaluators including faculty and students from the fields of clinical/counseling psychology, mental health counseling, and social work. All involved process evaluations of novel programs serving youth in these settings. Finally, across all three examples, the key tenants of Dialectical Pluralism are emphasized: (a) values-infused evaluation, (b) pluralistic epistemology of evaluation, (c) deliberate and intentional dialogues prior to and during evaluation procedures, and (d) establishment of procedural justice through crafting evaluation procedures that have been shaped by all parties involved and that yield outcomes in which all parties can view as valid. The first example involves a process and outcome evaluation of a juvenile mental health court. The second example involves a process evaluation of an effort to implement trauma-informed care and evidence-based practices in a residential foster care setting. Finally, the third example focuses on a process evaluation of a prosocial masculinity psychoeducational counseling group for young men involved in the juvenile justice system. Conclusions were presented identifying where each example converged and diverged from the ideal of the Dialectical Pluralism metaparadigm.

KEYWORDS
At-risk youth; dialectical pluralism; program evaluation

In this article, we first define dialectical pluralism and then we provide several case studies that applied this theory with varying degrees of success. Dialectical pluralism (DP) is a philosophical process theory for dialoging with differences to produce new syntheses that are respected by multiple individuals, groups, and stakeholders (Johnson, 2012, 2017; Johnson & Schoonenboom, 2016; Johnson & Stefurak, 2013). The overarching goal of DP is to seek out, engage with, and dynamically integrate differences in ontology, epistemology, values, and methodologies that are typically present in social, behavioral, and applied science research and evaluation. DP starts with the assumption that there are many perspectives, paradigms, methods, methodologies, theories, philosophies, and ethical systems in the world, and that each is worthy of respect because each has been shown to be useful relative to a particular set of values and research question. DP helps researchers and practitioners move beyond paradigm wars by providing a process to produce an integrative meta-paradigm on a
project-by-project basis. DP requires a commitment to learning from and valuing differences, not merely tolerating differences (Buber, 2000).

Ontologically, DP assumes that reality is plural (ontological pluralism). For example, subjective, intersubjective, and objective realities all exist and are useful for understanding parts of the world. Likewise, different disciplines (e.g., psychology, sociology, political science, economics) provide insights into different realities and, often, it is important to understand multiple disciplinary realities concerning our research objects. Although DP assumes ontological pluralism, it fully respects and provides a process for engaging with multiple/different ontologies (e.g., ontological realism, materialism/physicalism, idealism, ontological relativism).

Epistemologically, DP states that dialecticalism, or the intentional dialoguing with multiple and opposing viewpoints, enables us to obtain conclusions that integrate and transcend traditional polarities/dichotomies (e.g., qualitative vs. quantitative, postpositivism vs. constructivism, nomothetic vs. idiographic, naturalism vs. humanism, similarity vs. difference, type vs. token causation, objectivism vs. standpoint epistemology). The process is sometimes viewed as following three stages (again-and-again): thesis, antithesis, and synthesis. The integrative process often uses an inclusive both-and logic rather than an either-or logic. Through intentional dialogue and epistemological listening, DP users strive to produce new processes, agreements, syntheses, and conclusions that find social consensus across a broad group of different stakeholders. DP is also a social-communication theory because it requires that one communicates intentionally and dialectically, while carrying with you a value for prosocial and fair conclusions that cut across stakeholders.

The vision and goal of DP is to work toward win-win solutions. Implicit in this approach is the willingness for the evaluator/researcher and all other stakeholders to potentially be changed, impacted, and moved by the diverse perspectives that become part of any given project. One potential impact of adopting such an approach is the transcendence of the ostensible incommensurability of paradigms/theories/standpoints (Johnson, 2011, 2012; Kuhn, 1962).

DP relies on deliberative democracy operating within representative heterogeneous teams—representatives of all key stakeholders, including those with the least power, are included in the working group. Background rules are set, such as identify shared values; strive for equal power of all stakeholders; attempt to understand, respect, and learn from the other; practice reflexivity; provide reciprocity; provide reasons for positions; construct superordinate goals that cut across differences; recognize that many differences are complementary; institutionalize agreements and commitments made; and always work toward win-win solutions. The group process is facilitated by someone (e.g., the mixed methods researcher/evaluator) who has studied the social psychological strategies of DP (see Johnson, 2017; Johnson, Onwuegbuzie, Tucker, & Icenogle, 2014). DP-focused inquiry is to be packed with values to provide the desired ends. Although any package of values can be incorporated (depending on the structure of the group), in order to achieve the ultimate goal of DP (broad social justice), users are asked to strongly consider John Rawls’s (1999) two principles of justice to be respected and used: (a) equality and (b) special consideration for the needs of the marginalized in society and micro situations. The equal and deliberative democracy results in procedural justice. Therefore, findings and actions are generally accepted as just, even if they do not fully follow one’s personal perspective because they were produced by a representative and fair process that included multiple stakeholder values. DP provides researchers and evaluators with a vision and process that will be met to different degrees in practice (-ranging from status quo to compromise to win-win solutions), but the regulatory ideal and vision is always present for users of DP.

**DP Applied in Child Welfare and Juvenile Justice Settings**

DP has unique potential import in the context of evaluation that occurs in settings in which there are multiple intersecting organizations/agencies that serve a set of clients who have needs across multiple levels of social ecology. Evaluation work in settings such as integrated health care, child welfare, juvenile justice, and schools can all present such a profile, particularly as the adoption of interdisciplinary and collaborative service delivery faces dwindling fiscal resources for services. Such environments contain multiple and often conflicting sets of ontologies, epistemologies, values, and roles, in addition to differences in statutory regulations surrounding the services being delivered. In the remaining parts of this article, we provide three examples of DP-inspired evaluation work in juvenile justice and child welfare settings. The lessons learned are likely to be applicable to many other settings that include multiple stakeholders serving clients with complex, multifaceted problems.

In the case of juvenile courts and child welfare agencies, there exists a confluence of organizational stakeholders that includes the particular serving agency, the organizations that fund these agencies, the organizations that oversee the agency’s adherence to statutory requirements, evidence-based practice and ethics re-
uirements, and partner agencies that collaborate in service delivery. The children and families served include the children in question, their biological parents, often assigned guardians or foster parents, as well as extended family, community members, clergy, teachers, and school administrators working with the children. The problems that children in the juvenile justice and child welfare systems present almost always exist at multiple levels of social ecology. It is no surprise, then, that the gold-standard prevention and intervention programs for such children are multi-systemic and call for coordinated simultaneous interventions at multiple levels of social ecology within which the child and family are nested. Critical to the delivery of high-quality programs for children in these settings is the erecting of functional systems of information sharing and coordination of care. DP seemed well-suited to the task of engaging with differences in these settings and improving our work as researchers and evaluators. What follows now is a presentation of three examples of evaluation methods and results with particular attention paid to how the theory and concepts of dialectical pluralism were applied.

Case 1: Dialectical Pluralism Applied in an Implementation Evaluation of a Juvenile Mental Health Court (JMHC) Program

An evaluation team including three of the authors spent one year working with the leadership team of a large southeastern juvenile court to implement a juvenile mental health court program. This court had been examining innovative options for processing youth with identified serious/chronic mental illness for the past decade. One of their historical steps included the addition of a full-time social worker from the public mental health system as a liaison to the court, and who was housed on-site at the court. Additionally, the court had sought ongoing consultation from mental health experts in the region and state to ensure that the assessments that the court relied upon were sound and used evidence-based approaches to diagnosis. The court approached us with the request to assist in identifying best practice models for juvenile mental health courts and to conduct an implementation evaluation during the first year in which the specialty court would be piloted.

We assisted the juvenile court in developing a model for a mental health court based on problem solving courts, which emphasize a problem-solving orientation and team-based non-adversarial strategies to address cases (Berman, Feinblatt, & Glazer, 2015). Increasing recognition over the last two decades as to the prevalence of mental illness among juvenile offenders prompted the creation of juvenile mental health courts as a specific type of problem-solving court. Juvenile courts have always served as engines to change delinquent behavior and hold youth accountable for such behavior, but have recently adopted the perspective that their role should also be to identify the underlying cause of the behavior, such as mental illness. This has shifted courts from serving as an insulated arbiter of the quality of youth’s behavior, to a more collaborative entity attempting to hold youth accountable, but also match youth’s needs with appropriate resources and interventions (Arrendondo et al., 2001). The model of JMHCs that has been put forth emphasizes the use of a multidisciplinary approach and assessment-driven approaches to selecting youth whose offending appears causally linked to a mental illness and to matching of youth with appropriate methods of treatment. Although adoption of a JMHC would represent a significant reform, little is empirically known as to the effectiveness of this model. Evaluation of JMHC implementations is crucial to establishing this sort of knowledge (Cocozza & Shufelt, 2006).

Engaging Stakeholders

A key provision of dialectical pluralism is the intentional involvement of stakeholders in as much of the evaluation process as possible, including selection of questions and methodologies, as well as the packing of values into the endeavor. As part of the evaluator’s role in developing and evaluating the implementation of a juvenile mental health court, a series of formal discussions among all stakeholders was held. The stakeholders for this evaluation project consisted of (a) the juvenile court leadership, (b) community mental health system leadership, and (c) children and parents being part of the pilot program.

The evaluators took a consultative role during this series of planning meetings, asking critical questions and helping the agency stakeholders develop their own concerns, lingering questions, and goals for the specialty court. The agenda for each dialogue was set by all parties jointly and included both task items, such as developing a fixed battery for assessment of candidate youth for the JMHC, as well as process agenda items, for example, ensuring that all roles were represented and proactively called upon for their perspective in each dialogue, and ensuring that members who missed a meeting received follow-up communication soliciting their perspectives on the issues discussed.
The evaluators took the intentional stance of highlighting differences in values and epistemology between court personnel entrenched in the legal and law enforcement systems and mental health personnel who are more committed to humanistic and/or medical perspectives. The evaluator’s role was to identify differences and overtly ask for additional explication of the reasons why a stakeholder held strongly to a given position. One example of such a position is the mental health system’s demand that the show rate of youth referred to their services as part of the JMHC be at a higher rate than their baseline client; that is, that one benefit they should receive as an agency from taking part in the JMHC is that clients referred to this program would show up for their appointments at a higher than the average show rate for the mental health agency. This benefit was assumed to occur by the mental health system leaders because JMHC referrals would have a specialized probation officer overseeing the case and monitoring compliance with treatment by the parents and youth. When the mental health agency representatives explained why, financially and staffing-wise, a strong rate of appointment attendance was a benefit to them, the court leadership was seemingly better able to engage on that issue and work to make sure that the program was structured in a way that it led to such an outcome. Thus, intentional dialogues led to the identification of win-win strategies in developing the program and identified important benchmarks to be measured by evaluators, for example, the attendance rate at mental health appointments of youth participating in the JMHC.

Similar to the mental health system’s desire to articulate bottom-line needs such as the attendance rate of JMHC referrals, the juvenile court was able to express its values of public safety and youth/family accountability, particularly in terms of receiving information about compliance with treatment. The mental health stakeholders, while holding to the ethical precept of client confidentiality, agreed to modify their informed consent procedure to make the youth and parents aware that their attendance at treatment sessions and compliance with pharmacological treatments would not remain fully confidential; that is, the court and judges would be informed as to their compliance and attendance at treatment sessions, although not the content of those sessions, and that agreeing to this was a condition of enrollment in the JMHC. This practice allowed the court and the judges to trust that they would receive information related to whether the youth and family were taking part in the offered treatment and hold them accountable for meeting their obligations in the specialty court program.

These initial dialogues spanned five meetings over a four-month period. During this time, members of the evaluation team developed a coding scheme for the epistemology being espoused by the stakeholders. Personal memos of evaluation team members attending meetings were coded, and a coder actively coded responses from meeting participants during each meeting. Competing epistemologies were clearly present. Interestingly, neither the mental health system nor the juvenile court stakeholders espoused an empirical or scientific epistemology. Rather, the mental health system espoused a conception of knowledge founded upon the metrics of client show-rate and follow-up, and secondarily focused on data about youth’s and parents’ behaviors in treatment, for example, the degree to which the youth and family were cooperative and engaged in treatment efforts as opposed to obstructing treatment efforts. In contrast, the court leadership espoused an epistemological style entrenched in formal official arrests and adjudications, and in terms of the youth’s own verbalizations, for example, the youth’s attitude. Youth espousing a willfully defiant attitude were viewed as being mutually exclusive from youth who were suffering from a mental illness. In short, the truth was arrived at by each stakeholder through different means. Taking up the task of intentionally understanding and dialoguing with differences, and forging evaluation questions and methods that integrate these differences, is a key feature of DP.

In addition to competing epistemologies, the mental health system and juvenile court stakeholders shared some core values and differed on other values. Both stakeholders’ statements during planning meetings suggested a value of efficient utilization of resources and cost effectiveness, as well as a desire for all stakeholders to be accountable to one another. The latter value was often linked to the capacity of the collaboration to function over time and be sustainable. As well, stakeholders differed on another values dimension about the end-product that the program was to produce. Mental health system representatives expressed a clear valuing of the human functioning impact of the program. In contrast, the court officials focused on both the impact on the human beings being served and increased safety in the community that the program would produce. Much of the planning dialogue centered on asking the mental health system stakeholders to hold to the value of public safety as much as the court stakeholders, while both groups voiced the importance of the positive impact that the JMHC could have on the lives of each youth.
Evaluation Components

Next, the evaluators next put forth ideas for an implementation evaluation of the JMHC. The stakeholders gave feedback on these ideas. The instances in which different stakeholders were to be responsible for collecting or providing a specific type of data were agreed upon. DP prescribes that intentional dialogue and a pluralistic stance on methodology should be present throughout an evaluation. Directly engaging stakeholders in the selection of evaluation methods is an outgrowth of this emphasis of DP. All stakeholders involved agreed that the JMHC evaluation would include qualitative data from interviews of all stakeholders in both the mental health system and juvenile court at all levels of involvement in the JMHC, and interviews with youth and families who were involved in the program. These interviews would focus on each interviewee’s experiences of JMHC procedures, experiences of her/his counterparts in other agencies involved in the JMHC, and attitudes toward the program as a whole. Additionally, stakeholders agreed that objective data would be used such as recidivism, probation violations, show-rate at mental health appointments, and differences in psychometric symptom and personality measures between youth enrolled in the JMHC and youth who were not enrolled. Last, a success case approach was used consisting of identifying a consensual success case by all stakeholders followed by the evaluation team delving deeply into the details of that youth and family and the ways that youth interacted with the JMHC program.

The use of DP in evaluation will promote procedural justice among stakeholders; that is, the pluralistic methods are likely to yield results that reflect the full range of realities at work in a given program, are likely to contain findings that reflect the critical values to all stakeholders, and are likely to be accepted as just because of the use of the deliberative democratic process. Mixed/plural methods of evaluation promote the likelihood that there is something for everyone in terms of diverging values, which, in this case, was particularly important in a multi-agency program.

Process evaluation. Using qualitative and quantitative data, the evaluators conducted a process/implementation evaluation of the program. One key element of the program’s structure was the use of a comprehensive screening instrument to serve as one method among several to identify youth who potentially met the criteria for the JMHC. The evaluators noted, from coding of the meeting discussions, that there were disagreements about using an objective instrument or an administrator’s judgment to identify client needs. Ultimately, the Massachusetts Youth Screening Instrument – 2nd Edition (MAYSI-2) was used (Grisso & Barnum, 2006). Scores on the MAYSI-2 were generated from all youth processed through the intake department at the court. The evaluators assisted the team in analyzing a pilot sample of such instruments and established cutoffs for moving a youth to a secondary screening, starting with elevations in scores on three areas of the MAYSI-2, specifically elevations in the clinically significant range on the Depressed/Anxious, Suicidal Ideation, and Thought Disturbance scales of the MAYSI-2. Secondary assessment consisted of a comprehensive diagnostic clinical interview and administration of the Personality Assessment Inventory – Adolescent (Morey, 1997). This assessment was undertaken by a master’s-level counselor, social worker, or psychologist working with the court. The clinician wrote up the report noting (a) the likely presence of a serious and/or chronic mental illness, and (b) the likelihood, based on the available data, that any mental illness had directly contributed to delinquent behavior. The JMHC team decided that the program would best serve youth who met both of these criteria. Youth could also be referred directly to the secondary evaluation by a judge or at the request of legal counsel.

The evaluators examined the results of the referral and screening process quantitatively. Based on a pilot sample of MAYSI-2 profiles (N = 300), the evaluators noted that 43% of the youth would have reached the three-scale elevation threshold set forth by the JMHC team. In the active JMHC pilot program that proceeded over the next year, 292 youth were screened with the MAYSI-2 in the intake unit, and 42% of those youths had three elevations or more. However, only 17 (5.8%) of these cases were ever referred for secondary assessment. From that number, 14 were recommended for entry into the JMHC, and 10 were ultimately selected. Through ongoing interviewing, the evaluators determined that probation officers were abstaining from referring cases due to fears of overburdening the pilot JMHC. The multidisciplinary team met, and, with these data in hand, made changes to their practices, which resulted in a larger subsequent number of youth being referred to the JMHC once this implicit obstacle was openly discussed by the stakeholders.

The process evaluation also identified several other factors that, ultimately, became important in the successful implementation of the JMHC. The interview data pointed to some communication breakdowns among stakeholders and within each stakeholder hierarchy. To the point of the present article, these data were only discovered due to the rich year-long set of relationships and existing dialogues that existed among the university-based evaluators and the community stakeholders. The interview data indicated a strong theme of trust of
the evaluators and other stakeholders across the court and mental health system personnel interviewed due to knowledge of shared terminal values (e.g., “we all want the same thing”) and an appreciation for important diverging instrumental values (e.g., “we have different parts to play in achieving the goal”). The qualitative aspects of the evaluation were improved due to the large amount of time that the evaluators spent in preliminary intentional dialogue, specifically dialogue focused on stakeholder values.

**Success case evaluation.** The JMHC evaluation also used the success case evaluation method. Much of this approach was inspired by Brinkerhoff’s (2003) recommended procedures. In line with this approach, the goal of this portion of the evaluation was to generate a rich narrative surrounding a particular youth and family participating in the JMHC. The success case selected reflected a consensus across the mental health system and juvenile justice system stakeholders. The evaluators did not stipulate what constituted success, but asked each stakeholder to both define success and nominate case(s) that exemplified the success. Stakeholders were also asked to describe what aspects of the youth and family or aspects of the JMHC and systems that surrounded it played a role in the success of this youth in the program. Despite variations in the definition of a successful case, all stakeholders converged around a specific case. The evaluators then engaged in in-depth evaluation of both the particulars of this youth’s history and situation, and in the details of this youth’s experience with the JMHC program.

From these efforts, evaluators identified a model of success, as presented in Figure 1. This model shows factors at three levels: (a) youth and family factors, (b) staff/provider factors, and (c) systemic factors. After an initial round of interviews gave rise to the identification of the consensus success case and a model of factors viewed as constituting success in the JMHC, a second set of interviews was conducted in which the interviewees were presented the model depicted in Figure 1. During these secondary interviews, the evaluators facilitated discussion with stakeholders about why they had cited specific criteria for success, and as to their beliefs about criteria selected by other stakeholders that differed from their own. Some broader consensus regarding success was found at this point. For example, all the stakeholders viewed a lack of reoffending as the gold standard for success. However, the court stakeholders viewed visible shifts in attitude as a strong sign of success. Examples included respect for elders and authority, and an increase in self-confidence and hopefulness by the youth and family. The mental health stakeholders used success indicators focused more on individual functioning, as evidenced by achieving treatment goals and compliance with medical and psychotherapeutic treatment recommendations.

This development and evaluation of the JMHC highlights important methods that are in line with the tenants of the DP model. First, the extensive and intention use of front-end, intentional dialogues meant to identify both explicit and implicit values is a strong fit with DP’s admonition that evaluators must engage in work that is **thick** with values. Putting the time into such dialogues led to evaluation approaches that had buy-in from all parties involved. Moreover, this investment led to the evaluators having available rich frames of reference from each set of stakeholders with which to make sense of outcomes. The resulting conclusions reflected a consensus that integrated the shared values across the mental health and juvenile court organizational value sets, rather than merely speaking to each of their separate value sets. Such evaluation products can lead to later actions that leverage these shared understandings; that is, evaluation conducted with a strong understanding of the values surrounding the program can produce knowledge that is more likely to be taken up and used by the recipients of evaluation products.


DP was used as the guiding theory for an evaluation of a residential mental health care center for child welfare youth in the southeast United States. The organization is faith-affiliated, associated with a Catholic diocese, and provides three levels of mental health services (i.e., basic, moderate, intense) to children ages 8 to 17 who are in state custody due to maltreatment severe enough to warrant the state’s decision to remove the child from the home (i.e., physical abuse, sexual abuse, neglect). Due to the organization’s identity, it was important to address the potential for multiple values to be operating in the agency. There are two primary reasons for this. First, faith-affiliated agencies derive their missions from religious tenets but do not require employees to sign faith statements; this results in employee-stakeholders with a range of differing or conflicting values that contribute to their organizational behavior, attitudes, and work products (Bielefeld & Cleveland, 2013; Liedtka, 1989). Second, the nature of child welfare and mental health work includes delivering sensitive care amidst the dynamics of power, control, social stigma, and trauma across a broad intersection of clients’ social identities (Wessells, 1999). Because DP requires sampling and representation of all key stakeholder groups, especially
those in marginalized positions/identities, DP was well-suited to provide structure to this evaluation. Specifically, DP prescribes the use of egalitarian group-process principles in a systematically constructed, heterogeneous, and representative stakeholder group (Johnson, 2017). DP also uses deliberative democracy, procedural justice, and accepts that group outcomes are often achieved to varying degrees. This case study highlights the utility and importance of using the values-oriented and process-justice-producing approach of DP as the fulcrum for the evaluation’s credibility and success.

**Figure 1.** Success case evaluation results.
Engaging Stakeholders

The identified stakeholders in the current case included children admitted to the institution, the organization’s frontline staff who have the most contact with the children, the organization’s professional staff (i.e., mental health clinicians, nurse, special education teachers), the organization’s support staff (i.e., supervisors, chief officers, and other upper management), and the state child welfare agency (CWA), which is the sole source of child referrals for the organization. Because DP relies on deliberative democracy that purposefully samples diverse and marginalized groups and persons, it was important to become oriented to the inner culture of the organization in order to identify subgroups with various levels of explicit and implicit power. A period of goal-free evaluation was performed to achieve this objective.

During the goal-free period, the primary evaluator (ES) observed various key stakeholder events and processes, such as the following: intake sessions for children admitted to the agency, educational interventions with the children, staff-child interactions, child mental health groups, staff meetings, staff trainings, executive team meetings, employee social events, clinical and administrative supervision sessions, frontline staff shift work across all work shifts, and meetings between the organization and the CWA. The goal-free period was effective in identifying groups with power within the organization. Those with the most power included supervisors/administrators and those with the least power included frontline staff. The goal-free period was also effective in building familiarity, followed by trust, with the multiple stakeholder groups.

As the evaluator became more embedded in the organization, evidences of social belongingness occurred, such as establishment and maintenance of idiosyncratic greetings and socialization with various individuals and groups. The resulting relationships established during this period supported an intentional collaborative process between the evaluation team and the adult stakeholders to identify interview topics, organizational processes/events, and organizational artifacts pertinent to the evaluation. It was also effective for identifying methods to increase opportunities for marginalized persons in the organization to participate in the evaluation and the selection of questionnaires. The role of the evaluator and the evaluator’s goals to capture all perspectives within the organization were communicated in meetings with structurally defined groups (e.g., frontline staff meetings across the three levels of care, clinical team meetings, administrative meetings) that occurred across all work shifts in order to promote procedural justice.

During the goal-free period, evaluation team members attended a number of organizational events and meetings across all work shifts, as indicated earlier. During each of these events attended by evaluators, personal memos by the evaluation team members were coded. This early goal-free period revealed a number of competing epistemologies and values across stakeholder groups regarding their roles and work goals. For example, the CWA representatives consistently provided disinterested approval in the organization’s desire to engage in meaningful change, re-iterating their goal to having placement solutions for children. Therefore, the CWA, possessing the most power in the ecology of the organization, was unwilling to provide instrumental or social support for the organization’s quest for improvement. Although the CWA representative did not express disapproval of the organization’s endeavors, the supervisors/administrators of the organization interpreted the CWA’s position as a barrier to their goals by being unwilling to negotiate the frequency or goodness-of-fit of children referred and placed with the agency, consistent with the organization’s quest for change.

Stakeholder-employees were also observed to have competing ideas and values regarding their roles and work within the organization. Specifically, supervisors/administrators expressed pressure to take numerous referrals regardless of the fit between organizational resources and child needs. This represented an isomorphism in which attitudes and processes between the hierarchy of the CWA and the supervisors/administrators regarding pressure from the CWA to the supervisors/administrators to accept all referrals were re-enacted between supervisors/administrators and the subordinate staff. In response to the supervisor/administrative pressure to serve all children referred, subordinate staff members expressed feeling ill-equipped to provide care for all children based on wide variability of symptoms. The subordinate staff members, instead, expressed the need for more discrimination when accepting child referrals to ensure they were able to provide adequate care and containment of children’s behavioral symptoms.

A second competing epistemology existed between supervisors/administrators and subordinates regarding child referrals to the organization. Those with the most power within the organization (i.e., supervisors and clinical administrators) believed that the organization would be best served by over-hauling the organizational culture, structure, and services to fit a Trauma Informed Care (TIC) organizational model. Trauma Informed Care is a human services delivery model that seeks to change organizational culture to be trauma sensitive in its processes with staff, clients, and other stakeholders while also providing trauma-specific services (e.g., evidenced based practices that resolve trauma-related symptoms across mental health and social health condi-
tions such as post-traumatic stress syndrome, homelessness, substance use disorders) to clients (Bloom & Farragher, 2013). Common TIC elements include increasing clinical supervision to prevent burnout and vicarious trauma of staff, empirically supported treatments for trauma-related and comorbid disorders, and increasing trauma-sensitive behavioral practices such as asking before touching during routine care practices, limiting the number of provider transfers and transitions for clients, and reducing the use of seclusion and restraint (Bloom & Farragher, 2013). Those with the least power within the organization (i.e., frontline staff) were ambivalent regarding engaging in any organizational change, including TIC, due to a conflict between desires to work more effectively with children (favoring change) and fear that the burden of organizational change would be disproportionately distilled to them (favoring no change).

Evaluation Components

To engage the differing perspectives in dialectics, the primary evaluator (ES) recommended that the organization complete a needs assessment. Therefore, following the initial goal-free evaluation period, a four-phase mixed methods, recursive evaluation design was used that targeted every layer of the organization’s ecological system. In Phase 1, contacts established during the goal-free evaluation period were used in a collaborative process of identifying key organizational activities and organizational records for the evaluation. Subsequently, qualitative methods were used to perform naturalistic observations of organizational processes and activities (i.e., upper management meetings, clinical services meetings, staff trainings, educational services, admission processes, clinical services, meetings with state child welfare representatives who provide the organization’s referrals, meetings with long-term volunteers, clinical supervision, and hiring processes). Observations at this phase were more structured than were the observations conducted during the goal-free period using eco-maps (e.g., map of communication processes among organizational members during a given event/meeting) and a priori codes identified during the goal-free phase. A review of organizational artifacts also was conducted. Artifacts reviewed included the number of youth admitted to a given unit each day, grant contracts, employee handbooks, recorded organizational histories, policy manuals, communications between the state child welfare agency and the organization, and more. The observations and the review of the artifacts were followed by eight semi-structured interviews of stakeholders in novel organizational positions (i.e., chief executive officer, chief financial officer, child care director, clinical services director, public relations manager, director of volunteer services, foster care liaison, and director of education). To instill procedural justice into the evaluation and balance the qualitative data from interviews with key upper management, walk-in interviews across different work shifts were conducted to give employees at each level of the organization the opportunity to participate in the evaluation interviews; this resulted in 13 additional interviews, nine of which were from frontline staff. The evaluator also visited staff from work shifts or groups who were not represented in the 21 total interviews; this resulted in data in the form of personal memos of the evaluator’s reactions and experiences with an additional six staff members.

In Phase 2, quantitative data were collected through randomly selected youth files from each of the organization’s three mental health care levels within a one-year period. The number of files reviewed ($N = 47$; 42.6% women) were numerically similar to the average daily census rates of children admitted to the facility ($X = 45$). Each level of mental health care (i.e., basic, moderate, and intense) included 30% or more of the total files reviewed such that each level of care was similarly represented in the data. Most of the youth participants in Phase 2 were Black/African-American (51.1%; 42.6% White; 6.4% biracial or other), and the mean age was 14.68 years ($SD = 2.22$; range 9-18; mode $= 16$). The file reviews focused on each child’s trauma history prior to admission and psychiatric symptomology from admission to current status/discharge in relation to services received. Data regarding child needs (e.g., trauma-related needs, mental health-related needs) were important for understanding the employees’ job environments, skill-related needs, and work contexts, as client symptoms and behaviors introduce unique stressors and challenges to the staff’s work environment (Abramovitz & Bloom, 2003). Such stressors include the following: unpredictable emotional outbursts that destabilize the environment, staff, and client (Paterson et al., 2011; Small, Kennedy, & Bender, 1991; Zimmerman & Cohler, 1998); concern for client and staff safety (Edwards, Burnard, Coyle, Fothergill, & Hannigan, 2000); and trauma exposure through the client’s material and behavior that place staff at risk for vicarious traumatization (Abramovitz & Bloom, 2003; Pearlm an & Mac Ian, 1995).

Data collected in the first two phases were used to construct a mixed methods employee questionnaire (i.e., containing quantitative and qualitative items) administered in Phase 3. The mixed questionnaire focused on the psychosocial health of the employees and organization, work demands, current view of the organization and work, desire for organizational or work changes, and personal values regarding faith perspective and work.
Participants included 55% of the organization’s employees (N = 55; 41 women, 12 men, and two participants who did not disclose their gender). Participants also represented various subgroups with differential levels of power in the organization: 23.5% were frontline staff, 23.5% were administrative personnel, 17.6% were supervisors, 17.6% were professional treatment staff (e.g., therapist, nurse), and 5.8% were classified as “other.” Qualitative data from all three phases were coded using constant comparative analysis (Creswell, 2013) and quantitative data were analyzed statistically and checked for convergence or divergence with the qualitative data. Qualitative data themes, based on data saturation, were organized by a code map.

In Phase 4, convergent and divergent data findings were presented to the stakeholders across five focus groups to increase shared participation and data legitimation (Johnson, 2017) in a way that honored the shared values of the organization and its members. The focus groups were designed for intentional dialoguing among organizational members/perspectives and were facilitated to embrace differences and increase subgroups’ understanding of each other. This allowed the stakeholders-employees to agree or disagree with the findings from their unique perspectives, provide their emic theories to explain outcome data, and allow some adjustment/growth in viewpoints. In this way, Phase 4 was critical for ongoing process justice within the evaluation. Coded reactions from the focus groups yielded mixed findings. The data showed a shared Christian faith perspective among employees, which promoted work-related compassion and desire for work-related growth. These shared values instilled hope for organizational health and a sense of organizational unity. Conversely, results also indicated division among employees due to needs for communication, training, processes to increase professionalism, and social justice within the organization. The dichotomy between values-based unity and needs-based divisions indicated by the data created further evidence that process justice procedures were needed in the focus group proceedings and post-evaluation contacts. For example, the evaluation findings highlighted the necessity of ongoing dialogue to resolve negative but validating findings of organizational social injustices such as high job strain, poor compensation, and high employee burnout.

A dedication to seeking the organization’s shared values and using it as a driving force for the evaluation was present in the case. This led to a visual model that explained and provided a method of understanding the organization’s ambivalence for change. The visual model was constructed based on the frequency with which saturated themes emerged in the qualitative data (see Figure 2). Intentional dialoguing led to a collaborative plan between the stakeholders employed by the organization and evaluators to address the organization’s newly realized needs. This plan was more ecologically valid than was a plan without collaboration of all organizational levels and presented the dialectic between groups’ competing epistemologies. In short, the use of DP lead to an evaluation that was transformational for the organization by sparking organizational changes that were more relevant than supervisory/administrative vision at the evaluation onset.

**Case 3: Dialectical Pluralism Applied in the Development and Formativ e Evaluation of a Group Counseling Intervention for Male Juvenile Offenders**

An evaluation team consisting of one of the authors (K. J.) as the lead evaluator and program developer, along with two other doctoral students and a professor in the field of clinical/counseling psychology, spent approximately 10 weeks working with the staff of a youth detention facility in the southeast United States in an effort to develop, pilot, and evaluate a new group counseling intervention targeting the unique developmental needs of adolescent boys. From this point forward, this group counseling program will be referred to as the Prosocial Masculinity Group, abbreviated as PMG. After initial development and pilot deliver efforts in a juvenile detention center, the PMG then was delivered in a residential foster care treatment setting and additional evaluation data were gathered here as well. Throughout this project, the evaluation team, composed of university personnel, collaborated with agency personnel at the detention center and the residential treatment agency to further refine and develop this model of group counseling. Throughout this section of the article, the term “evaluation team” will refer to these university-based students and faculty who spearheaded the development, pilot delivery, and evaluation of the PMG. The evaluation team worked closely with staff and leadership in the detention center, the residential foster care agency and the boys, themselves, receiving the initial versions of the group. The final version of the PMG, shaped by the totality of the development and evaluation efforts of the team, focused on the unique needs of boys in terms of their emerging self-concept as it is shaped by masculine gender roles. The substantive theory underlying the intervention was the gender role strain theoretical perspective (Pleck, 1995), which will be expanded upon later.

Since the early 1990’s, the Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2015) and other scholars (Chesney-Lind & Sheldon, 2003) have placed a strong and necessary emphasis on the need for girl/women-specific interventions in the justice system, given the historic lack of such intervention programs, and
given the rises in offending by girls seen during this period (more accurately, the less steep decline observed for girls than for boys, as juvenile crime has steadily decreased over the last several decades). Many theorists and scholars in juvenile delinquency consider most of all interventions that have been developed to be inherently male-biased (Chesney-Lind & Sheldon, 2003). Thus, the idea that interventions designed for specifically boys and men are needed is sometimes discounted. Even if these critiques are taken to be true, to say that models of intervention, to date, for delinquent youth have a default male-bias, is not the same thing as saying that they have been intentionally developed to address the unique needs of young men. Therefore, the present group was developed with the goal of thoughtfully and intentionally infusing empirically established unique risk factors for boys into the intervention.

![Figure 2. Visual model.](image)

**Engaging Stakeholders**

The juvenile detention facility’s front-line staff had expressed interest in a group program that targeted factors for boys that produce stress, mental health symptoms, and offending behavior. In early discussions with detention staff, a consensus emerged that young men residing on the unit often struggle with rigid and exaggerated conceptions of what “being a man” meant for them. In fact, staff often cited such beliefs about masculinity as being pivotal to the offending behaviors that had resulted in the youth’s detainment. Much of the detention staff’s own existing dialogue and lay counseling efforts with the boys, per interviews with those staff, revolved around discussing moral and prosocial conceptions of manhood, as a counter to what they perceived as the amoral, self-serving, and antisocial beliefs about manhood that were voiced by the boys on their detention unit.

The intervention setting is in the deep south and Gulf Coast region where a strong value is placed on traditional conceptions of masculinity (e.g., stoicism, dominance/aggression, restricted emotional expression, individualism, sexual prowess, and physical and mechanical skills). This has been shown empirically by Levant, Majors, and Kelley (1998) to be particularly true for African American men in the southeastern United States, and this is thought to represent an attempt to cope with and adapt to oppressive conditions. This has relevance for the current project, which was developed and piloted in a community that is 55% to 65% African American, and the juvenile court population was approximately 75% to 80% African American youth—a considerable overrepresentation of these youth than are present in the general community. When these masculinity beliefs
are held in extreme and rigid ways, they can interfere with a developing youth’s ability to cope with their own emotions and navigate their social worlds effectively.

Pleck put forth a theory that can explain how masculinity beliefs can translate into psychological and social problems for men and boys; he termed his theory gender role strain. According to this theory, traditional masculine gender roles, when held rigidly, place men in stressful double binds that drive pathological male behaviors (Pleck, 1981, 1995). From this perspective, young men might benefit from interventions that assist them in forging prosocial and self-affirming stances on the question of “what it means to be a man.” Given that this was the goal often heard from detention unit workers already, the university-based evaluation team took up the task of developing, piloting, and evaluating a structured psychoeducational counseling group that focused on healthy, prosocial masculinity—the PGM. Emerging from early planning efforts was the goal to create a group intervention that would focus on mitigating the maladaptive impact of rigidly held masculine role beliefs, and which would also highlight and build skills for boys’ capacity to express prosocial manifestations of such beliefs. An overarching goal in developing the group was to develop a means to help boys develop their masculine self-concept in ways that were self-affirming, prosocial, and not at the expense of the important task of gender identity development—that is, allow boys to take on the task of defining themselves as a young man, and to do so in ways that are healthy and prosocial.

According to gender role strain theory, gender is socially constructed and one’s conception of gender roles serves a social purpose, such as to allow a boy to meet what he has experienced and perceived to be the standards for his behavior given his many statuses, one of which is his assigned gender as a male. This perspective assumes that a dominant or traditional conception of masculinity exists in any given culture or society, and that members of that society implicitly socialize one another to adhere to those gendered expectations. Traditional conceptions of masculinity most often promote patriarchal values such as control of self and other, and submission to authority (Gilmore, 1990). Gender role strain theory also assumes that when boys and men do not adhere to traditional conceptions of masculinity, they experience varying degrees of emotional distress due to internal and external reactions to non-adherence (Richmond & Levant, 2003). Internal reactions are defined as the psychological distress that occurs when he has failed to live up to their internalized notions of masculinity, whereas externalizing reactions include outward behaviors that are considered personally risky and/or antisocial (Brooks & Silverstein, 1995) as well as negative health behaviors (Harrison, 1995). Through a series of initial internal discussion among the members of the university program development and evaluation team, taking into account prior experiences with men detention staff and boys residing in the detention unit, goals for the group were developed, which included (a) to provide boys with a path away from rigid and restrictive conceptions of masculinity, (b) to provide boys with support and coping skills that do not adhere to what boys perceive to be the expectations of young men, and (c) to orient boys to a view of masculinity that frames masculinity as a resource for adaptive and prosocial behaviors driven by a boy’s personal goals. Taking these initial goals in hand, a series of interviews of staff, and the boys in detention, followed by development of a group manual and piloting of the group, were undertaken.

**Program Development**

In the initial phase of developing the PMG, the evaluation team used the Male Role Norms Inventory - Revised (MRNI-R) to structure the different modules for individual sessions of the intervention. The intervention specifically relied on the following seven subscales from the MRNI-R (Levant, Rankin, Williams, Hasan, & Smalley, 2010): (a) Restrictive Emotionality, (b) Self-Reliance through Mechanical Skills, (c) Negativity Toward Sexual Minorities, (d) Avoidance of Femininity, (e) Importance of Sex, (f) Toughness, and (g) Dominance. Each of these dimensions can be an area in which boys experience distress and self-doubt. Boys may hold to the domains in a rigid and extreme manner, and they may express only the antisocial aspect of each domain. For example, a youth might experience restricted emotionality to an extreme, even in situations where compassion, empathy, and altruism are more appropriate. Such a belief system is damaging to the boy and to others because the belief renders the boy less capable of understanding and respecting his own and other’s needs, imposing an isolation and disconnectedness that further drives emotional distress and dysfunction.

During the planning phase of the PMG, the development team identified shared values through discussions among the university evaluation team members, and through interviews of detention staff and open-ended discussions with boys at the end of existing group counseling interventions that were already being run in the detention unit. The focus of these interviews was to identify prosocial manifestations of manhood that would serve the purpose of helping boys reduce their rigid adherence to traditional masculinity, and help boys use their masculine gender roles (rather than rejecting them altogether) to engage in self-enhancing and prosocial
behaviors. From the concepts identified in these preliminary interviews, the university team constructed group activities that would promote a prosocial dimension of each of the seven original subscale-dimensions. Thus, the MRNI scale, developed, in part, to identify problematic dimensions of masculinity, was used as a starting point, alongside interview data from detention staff and detained boys, to hypothesize positive, prosocial dimensions of masculinity; and then construct the group around those dimensions. One example involved re-framing restrictive emotionality as emotional stability. In this example, the process was not to identify the polar opposite of the MRNI scale, but to conceptually extract a facet of the scale’s construct that had a more positive, adaptive and prosocial impact. Emotional stability is self-enhancing and it might promote healthy coping, less acting out, and prosocial behaviors, because emotional stability makes a boy more able to attend to the needs and desires of others. Ultimately, this line of thought led to the development of eight semi-structured group counseling sessions that included activities centered around the positive and prosocial parts of the aforementioned masculine gender role domains from the MRNI.

**Group therapy session development.** In preparation for facilitating the group intervention, the doctoral student (K. J.) received supervision from a licensed psychologist, in both individual and group supervision contexts. This allowed for vital discussion to take place about the referral and assessment process, as well as many other important aspects of the group. Feedback at this stage of the project was provided by the university-based evaluation team and by the boys who were taking part in each group. At the end of each group session, a structured interview was conducted with group members soliciting feedback about their experience of the overall group’s focus as well as specific activities in each group session.

In consultation with detention staff and leadership, and based on facility needs and time constraints, the university-based evaluation team decided that the group would be composed of 10 detained male juvenile offenders between the ages of 14 and 18 and would run for 10 weeks. Although the adolescents had a variety of charges and psychological issues, it was homogeneous in the sense that they were all adolescent males between the ages of 14 and 18 and who currently were detained subsequent to having been charged with a crime. Most of these youth, approximately 75%, also had some prior involvement in other youth systems of care, such as the child welfare system, special education system, or public health and/or community mental health systems.

**Evaluation Components**

The aim of the evaluation was to assess the effect of the PMG intervention on the boys from multiple points of view including the following: client, facilitator, treatment environment/facility, and university-based evaluation team. The views of the multiple stakeholders were used to determine whether PMG was feasible to deliver in such settings, and whether the content of the group held relevance for boys and young men in these settings. The inclusion of multiple perspectives and stakeholders was in line with standard DP principles.

The evaluation involved a mixed methods research design using the following types of data collection: questionnaires, focus groups at beginning and end of the study, therapist journaling, and feedback from the university-based evaluation team. The intervention included 10 group sessions. Prior to the beginning of each group, all participants completed the Male Role Norms Inventory – Revised; this is a 53-item scale that includes seven subscales. The subscales include Avoidance of Femininity, Fear and Hatred of Homosexuals, Self-Reliance, Aggression, Achievement/Status, Non-Relational Attitudes toward Sexuality, and Restrictive Emotionality. Each of the subscales measures traditional male norms and violations of the norms (Levant et al., 1998). This measure was administered as a quantitative gauge of the degree to which youth endorsed problematic male role norms, and how this endorsement might shift over the course of the group. This was not intended to be a comprehensive evaluation of the group’s outcome.

All facilitators completed weekly journals after each of the 10 group sessions. Journals were recorded to monitor details that facilitators considered relevant, and often consisted of significant events, themes discussed (with a focus on spontaneous themes brought up by participants), specific topics that appeared to elicit strong emotions or activity from participants, group facilitation strategies used, and observed group dynamics. The journals were discussed weekly among facilitators of the group and in the university-based evaluation team.

The final session (Session 10) did not address any topic of masculinity but rather was a post-intervention focus group designed to allow participants to provide qualitative feedback about all aspects of their experience in the group and their preferences about specific topics related to masculinity. Finally, feedback was sought from participants to gain their suggestions for running the intervention with other adolescent males in the future.
Quantitative data recorded from the MRNI-R were analyzed using descriptive and frequency statistics. Qualitative data recorded from all stakeholders were analyzed using thematic analysis (Braun & Clarke, 2006). A dominant theme that emerged when examining the MRNI-R was the degree to which these young men strongly endorsed two scales: Attitudes towards Sexuality and Avoidance of Femininity. Further, youth scores on the MRNI did not move significantly over the course of the group, highlighting that such traits are well-programmed and resistant to modification.

This finding is similar to themes noted by the group facilitator in his memos created after each group. The facilitator’s memos suggest that the young men were generally more open to men expressing emotions, that aggression had its downsides, and that caring and altruism could be part of what it means to “be a man.” In contrast, the facilitator’s memos contain several observations that youth in the group often endorsed the importance for men to be sexually active and skilled, and to avoid appearing feminine in their interests and activities.

This evaluation had a clear focus on the shared values of a set of stakeholders, including the group facilitators, the university-based evaluation team, and facility staff, as well as group participants in developing a group intervention. DP’s influence enabled the evaluator to integrate the thoughts, feelings, and needs of the clients with respect to the values of the facility being worked in throughout each stage of the group’s development. The intentional dialoguing with staff led to the development of a treatment group that, while confined by the facility, was able to meet practitioner standards while also allowing facility staff to complete their job tasks. Ultimately, the process resulted in a closer working alliance among evaluators and staff, likely ensuring the continued provision of services to youth in staff care with positive results.

Conclusion

As discussed, DP is a metaparadigm and process theory that can guide and justify mixed methods evaluations and research. DP emphasizes the infusion of multiple divergent and shared values in the evaluation process and encourages “dialogue with difference” in all domains of an evaluation. The approach is pragmatic, pluralistic, and values-driven. It is fundamentally inclusive, interpersonal in its tactics, and encourages evaluators to fully engage in intentional, rich dialogue with all stakeholders including those with the least power. The resulting methods should reflect the fruit born of such intentional dialogues—that is, a sense of procedural justice, results that are superior to monomethod approaches, and reports that contain information that is agreeable and useful to the multiple stakeholders.

The three case applications provided here all exemplify the DP model to varying degrees. In all the cases, attempts were made to garner information during the development and/or evaluation of the social program from multiple sources. Multiple methods were used in all three cases. In the JMHC example, the different epistemologies of the stakeholders were drawn out during evaluator-drive dialogues, as well as overarching shared values being identified. In the prosocial masculinity group project, the perspective of the boys themselves was integral in challenging the developers to confirm or rethink some aspects of their approach and their assumptions about the program. Last, the child welfare example contains several instances in which the evaluators identified diverging perspectives across vertical levels of the organization to recursively inform front-line staff and leadership of their sometimes disparate vantage points. DP’s perspective is that knowledge of such divergence, and more importantly, building such knowledge into the methodology, leads to more refined and useful results.

Of course, in all these examples, the evaluators fell short of the ideals of DP as well. Frequently, the perspectives of the consumers of these programs were not strongly present in the process. There are many reasons for this, but in the juvenile justice and child welfare realms, this often was perceived to be a “no go” zone by evaluators based upon the attitudes of the leadership involved. A benevolent patriarchy was frequently perceived by evaluators, who experienced leadership as well intentioned and protective of their clients, but, ultimately, not fully appreciating the power of listening to those perspectives, particularly the values in those perspectives that might differ from the organization as a whole. The prosocial masculinity group is a notable exception, in that the perspectives of young men taking part in the group were crucial to its development. Hopefully, the first step is to engage leadership stakeholders in these difficult dialogues during evaluation, and then work towards successfully, if not forcefully, advocating for the voices of those receiving the program to take more certain stage in the design of program development and evaluation.

Finally, each example contains some evidence, both small and large, of the utility of a pluralistic/mixed conception of methodology. Each has its own version of triangulating data across quantitative and qualitative data to achieve an understanding that is synthetic and more than the sum of its parts. Ultimately, DP’s contribution
is more than just another approach encouraging mixed methods, but also an approach that illustrates the power of combining such methods with a values-attuned sensibility, a strong set of interpersonal or soft skills on the part of the evaluators, and a balance of both listening for consensus and listening hungrily for difference.

The examples of DP-infused evaluations reviewed here can be built upon in future works. First, evaluators can most fully embody the DP approach by frontloading evaluation work with intentional and sustained dialogues that target values, epistemology, and organizational culture and deliberate targeting of where dissonance exists among stakeholders on these lines. These front-end intentional dialogues can lead to evaluation methods that hold weight for all stakeholders, to the degree that such methods pursue supraordinate values that are common to all involved in the evaluation. Gathering data regarding the impact of such front-end dialogues upon stakeholders in the evaluation would shed light on the assumptions of DP as to the utility of conducting evaluations in this manner. Second, future work in this area should seek to include clients and consumers of programs in the intentional dialogues more often. Our own work found multiple obstacles to this step, both political and logistical. If DP evaluation methods are to be fully realized, the perspectives of the individuals who the program is ultimately intended to benefit should be privileged more in general, and particularly in the planning stages of an evaluation.

References


