

# CLARIFYING VALUES AND DEFINING SUCCESS: Identifying and Prioritizing Outcomes in Welfare-to-Work Programs

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## DEFINING SUCCESS

Clarifying what constitutes a client's success in working, learning, or living settings is fundamental to welfare-to-work planning. Defining success brings into focus the settings in which the client wishes to succeed and the persons who will be involved in that success. Such a focus helps establish targeting criteria for the welfare-to-work plan, which is comprised of client actions and supportive efforts to promote the client's success.

A clear definition of success may also lead to the discovery of other clients who are already succeeding in the specified setting. Professionals and clients at earlier stages of planning may learn much from such clients about what is required for success (see Yoman & Edelstein, 1994, for examples from psychiatric rehabilitation). After such investigation, one can identify goals by contrasting the client's current performance, and the supports now present in her environment, with the performance and supports found to be linked to success.

If defining clients' success is so integral to welfare-to-work planning and programs, how does one define such success? Defining success is basically describing the desired results or outcome of intervention. Thus, how we define success is an outcome evaluation question. This pamphlet will describe how to operationalize success in desired settings (e.g., the workplace) as the attainment of ultimate outcomes. It will also make the case that such success is the primary purpose of welfare-to-work programs.

## A HIERARCHY OF GOALS

Ultimate outcomes form the foundation of a hierarchy developed by Rosen and Proctor (1981), and refined by Yoman and Edelstein (1994) to identify and measure various goals of psychosocial intervention.<sup>1</sup> "Ultimate

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<sup>1</sup>These types of goals were developed for mental health settings. However, parallels between psychiatric rehabilitation, as discussed by Yoman and Edelstein (1994), and welfare-to-work efforts may prove very instructive. Employment and fuller engagement in the community are the centerpieces of both efforts. Both sets of clients have limited work history and significant barriers to employment.

outcomes” of intervention are valued responses the client and other stakeholders desire to changes in the client’s life. These responses will be sufficient to terminate intervention and consider intervention successful. In practical terms, this usually means that the client is stabilized in her desired setting with the desired quality of life. Ultimate outcomes are long-term, global outcomes involving clients’ effective performance of functional roles.

Ultimate outcomes involve fundamentally not what the client will do, but the response or results she/he will obtain from the community (Yoman & Edelstein, 1994). Thus, ultimate outcomes are the bridge from the immediate impacts of intervention to enduring changes in natural social systems in which clients function. As such they might be viewed as benefits to the client from enhanced skills. Ultimate outcomes can also be seen as an “environmental impact statement” for client changes, which interjects “the real world” into service planning.

Consistent with this focus, most statements of ultimate outcomes describe what a key community member will do. For example: (a) an employer will hire the client and give satisfactory performance evaluations, (b) a trainer or teacher will enroll the client in class and award passing grades, or (c) a landlord will sign a lease with the client.

Two types of ultimate outcomes can be differentiated. The ultimate outcomes discussed above might be termed interpersonal, involving the reaction of key community members to client actions in work, school, or housing settings. Also important are intrapersonal ultimate outcomes, which involve the client’s reaction to changes that occur in her life. Primary among intrapersonal ultimate outcomes are the client’s perceived quality of life and his/her general health status (i.e., her body’s reaction to life changes). Interpersonal ultimate outcomes represent the vantage point of society, including significant others. Intrapersonal ultimate outcomes represent the vantage point of the client.

The second set of goals in Rosen and Proctor’s hierarchy, instrumental goals, are those effects of intervention assumed (based on theory, research, or practice wisdom) to contribute directly to the attainment of ultimate outcomes. Instrumental goals include the typical target behaviors that are the focus of welfare-to-work plans. Target behaviors are changes in the client’s actions. Examples of such goals include increasing the percentage of mornings in which a client meets all expectations for personal appearance included on a checklist, or improving a client’s score on an interviewing skills checklist. Instrumental goals also include target supports: changes in

the actions of persons in the client's natural support network. Such changes might include a co-worker complimenting the client's meeting personal appearance goals or a family member bringing a client to job club meetings.

It is important for the reader to grasp the distinction between target behaviors and ultimate outcomes. This parallels the distinction between skill acquisition and competence. Target behaviors involve skills for the client to acquire and perform. Such performance results fairly directly from interventions, as does other instrumental goal accomplishment. In contrast, ultimate outcomes involve the impact of client skill performance on the social environment (i.e., competence). When accomplished, the best target behaviors sustain ultimate outcomes, which in turn sustain target behaviors. For example, skilled work performance (target behavior) is likely to result in one's work supervisor giving satisfactory (or better) performance evaluations (ultimate outcome). The latter supervisor actions, in turn, are likely to encourage the client's further skilled work performance, forming a reiterative, reciprocal, self-perpetuating cycle. Such a state of affairs establishes the impact of the target behavior as an ultimate outcome. That is, services can be terminated and judged a success when the client's actions have become responsive to natural social support systems (and vice versa) rather than professionals or programs.

The final set of goals in the hierarchy is process goals. Process goals are those client actions presumed to contribute to a facilitative climate for further intervention. Examples of process goals include a client disclosing information relevant to the welfare-to-work plan, a client consistently attending a skills training group, or an employer maintaining regular contact with the client's vocational counselor.

The difference between process goals and instrumental goals is that the former, rather than contributing directly to ultimate outcomes, allow professionals to deliver services with more ease and efficiency. While process goal accomplishment facilitates service effectiveness, it is not in itself an indicator of service effectiveness. Process goals play a role in service effectiveness only indirectly, through their relationship to instrumental goals that contribute to ultimate outcomes. If process goals are linked to poorly chosen instrumental goals or interventions that are ineffective in accomplishing instrumental goals, process goal accomplishment may get the client no closer to her ultimate outcomes.

Here is how the above concepts might be put into action: Client and professional collaborate to determine one or more ultimate outcomes which define success and specify the target settings in which it will occur. Ultimate outcomes then help pinpoint client action and social supports which are predictive of ultimate outcome attainment. The gap between these actions and supports and the client's current performance and available supports is the focus of the welfare-to-work plan. Instrumental goals aim to close this gap. Instrumental goals include target behaviors (client change) and target supports (change in supports) expected to lead to the attainment of ultimate outcomes. Process goals set the stage for effective intervention toward instrumental goal accomplishment. (See Yoman & Edelstein, 1994, for a description of psychosocial rehabilitation within this framework.)

Using this hierarchy of goals in welfare-to-work planning may provide a number of advantages. (See the enclosed table for examples of such planning.) The hierarchy provides a broader systems perspective than is typically incorporated in service planning. The hierarchy can help organize the goals of intervention, and generate hypotheses regarding the relationships among them. Finally, the hierarchy links the process of intervention to its evaluated outcome.

## OUTCOMES ARE VALUES

It may strike some as ironic that getting the community to respond supportively to the client is considered an ultimate outcome in welfare reform. In fact, that response is the hallmark of a CalWORKs participant becoming a more productive member of the community. Such ultimate outcomes will certainly involve professionals educating the community, networking, and advocating on the client's behalf. More important, however, is that professionals give the client as much of a leading role as possible in this process, by empowering her with the skills and relationships to evoke this response from the community.

Ultimate outcomes, as the definition of success in intervention, are the foundation of program evaluation in welfare-to-work programs. The values of various stakeholders in welfare reform determine what evaluators measure to "evaluate" (literally, "get value out of") a program. What stakeholders value in welfare reform goes beyond verbal commitments or

proclamations to how they invest time, effort, and money in the process. Thus, giving ultimate outcomes fundamental priority in program evaluation implies a value commitment which can guide welfare reform. Ultimate outcomes are not merely parameters for the planning and process of moving people from welfare to work; ultimate outcomes are the valued ends of that planning and process. Welfare reform, then, may be viewed as a process of marshaling stakeholders' consensus and teamwork toward those valued ends. For this to occur, professionals must summarize evaluation results and make them available and comprehensible to the various stakeholders. Moreover, professionals must persuade and educate stakeholders on their vested interests in ultimate outcome attainment.

### References

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