Construction of a best practices instrument

Bridgette Anne Browning

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd-project

Part of the Vocational Rehabilitation Counseling Commons

Recommended Citation
https://scholarworks.lib.csusb.edu/etd-project/1796
CONSTRUCTION OF A BEST PRACTICES INSTRUMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Rehabilitation Counseling

by
Bridgette Anne Browning
December 1999
ABSTRACT

This paper develops a Best Practices Scale (BPS) for evaluation of Day Treatment Programs for individuals with developmental disabilities of 60 facilities from the Inland Regional Center in San Bernardino and Riverside Counties. Using a Likert-type scale assessment of Best Practices this 19 item scale measures the satisfaction of human needs in six philosophic areas: the holistic nature of people, goals, wellness, self-responsibility, uniqueness, and equal opportunity which can help people with developmental disabilities achieve their fullest physical, social, vocational, and economic independence. The BPS is the only instrument of its kind and has attracted the attention of program evaluators, researchers, and practitioners to further the effort to help the Day Treatment Programs provide bench marking of the current quality of Best Practices and will therefore, target a means by which services may be improved in the future.
ACKNOWLEDGMENTS

My deepest thanks to:

DR. JOSEPH TURPIN, Ph.D. whose incredible ability to stay positive, focused, and supportive helped me to make this project something worth writing about. DR. SUSAN BROTHERTON, Ph.D. whose genuine love, support, and encouragement never ceases to amaze me. MARIA VALENCIA, whose careful technical computer support, strength, persistence, and tenacity assisted me in completing this project. REHABILITATION COUNSELORS who are constantly striving to give the BEST PRACTICES in every aspect of their profession. MY HEAVENLY FATHER, MY LORD AND SAVIOR JESUS CHRIST, AND THE HOLY SPIRIT WHO HAS ALWAYS BEEN FAITHFUL TO ME.
# TABLE OF CONTENTS

ABSTRACT ................................................................. iii

ACKNOWLEDGEMENTS .................................................. iv

INTRODUCTION ........................................................... 1

METHOD ........................................................................ 2

WHY IT IS IMPORTANT TO LOOK AT BEST PRACTICES .............. 4

CONSTRUCTION OF A BEST PRACTICES INSTRUMENT .............. 7

  Definition of Developmental Disabilities ......................... 8

  The Holistic Nature of a Person ................................... 8

  The Goal ................................................................... 9

  The General Concept of Wellness .................................. 11

  The Idea of Self-Responsibility .................................... 12

  The Understanding that all Individuals are Unique ........... 13

  All Individuals have Equal Opportunities ..................... 14

  Developing a Likert-Type Scale ................................... 15

APPENDIX 1: EVALUATOR QUESTIONNAIRE ......................... 23

APPENDIX 2: CLIENT QUESTIONNAIRE ............................... 24

REFERENCES ................................................................ 29

DATA BASE SEARCH REFERENCES .................................. 30
INTRODUCTION

In order for this researcher to develop a Best Practices scale for evaluation of Day treatment Programs for Individuals with Developmental Disabilities from 60 facilities from the Inland Regional Center in San Bernardino and Riverside Counties, it has been necessary to do a literature review to formulate this preliminary research hypothesis. Using the Likert-type scale assessment of Best Practices based on six philosophic concepts: if the holistic nature of people, goals, wellness, self-responsibility, uniqueness, and equal opportunity can help people with developmental disabilities achieve the individual's fullest physical, social, vocational, and economic independence; then this research proposal will further the effort to help the Day Treatment Centers provide bench marking of the current quality of Best practices and will therefore, target a means by which services may be improved in the future.
METHOD

Inland Regional Center (RC), an independent living service organization, collaboration with California state University, San Bernardino provided a grant to evaluate standards which set a distinction between the approach taken to establish the construction of a Best Practices Instrument for persons with developmental disabilities in an adult Day Treatment program and that for the "norm," population. A number of methods are available for assessing the qualitative practices relating to Day Treatment Programs. The Likert-scale method was chosen because it can provide the Project Investigator, Dr. Joseph Turpin, Ph.D. and the observers who are graduate student with information that allows for benchmarking the current quality of services. Additionally, this method will give us the opportunity of targeting means by which future services can be improved in the future. This study will be useful to the agency for future evaluations of Best Practices within the Day Treatment Programs.

Furthermore, the general reporting format will include observed activities during each site evaluation period and include general information in addition to the Best
Practices Scale. The general demographics include but are not limited to: personnel involved in the activity, the training level of the personnel, the function of the personnel as it relates to the activity, the objective for the activity, and the number of clients involved in the activity.

Included in this report is a developed matrix which relates each agency’s Day treatment Program to the philosophic concepts of this proposed study and the Likert Best Practices Scale which will allow the agencies to conduct future Best Practices studies on Day Treatment programs. It also involves cross referencing the philosophic concepts of the Best Practices Scale with treatment and programmatic objectives of the Day Treatment Programs.
WHY IT IS IMPORTANT TO LOOK AT BEST PRACTICES

The development of a Best Practices instrument is important to look at because there has not been sufficient research in this area for persons with developmental disabilities. This project was initiated as a result of a grant through the Inland Regional Center in determining what were the Best Practices within their own agency. That initiated the study and the study in turn began the development of a Best Practices instrument. In partnership with its clients, Inland regional Center seeks to meet today’s social, economic, and environmental challenges through education and human services development; to apply state-of-the art education, training, research, technology, management, behavioral analysis, and social marketing techniques to solve problems, thereby, improving knowledge and skills throughout their agency as the most effective means for stimulating growth, reducing poverty, and promoting democratic and humanitarian ideals. Approximately sixty Day Treatment Programs in San Bernardino and Riverside Counties are identified and graduate students will be making site visitations for the collection of data using The Best Practices Scale which this researcher designed during the
first stage of this project. Individuals working with special populations face the challenge of finding creative ways to help these persons overcome many of the barriers that can hinder their success. Key components and characteristics are shared and described from administrative leadership and support to program evaluating, integrated vocational curriculum, instructional support services, and work experiences opportunities. Best Practices provides concrete examples evaluated from exemplary programs. The study also recognizes less tangible elements which are important for success, such as the belief in the individual's unique ability, creative problem solving, and high staff morale. Profiles of Best Practices will show how success occurs in a variety of settings and backgrounds.

This report documents the framework that can be used to examine and improve programs for adults with developmental disabilities by improving both policies and practices. The mechanics of the research and the framework for identifying exemplary programs are included in the study. Designed for researchers, teachers, program coordinators, state level personnel, and educational administrators this study was developed to disseminate information about exemplary programs, and provide specific examples of innovative
practices and strategies that other programs can emulate in the Millennium.
The Best Practices Instrument is based on the following principle: It is reasoned that if program services are provided on the basis of client needs, then the success of Day Treatment programs and the progress of individual clients ought to be based on the highest standards to set a distinction on the whole person as an integral part of their environment contrasted with the "norm," population. According to a literature review what is known about this problem from theoretical discussions and prior research clearly indicates a need for this study and the empirical nature of the investigation demonstrating that policy makers approach legislation and advocacy emphasizing opportunities for persons with developmental disabilities which ought to address the clarification as well a make continuous revisions to the construct of what will be regarded as Best Practices. The analysis incorporates six major aspects of evaluation: (1.) the holistic nature of a person, (2.) the goal, (3.) the general concept of wellness, (4.) the idea of self-responsibility, (5.) the understanding that all individuals are unique, and (6.) that all individuals have equal opportunities.
Definition of Developmental Disabilities

There are nearly four million Americans with developmental disabilities. A developmental disability is a disability that is manifested before a person is 22 years of age and which is caused by mental retardation or related conditions which include Cerebral Palsy, Down's Syndrome, Epilepsy, Fragile X Syndrome, Prater Will Syndrome, Autism, Asperger's Syndrome, or other neurological conditions which result in the impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Developmental disabilities tend to be severe disabilities attributable to mental and/or physical impairment and are likely to continue indefinitely.

The Holistic Nature of a Person

This paper addresses the belief which regards the holistic nature of people to incorporate a paradigm shift to include all efforts should be focused on the whole person as a priority to make Best Practices the state of the art rehabilitation model for the twenty first century. This means Best Practices will include the physical, mental, and spiritual components of each individual. Persons cannot be split into pieces of a puzzle as separate entities to evaluate physical, mental, psychological, cultural, and
economic dimensions.

Moreover, an individual with or without a disability cannot be perceived as an isolated entity. There is a continuous interaction between the individual and the environment. Interventions in one area of the individuals' life can have an influence on other areas. The holistic nature of the person includes the individual's disability, psychological status, vocational experiences, educational background, and social issues. The disability can be expressed in terms of functional limitations. The psychological status can involve any emotional factors which may impede rehabilitation planning. The more varied the vocational experience and the educational background, the more opportunities for a successful outcome. The social functioning of the individual involves interaction with family, friends, and associates and is a critical factor that can not be overlooked. Therefore, rehabilitation professionals need to look at rehabilitation from a holistic perspective.

The Goal

Counselors, rehabilitation providers, and job placement specialists need expertise to work effectively with persons who have developmental disabilities to establish the goal(s)
for appropriate rehabilitation interventions. In order for
the vocational and educational rehabilitation plans and
programs to be implemented, the rehabilitation professional
must apply expertise to achieve a realistic goal which
evaluates the client from the aspect of age, education, work
history, and transferable work skills. To establish an
achievable goal the rehabilitation professional must apply
knowledge of the client's vocational profile, medical
aspects of the disability, the client's interaction with the
environment, as well as the persistence and effort the
individual demonstrates participating on a task in the face
of obstacles which can be the Best Practices Model. Best
Practices must also regard the counselor's efforts and
persistence in providing the best rehabilitation services.
The primary goal of Best Practices in all processes and Day
Treatment facilities is to ensure people with developmental
disabilities can achieve the individual's fullest mental,
physical, social, vocational, and economic independence.
Additionally, the secondary goal is to increase efforts to
help individuals reach their highest potential for
satisfaction in life while realizing the practical
constraints of technology and financial resources.
The General Concept of Wellness

Furthermore, the general concept of wellness means thinking and feeling positive about oneself. Psychosomatic illness happens when a person "thinks," himself into being sick. Evidence now supports the idea of psychosomatic wellness. For sickness and for health, what a person thinks has influence on health and wellness. Medical science is making remarkable discoveries about how expectations, emotions, and thoughts affect health. This science is called psychoneuroimmunology, or PNI. It studies how the brain communicates with the rest of the body by sending chemical messengers into the blood. Research has found that one function of the brain is to produce substances that can improve wellness. The brain creates natural pain killers called endorphins, gamma globulin for fortifying the immune system, and interferon for combating infections, viruses, and even cancer. The brain combines these and other substances into a vast number of tailor-made prescriptions for what ails a person. Thus, the body's immune system has the ability to heal the mind and body and is directly linked to the individual's state of mind and state of mental wellness. The level of optimism and expectations of what can happen can affect what goes on inside of the whole body of a
person. When a person experiences "wellness," through optimal health they are free from the stressors that are so often disabling. Individuals who have achieved this concept of being well appear to be joyful, vigorous, creative, calm, serene, enthusiastic, and possess a zeal for living life to the fullest extent of their capabilities.

The Idea of Self-Responsibility

In addition, the idea of self-responsibility is part of the rehabilitation process of development and implementation to ensure Best Practices with due concern for the dignity and welfare of the clients taking reasonable steps to provide appropriate protections for the rights and welfare of persons with developmental disabilities. Self-responsibility is concerned with personal self judgements which influences the environment that persons choose, the Day Treatment activities in which they engage in, and the effort and persistent determination they demonstrate doing an activity regardless of any hindrances. Self-responsibility has application to rehabilitation professionals to provide an overall framework for Best Practices and is the reason why some clients are successful in rehabilitation and others are not. Assuming personal accountability for their rehabilitation joined with how
counselors address and effectively help clients maximize their rehabilitation potential empowers persons with developmental disabilities to succeed in attaining increased functioning in a direction compatible with their functional limitations to maximize physical and emotional growth, have a sense of well-being and personal accomplishment, and facilitates development of a personally satisfying level of independence.

For example, different rehabilitation systems (worker's compensation, long term disability, Social Security, Supported Employment, state vocational rehabilitation, independent living) may define a person with a developmental disability to receive the Best Practices as a client for rehabilitation within their own individualized parameters. A featured highlight of this philosophy maximizes a person's self-responsibility for healing as well as their own personal general health maintenance. Self-responsibility incorporates the belief that the individual can develop individual skills to fully use their resources to cope and deal with their total life situation.

The Understanding that all Individuals are Unique

The reaction to the developmental disability varies with each individual based upon the unique qualities,
situations, and circumstances of the person. Each individual is totally unique through their genetic, biological, and psycho-social factors. Rehabilitation professionals need to understand that each individual has a unique way of coping, a variety of assets, and specific goals and the approach to working with these persons must be based on the realization and acceptance of their unique characteristics.

All Individuals have Equal Opportunities

Taking into account the preceding factors instills the belief that all individuals regardless of their disability have a right to access all of society's benefits and opportunities. People with developmental disabilities have rights to the same economic and social involvement within the community and a quality of health care. Every activity in Day Treatment facilities should promote and emphasis on offering opportunities for individuals with developmental disabilities to secure meaningful integration with the so called "normal," population whether it is in a working environment or living with the community.

Herein lies the reason why we did this project and developed the Likert-Type Scale questionnaire to measure in observable terms, the Best Practices of Day Treatment programs. This questionnaire is designed to address the
Developing a Likert-Type Scale

In the context of research, numerous data on developing a Likert-type scale suggests constructing a measurement technique defined as "Positive Wording (Tests)," (Bergstrom & Lung, 1998). This study addresses whether positively or negatively worded items measure the same construct and whether the rating scale categories "strongly agree," to "strongly disagree," are used in the same way for both types of items. Item Response Theory (IRT), specifically the Andrich Rating Scale Model (Wright & Masters, 1982), is used to analyze a survey on job satisfaction. The methodology presents a strategy for including positively-and negatively-worded items which appear to measure the same construct.

Given the current status of persons with disabilities in American society, rehabilitation service delivery must enhance the quality of life through the use of heightened sensitivity of Likert attitude scales. The Likert-type scale procedure is often used in conjunction with a graded agree-disagree response scale to measure attitudes (Roberts, Wedelle, & Laughlin, 1998). Likert scores are indicative of more moderate opinions. This type of validity is
constructed under restrictions of a sample attitude range. Specifically, a restricted sample range may mask nonmonotonic response characteristics of a given item. The items would thus appear worthy of inclusion in a Likert scale so that its characteristic curve appear as monotonically related to attitude. If a Likert scale is subsequently used with a broader sample the nonmonotonic characteristics of the item would reappear, and the validity of problems inherent in measuring individuals with most extreme attitudes would intensify.

Researchers have examined the effects of set reversals on item response for a statistic survey. The controversy regarding the effects of item response set reversals in positively-worded items is a practice used to guard against acquiescent or response set behavior. A 20 item, 5 point Likert item survey was designed and response sets were varied in a 2 by 3 design (Barnett, 1997). One independent variable was a type of item stem: one level had all direct-worded items. The other independent variable was response set type, one level had all direct-worded items. The other independent variable was response set type, one level had all sets going strongly disagree (SD), to strongly agree (SA), and one SA to SD, and the third one had randomly
determined one-half going to SD to SA, and one half going to SA to SD. Surveys were administered to 687 subjects. The finding was the survey with the lowest reliability was the one with half direct and half-reverse worded items. This indicates that the combination of direct-worded items and half of response sets going in one direction and half in the other direction may be a better way of guarding against acquiescence and response set behaviors.

Other studies have show the comparative validity of the Likert and Thurstone approach to measurement may be useful in providing the rehabilitation practitioner with guidelines which facilitates social support and multicultural considerations.

For example, as pointed out by Roberst (1977), graded or binary disagree-agree response to attitude statements are often collected for the purpose of attitude measurement. The empirical characteristics of these responses will generally be inconsistent with analytical logic that forms the basis of the Likert attitudes measurement technique (R. Likert, 1932). As a consequence, the Likert procedure can lead to valid measurement of a select group of individuals and attitude estimates can substantially represent individuals with positive and negative attitudes so that
they appear to have moderate opinions. In contrast, the Thurstone Attitude Measurement Procedure (Thurstone, 1978) is generally more consistent with empirical characteristics of agree-disagree responses and because of this superior consistency, the Best Practices instrument scores do not suffer from this type of graded validity. The implementation of this construct devotes more attention to the empirical response characteristics of items on this Likert questionnaire. Items considerations on the creation of this instrument using a Likert-type scale, includes semantics of labeling response choices and numbering of response categories. For instance, the cultural background of the language learner surveyed may present a potential problem.

The effectiveness of calibrating an attitude scale using Rating Scale Models and the Parella model with negatively worded items can aid the rehabilitation counselor in understanding similarities as well as differences to distinguish cultural diversity. Additionally, an important principle in constructing rating scales is to develop items that reflect various degrees of the "pro," (positive) and "contra," (negative) aspects of traits being measured. Where both positive and negative items are pooled, they can
be arranged in order along the trait continuum, but for classical and item response theory analysis, scores for negatively worded items will have to be reversed in the Likert tradition. The data from this study (Andrich, 1978) of calibrating item scales came from the 350-first year teacher interns after their first internship who responded to 10 career statements based on a 5-point Likert scale. The data set was figured into the Rating Scale Model and after dichotomizing, fitted into the Parella model (Hoijtink, 1991) Results show that the rating scale model was able to arrange 7 though 10 of the scale in the order as intended, but there were problems with negatively worded items.

However, the Parella model was able to align items correctly, on the other hand, the Rating Scale Model give additional information on the way in which respondents indicate their level of agreement with the statements. Although the binary conversion of the Likert scale may result in loss of information, the Parella model can provide information on item location and personal separation of the trait. It is therefore, recommended that separate analysis of positive and negative items of the Likert scales can be made using the Rating Scale Model with the Parella model as
a compliment in establishing proximity items with item scale order.

In addition to the proceeding models, the dependability of anchoring labels in Likert-type scales has been examined. Schier and Carver (1985) reported various components associated with labeling which were estimated in 2 samples using a 2-facet random effect generalizability-study design. In one sample, 173 graduate students in education were administered: items measuring attitudes toward quantitative methodology. The other sample consisted of 108 graduate students in education who responded to the 8-item Life Orientation Test (Schier and Carver, 1985). From both samples variance components associated with labeling were found to be trivial, contributing little to the deserved score variance. The dependability of anchoring labels was maintained for both normative and absolute interpretations of individual differences with respect to what was being measured and plausible explanations were provided. Respondents primarily could be using the numerical information in rating a Likert-type scale or could be treating both the scale numeral and verbal labels as representing ordinal rather than equidistant relations.

An accurate understanding of the comparison of the
aforementioned methods for assessing attitudes increases the effectiveness of developing the Best Practices instrument for rehabilitation practitioners and has shown a significant relationship with measures of social support, adaptability, and cohesion. Likert scales have been used in observations for developmentally disabled populations before as a method for gathering attitude data. The questionnaire which appears in the appendix consist of nineteen items which was selected for this study. Three graduate students in Rehabilitation Counseling at California State University, San Bernardino have been identified and trained in the observation and the application of the Best Practices Scale. On-site evaluations using the Best Practices Scale will be utilized in sixty facilities in San Bernardino and Riverside Counties in which the average observation to be adequate in the process will be approximately four hours. There will be two separate observations: (1.) One where the observer is expected for the analysis and (2.) Where the evaluator is not expected. A variety of methodologies are available for assessing the qualitative practices of Day Treatment programs. The Likert-type Scale Questionnaire was chosen because it provides the observation and information that allows for discovering the current quality of Best
Practices. Furthermore, this method gives rehabilitation professionals the opportunity of improving services in the future. This study will be helpful to the agencies for future evaluations of Best Practices within the Day Treatment Programs.

The site evaluations will include several observable activities during both the expected and unexpected visits in addition to providing general information to the Best Practices Scale. The general demographic items include but are not limited to personnel involved with the activity, the training level of the personnel, the function of the personnel as they relate to the observable activity, the agency’s goal for the activity, and the number of clients participating in the activity. Use of a Likert-type scale should cause continuous improvement and realignment of what are considered to be current Best Practices as related within the study which allows for continuous revisions in the construct of what will be regarded as Best Practices. Thus, with the Construction of the Best Practices Instrument it will be possible to assess future practices in relation to a structured yet flexible model.
APPENDIX 1: EVALUATOR QUESTIONNAIRE

Evaluator

1. 2. 3.

Date: ________________________

Agency Name: ________________________________________________________

Location of Site: _______________________________________________________

Visit: Scheduled Unscheduled (circle one)

Unscheduled Visit: ______________________________________________________

Location of activity: ____________________________________________________

Name of Activity: _______________________________________________________  

Ratio of Staff to client: _________________________________________________

Center Based or Community Based: ________________________________ (circle one)

Agency Resources or Client Resources: ___________________________ (circle one)

Access to Emergency Service: Cell Phone Beeper (circle one or both)

The program encourages parent/family/community involvement. (circle one)

The current staff has formal (in-service) training regarding client care through the agency:

pre-service  continuous  both  (circle one)

Additional staff for emergencies is available. yes no (circle one)

The agency provides adequate available resources for this activity.

yes no  (circle one)

Comments:
APPENDIX 2: CLIENT QUESTIONNAIRE

Name of Activity____________________________Ratio_______

Nature of Client Served__________________________________________

Length of Time_________________________________________________

1. The staff encourages competence in individuals.

[1. __________ 2. __________ 3. __________ 4. __________ 5. __________]

agree slightly neutral slightly disagree disagree

Comments:

2. The activity in which the individual(s) participated was age appropriate.

[1. __________ 2. __________ 3. __________ 4. __________ 5. __________]

agree slightly neutral slightly disagree disagree

Comments:

3. The day care staff encourage individuals through flexibility to be autonomous.

[1. __________ 2. __________ 3. __________ 4. __________ 5. __________]

agree slightly neutral slightly disagree disagree

Comments:
4. The staff promotes the expression of the client's uniqueness through this activity.

agree slightly neutral slightly disagree 
agree neutral slightly disagree 
Comments:

5. The activity encourages participation on the part of the clients.

agree slightly neutral slightly disagree 
agree neutral slightly disagree 
Comments:

6. Each client is given appropriate attention as needed by the staff.

agree slightly neutral slightly disagree 
agree neutral slightly disagree 
Comments:

7. The activity encourages physical participation on the part of the client.

agree slightly neutral slightly disagree 
agree neutral slightly disagree 
Comments:
8. The activity ensures the general well being of the client.

agree slightly neutral slightly disagree disagree

Comments:

9. The staff uses behavior modification (and other techniques) in appropriate management of client need.

agree slightly neutral slightly disagree disagree

Comments:

10. The activity fosters creativity within clients.

agree slightly neutral slightly disagree disagree

Comments:

11. The activity/staff allows the client to have flexibility for their project.

agree slightly neutral slightly disagree disagree

Comments:
12. The staff explains the activity in a way which encourages the greatest comprehension on the part of the client.

[1. __________][2. __________][3, __________][4. __________][5. __________]
agree  slightly neutral slightly disagree disagree

Comments:

13. The activity promotes the social integration of the client.

[1. __________][2. __________][3, __________][4. __________][5. __________]
agree  slightly neutral slightly disagree disagree

Comments:

14. The client to staff ratio is sufficient for the activity. (1/3).

[1. __________][2. __________][3, __________][4. __________][5. __________]
agree  slightly neutral slightly disagree disagree

Comments:

15. The staff documents client behaviors and changes environment as appropriate.

[1. __________][2. __________][3, __________][4. __________][5. __________]
agree  slightly neutral slightly disagree disagree

Comments:
16. The staff works at using positive reinforcement and encouragement with clients.

| 1. agree | 2. slightly agree | 3. neutral | 4. slightly disagree | 5. disagree |

Comments:

17. The staff ensures that all clients are treated with equal dignity and respect.

| 1. agree | 2. slightly agree | 3. neutral | 4. slightly disagree | 5. disagree |

Comments:

18. The confidentiality of clients is respected.

| 1. agree | 2. slightly agree | 3. neutral | 4. slightly disagree | 5. disagree |

Comments:

19. The client's holistic nature is encouraged through this activity.

| 1. agree | 2. slightly agree | 3. neutral | 4. slightly disagree | 5. disagree |

Comments:
REFERENCES


DATA BASE SEARCH REFERENCES

http://www.askeric.org/Eric
http://www.uncg.edu.edu.ericasi
http://uncweb.cari.org./sos/sosform/htm/
http://trochim.human.comell.edu/kb/scaling.htrn
http://www.im.pdx.edu/-kerlinb/qualresearch/qualPage.htm/
http://www.telepost.com/-skeria/edresearchmethods.htm/
http://aera.net/