Organizational Leadership and Its Relationship to

Outcomes in Residential Treatment

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Organizational Leadership

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October 11, 2007

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ABSTRACT

Increasing patterns of abuse, neglect and violence towards children and adolescents in the United States has incurred billions of dollars in treatment expenditures. The current movement in evidence-based practice in mental health emphasizes the development of standards of practice, treatment protocols, and formalized treatment manuals that have established effectiveness. The intent of the correlative study was to add empirical evidence that may lead to increased outcome evaluation in residential treatment, and the capacity to increase the knowledge base in residential treatment, leading to evidence-based protocols and training of staff.

Investigation of organizational servant leadership and positive treatment outcomes for emotionally troubled young people in residential organizations was the hypothesis of the study. Identification of particular leadership in each residential organization, and the correlative value related to positive outcomes for emotionally troubled young people in these residential organizations was obtained and evaluated.

The Organizational Leadership Assessment (OLA) instrument was used to measure the organizations' leadership, which included Servant, Paternalistic and Autocratic mindsets. The outcomes for measuring the impact on emotionally troubled young people included movement to less restrictive environment and planned discharge.

Sixteen residential treatment organizations (total sample size) voluntarily participated in this study. The quantitative study included 1,165 OLA surveys

completed. The percentage of completion was high at 92%. The selection of the Spearman rank correlation was utilized for statistical purposes in determining the association between servant leadership (independent variable) and movement to less restrictive environment and planned discharge (dependent variables).

The hypothesis projected a positive correlation between servant leadership and successful outcomes. The exploratory and research data demonstrated a weak negative correlation between servant leadership and the outcomes. The research did not support the hypothesis. The data analyzing large and small organizations indicated that larger organizations had better outcomes, yet had lower servant leadership. Smaller organizations had higher servant leadership, yet lower outcomes. A paternalistic mindset was the primary focus in organizational leadership evidenced by the study's data and is suggested for future research.

DEDICATION

To: My mother, Carolyn Foellinger

It is an honor to dedicate this dissertation to my dear mother. I warmly cherish your consistent encouragement, support, and care. Your wisdom and experience have provided for me unlimited, invaluable and significant guidance. Your unconditional love, faith and belief in me, especially in my darkest hours, have profoundly affected my life in such a positive and meaningful way. You are my mom, my role model, my hero and most definitely a servant leader. I am grateful and humbled to be your daughter. You have my heartfelt thanks always and forever …

ACKNOWLEDGEMENTS

The most important acknowledgement of thanks is to God, my Father. He is my source and He always provides. I am humbled by the unlimited love, forgiveness, goodness, and grace that He so freely offers.

I sincerely value, appreciate and thank my family and friends for their support, care and encouragement. My heart's desire has always been to complete a doctorate degree, and I cannot thank you enough for partnering with me in this challenging endeavor. You are all deeply valued and cherished.

Dr. Boyd Johnson, my committee chair is an extraordinarily special, warm, authentic, and wonderful person, a brilliant professor, a quality professional, an outstanding student advocate, and an amazing servant leader. His wisdom, care, guidance and support are clearly evident in his words and actions. I thank God for the gift of Dr. Johnson in my life. Drs. James Fuller and Vern Ludden, committee members, I am thankful for your assistance and direction.

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CHAPTER ONE

Child Welfare (2006) reports increasing patterns of abuse, neglect, and

violence towards children and adolescents in the United States. In light of this

serious problem, more study, research, money, training, and treatment resources

are necessary. Many of these children and adolescents are placed in residential

treatment organizations to address these traumatic situations and need a

therapeutic milieu that provides safety, nurture, structure, supervision, and

treatment. "Children and youth in conflict need positive guidance and support

from concerned and competent individuals. This requires the creation of

respectful relationships and group climates" (Dawson, 2003, p. 223). "At the core

of all emotional and behavioral problems are unmet needs" (Sternberg, 2003, p.

5). Responding appropriately to these unmet needs may be difficult because

often the acting-out behaviors surface and require serious interventions and

structure. At times staff serving these emotionally troubled young people in

residential settings must intervene in a variety of coercive ways to establish and

maintain structure, discipline, limits, consequences, order, and especially safety

(Brendtro, 2004). "Concerns about punitive treatment of troubled persons are not

new. Attempts to eliminate such practices were hallmarks of the mental health

movement of the mid-nineteenth century" (Bockhoven, 1956, p. 292).

Nationally, treatment expenditures related to working with emotionally

troubled children were 11.68 billion dollars in 1998. 2003 data collected in

Indiana reported that there were 21,205 cases of substantiated child abuse.

Specific percentages of neglect and physical abuse were recorded as 67%

neglected and 18% physically abused. Additionally this data stated that 49

children died as a result of abuse. These emotionally troubled young people have

been victims of abuse, neglect, abandonment, and maltreatment at the hands of

significant caretakers (Child Welfare, 2006; Ringel & Sturm, 2001). There are

high rates of depression, suicide attempts, runaways, substance abuse, violence,

and impaired attachments (Beam, Gil-Rivas, Greenberger, & Chen, 2002; Bloom,

Bennington-Davis, & Farragher, 2003; Sunseri, 2003).

  M. C. Taylor, Director of Clinical Services and Professional Development

at the Crossroad Institute, a community leader, and a thirty-year child advocate

working in residential treatment posits that:

> These emotionally troubled young people often view the court
>
> system as taking away their sense of empowerment and decision-
>
> making by placing them in residential treatment organizations that
>
> exacerbate their feelings of lack of control, lack of faith, and lack of
>
> trust in adults. (personal communication, August 9, 2006)

  There are few empirically supported treatments for the complex problems

of children and adolescents in residential treatment programs. Recent trends do,

however, suggest a veering away from the concepts of disease, dysfunction, and

coercive treatment, and a moving forward towards strength-based, asset

building, and positive psychology of treatment work with these young people

(Brendtro & Shahbazian, 2004; Cox, 2006; Hemmelgarn, Glisson & Dukes, 2001;

Saaleby, 1999; Seligman, 2000; Selta, 2004).

Creating and teaching more effective strategies to prevent, intervene, or de-escalate conflict is critical in working with troubled young people. "Research suggests that up to 90% of youth professionals do not consider themselves adequately prepared to handle serious crisis situations" (Dawson, 2003, p. 223). Leadership can influence the young person's sense of empowerment and decision-making. Leadership does impact mission, vision, values, behavior, communication, people, culture, milieu, change, and ultimately the overall success of the organization (Daft, 2005; Harris, Moran & Moran, 2004; Peterson, 2004). Scholarly research contributing to the field of organizational leadership indicates that effective quality leadership is a necessity for the organization's success (Northouse, 2004; Patterson, 2003a; Selta, 2004; Senge, 1990; Spears, 2002; Winston, 2002). Study of an organization's specific leadership style and its relationship to young people's outcome measures may contribute and add value to this field of organizational leadership.

Background and Nature of the Problem

Residential programs in the mental health arena have significantly changed over the past decade due to managed care influences. Leichtman, Leichtman, Barber, and Neese (2001) reiterate this message regarding residential treatment:

Although residential treatment has traditionally been a long term modality in which lengths of stay of a year or more have been common, many managed care systems support only short term treatment, in which three months is considered generous, if not

exorbitant. Hence, residential programs must now treat adolescents who are more disturbed than ever before in far briefer periods of time than ever before. (p. 1)

Historically, emotionally troubled young people in the 1800s through 1900 were placed in orphanages, almshouses, reform schools, or left on the streets to fend for themselves. From the early 1900s to approximately the 1960s, these children and adolescents were housed in custodial-type placements receiving food, shelter, clothing, limited education, and discipline. During the 1960s and 1970s emotionally troubled young people were often placed in foster care, group homes, and residential treatment facilities with a fuller array of services and programs to assist and support them. During the 1970s through the 1990s, emotionally troubled young people were able to receive individual, group, and family counseling for their problems. Standards of care, accreditation processes, state regulations, and other guidelines were created to continuously improve and enhance services provided to these young people. These major changes significantly impacted these organizations and their treatment of residents (Benge, 1998).

J. W. Link, Executive Director of the Crossroad Institute, the Chair of the IARCCA Indiana Outcomes Project, and a leader in the field of residential treatment outcomes states: "Three major issues in residential treatment programs that significantly affect emotionally troubled young persons' outcomes are high costs, lengthy placements, and little empirical support for the effectiveness of treatment" (personal communication, August 9, 2006). Currently,

emotionally troubled young people are typically placed in residential treatment

only through the court system if they have very severe psychological, social,

behavioral, psychiatric, educational, physical, or developmental problems. Dual

diagnosis, which identifies and indicates multiple problems of emotionally

troubled young persons, is extremely common in residential treatment. Managed

care policies routinely restrict the average length of stay from three to nine

months (Leichtman, et al., 2001; J. W. Link). Link goes on to add that:

> These policies often decrease the length of stay and as a result
>
> decrease length of treatment for emotionally troubled young people
>
> who may need more intense assistance and support. Changes in
>
> outcome measures for these young people may be anticipated in
>
> light of managed care policies restrictions.

Residential treatment organizations are mandated by state and national

accrediting bodies to develop outcome measures and to do ongoing program

evaluation of client outcomes. Programs must plan, create, implement, and

evaluate clear, concise, specific, and measurable outcomes in today's quality

competitive environment. Research in these areas can improve outcomes in

residential treatment programs (J. W. Link, personal communication, August 9,

2006).

In addition to studying residential treatment outcomes for emotionally

troubled young people, organizational leadership must be measured and

examined. Understanding the organizational leadership relationship to outcomes

of these young people may be a critical area of study. The background and

nature of the problem must include organizational leadership dynamics, culture, structure, and systems. Current organizational leadership movements suggest a flatter leadership system with an emphasis on ownership; employee motivation; equity; best practices in achievement; and camaraderie, teamwork, and partnership within and among all employees (Healthcare Registration, 2006).

Research currently shows that the major reflections of operational excellence and success in entrepreneurial organizations revolve around the care of customers, constant innovation, committed people, and managerial leadership. At the heart of successful entrepreneurial leadership strategies are a concern for people and interpersonal values that provide a paradigm of interactive cues and the foundational core for the successful fulfillment of those strategies. (Darling, Keeffe, & Ross, 2007, p. 41)

Identifying and understanding effective organizational leadership is essential for success in our world today due to rapidly changing technology, relationship building, communication, climate, multiculturalism, and globalization (Harris, et al., 2004; Peterson, 2004; Wilderom, Peterson, & Ashkanasy, 2000). Laub (1999), for example, has identified three types of leadership styles (Autocratic, Paternalistic, and Servant Leadership) in organizations. Glisson, Dukes, and Green's (2006) groundbreaking research in organizational climate and culture of human services has shown that organizational factors predict the largest variance in positive outcomes in child mental health. Glisson's et al. results and conclusions of their research state:

Hierarchical Linear Models (HLM) analyses indicate that the ARC

organizational intervention reduced caseworker turnover by more

than two-thirds and improved organizational climate by reducing the

levels of role conflict, role overload, emotional exhaustion, and

depersonalization in both urban and rural case management teams.

(p. 2)

Glisson et al. (2006) go on to say that "organizational intervention

strategies can be used to reduce staff turnover and improve organizational

climates in urban and rural child welfare and juvenile justice systems" (p. 2).

Additionally, Glisson et al. believe that this is important "because child welfare

and juvenile justice systems in the USA are plagued by high turnover rates, and

there is evidence that high staff turnover and poor organizational climates

negatively affect service quality and outcomes in these systems" (p. 2).

Problem Statement

This study will explore organizational leadership and its relationship to

outcomes of emotionally troubled young people in residential treatment

organizations. Prior to the IARCCA…An Association of Child and Family

Services outcomes project beginning in 1996 and the collection of data in 1997,

very few residential treatment facilities in Indiana evaluated client outcomes, and

there were few published effectiveness studies in residential treatment (Koch &

Wall, 2006).

Managed Care has changed the landscape regarding length of stay in

residential treatment. Generally shorter and more intensive treatment is

recognized as the norm with these young people. A specific study regarding

intensive short term treatment reported that it can be an effective treatment

modality for children and adolescents (Leichtman et al., 2001). Research in this

area addresses diverse programs of varying quality that serve heterogeneous

populations, but most studies are beset by serious methodological problems

(Curry, 1991, 1995; Lyman & Campbell, 1996; and Pfeiffer & Strzelecki, 1990).

Laub (1999) has shown that different types of leadership impact the health of the

organization. He studied autocratic, paternalistic, and servant leadership in

organizations and the health of the organization.

In related areas of mental health, the research of Moos (1996) has

identified the impact of organizational factors on client outcomes in community

treatment programs, such as community residential treatment facilities, halfway

houses, community care homes, sheltered workshops, rehabilitation centers, and

daycare facilities. Moos' research work resulted in the development of the

Community-Oriented Programs Environment Scale (COPES). The COPES

"consists of ten subscales that measure actual, preferred, and expected

treatment environment or social climate of community treatment programs and

assess three underlying sets of dimensions: relationship dimensions, personal

growth dimensions, and system maintenance dimensions" (p. 5). Moos looks at

the entire program as "the central object of the study in the profile interpretations

and each profile is compared to the normative sample of 192 programs" (p. 11).

Purpose of the Research Study

The purpose of this study is to explore the relationship between organizational leadership and successful resident treatment outcomes. The particular aims include:

1. To identify the specific type of organizational leadership in residential treatment organizations (Autocratic, Paternalistic, Servant Leadership).

2. To examine the treatment outcomes of emotionally troubled young people in residential treatment organizations (Planned discharge and movement to a less restrictive environment).

3. To explore the relationship between organizational leadership and the young persons' outcomes (The patterns or trends that are indicated).

The Rationale and Significance for the Study

The increasingly high numbers of severely emotionally troubled young people placed in residential treatment facilities for lengthy periods of time have resulted in tremendous cost of billions of dollars per year with few positive reported outcomes (Child Welfare, 2006). Leichtman et al. (2001) state that "the managed care revolution has presented adolescent residential treatment programs with a daunting challenge because residential programs must now treat adolescents who are more disturbed than ever before in far briefer periods than ever before" (p. 1).

The current movement in evidence-based practice in healthcare and mental health emphasizes the development of standards of practice, treatment protocols, and formalized treatment manuals that have established effectiveness. The development of evidence-based treatments in residential treatment programs is a national priority. It is imperative to increase development of data in outcomes that document the range of residential treatment outcomes (National Institute of Mental Health, 2005). The intent of the study is to add empirical evidence that may lead to increased outcome evaluation in residential treatment and the capacity to enhance the knowledge base in residential treatment, leading to evidence-based protocols and training of staff.

Research Questions

The study gathered data from sixteen residential treatment organizations in the State of Indiana. These organizations provide a range of treatment services to emotionally troubled young people.

There are three research questions to be answered in this dissertation.

1. What specific type of organizational leadership (Autocratic, Paternalistic, and Servant Leadership) was recognized in each residential treatment organization selected for measurement?

2. What were the organizations' treatment outcomes of emotionally troubled young people in residential treatment, particularly addressing planned discharge and movement to a less restrictive environment?

3. What patterns or trends were revealed after exploring organizational leadership and the relationship to young persons' outcomes?

Hypothesis

Organizational servant leadership may find more positive treatment

outcomes for emotionally troubled young people in residential organizations.

Figure 1.1 diagrams the hypothesis concept visually for clarification.
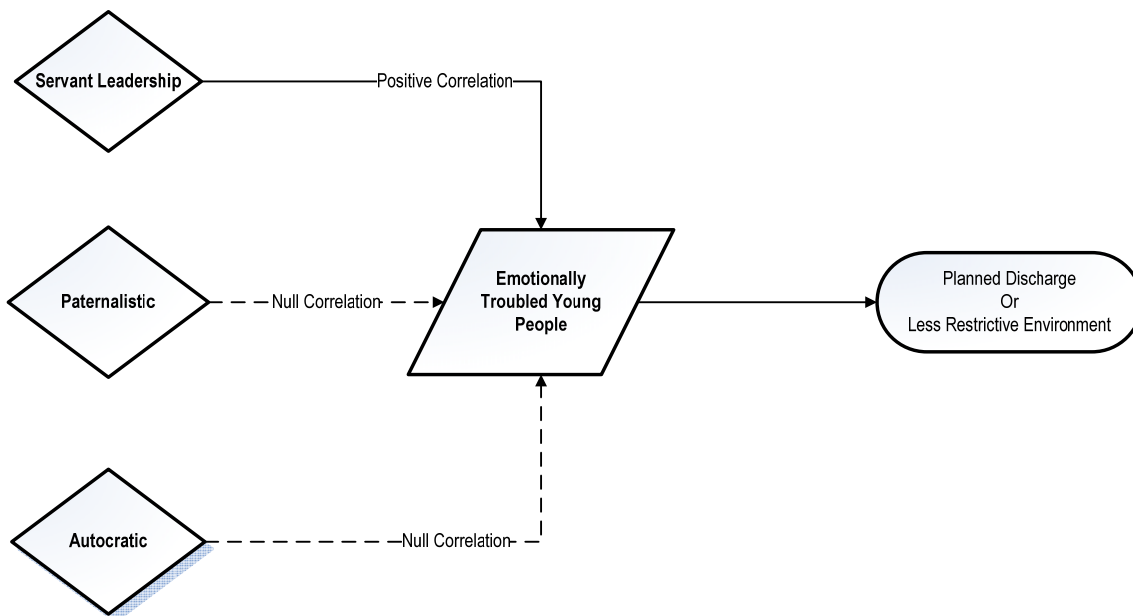
Figure 1.1. Hypothesis

Definition of Terms

Servant leadership. Laub (2000) states

Servant leadership is an understanding and practice of leadership

that places the good of those led over the self-interest of the leader.

Servant leadership promotes the valuing and developing of people,

the building of community, the practice of authenticity, the providing

of leadership for the good of those led, and the sharing of power

and status for the common good of each individual, the total

organization, and those served by the organization. (p. 23)

Paternalistic. This leadership paradigm emphasizes the leader's control

and a father-like, protective relationship with followers.

Autocratic. The primary tenet in this leadership approach comes from a

commanding and authoritative position. The essence of the interaction between

the autocratic leader and followers is one of superior and subordinate. The major

perception is that followers must adhere to the autocratic chain of command.

Therapeutic. This approach focuses on serving the needs of the

emotionally troubled young people. This means doing what is right and best for

the individual whom the leader is serving.

Organizational leadership. This concept encompasses the organization's

mission, vision, culture, norms, values, ethics, beliefs, and approach to leading

the staff and the young people served.

Emotionally troubled young people. These young people could be

described as unable to cope with life stresses in a healthy and acceptable

manner described by societal norms, rules, structures, expectations, culture,

beliefs, and values. These young people (6-21 years of age) typically are dually

diagnosed and may be self-destructive and destructive to property or people,

while having low self-esteem; cognitive distortions; and emotional, psychological,

social, educational, or behavioral problems.

Residential treatment organizations. These facilities provide a myriad of

mental health services to support, educate, structure, nurture, and treat

emotionally troubled young people. The purpose of treatment staff in these settings is to provide a nurturing, safe, secure therapeutic milieu to enhance the lives of these youth so they might grow, develop, mature, and acceptably cope with life stresses upon release to a less restrictive environment.

Milieu. This is another word for the environment provided for emotionally troubled young people. A milieu may include the organizational leadership, culture, norms, beliefs, professional staff, peers, structure, routines, limits, consequences, rewards, recreation, and education.

Young persons' effectiveness-of-placement outcomes. "The young person is identified as being placed in a more, similar, or less restrictive placement or may also be coded as a runaway when released from the residential treatment facility" (Koch & Wall, 2006, p. 4).

Managed care. Managed care is a U. S. health care concept that has become dominant as a means to control Medicare payouts. The rise of managed care was regarded by the U.S. health insurance industry as a way to lower the rate of medical inflation in the 1990s. Managed care has greatly impacted costs, length of stay, and treatment for emotionally troubled young people in residential treatment, which has restricted and limited assistance and support for them.

Organizational culture. The organization's assumptions, norms, values, beliefs, traditions, rituals, language, customs, and personality are some of the components of its culture.

Scope

The study gathered data from sixteen residential treatment facilities in the

State of Indiana. These organizations have many similarities. Research subjects'

commonalities are related to work procedures, client and customer base,

education and skill levels, and organizational culture.

Limitations

This study was limited by the number of residential treatment

organizations selected, as well as all organizations being located in Indiana. The

results may not be generalized to all other states.

<div align="center">

Summary

</div>

This chapter outlined the study's background and nature of the problem,

problem statement, and purpose of the study, rationale and significance of the

study, research questions and hypothesis, definition of terms, scope, and

limitations.

Current scholarly research contributing to the field of organizational

leadership indicates that effective quality leadership is a necessity for the

organization's success (Northouse, 2004; Patterson, 2003a; Selta, 2004; Senge,

1990; Spears, 2002; Winston, 2002). Leadership can impact mission, vision,

values, behavior, communication, people, culture, milieu, change, and ultimately

the overall success of the organization (Harris, et al., 2004; Northouse, 2004;

Peterson, 2004). Study of an organization's specific leadership style and its

relationship to young people's outcome measures may be a primary contribution

to the field of organizational leadership.

Results of this study may identify patterns of organizational leadership that

have a correlation to positive outcomes in residential treatment. The research

may impact the progress of the young people and help them succeed in their lives by attaining planned discharge or movement to a less restrictive environment from the residential organization. Residential treatment organizations may be able to seek out effective leadership to promote growth, development, and change in working with troubled young people. This study may provide possible alternatives to recruiting, hiring, training, and evaluating professionals working with troubled young people. Specific program changes in residential treatment organizations may result in more successful fulfillment of needs of these emotionally troubled young people, and subsequently may reveal more positive outcomes.

In chapter two a literature review of organizational leadership and psychological theories and treatment is provided. This chapter will specifically discuss the instruments selected to measure servant leadership and outcomes (planned discharge and movement to less restrictive environment).

CHAPTER TWO

Review of Literature

Chapter Overview

The aims of the study were to identify the specific type of organizational leadership in residential treatment organizations, to examine the treatment outcomes of young people in residential treatment, and to explore the relationship between organizational leadership and young persons' outcomes. Chapter two discusses the organizational leadership and psychological theories related to this study. This research investigated organizational leadership and its relationship to outcomes in residential treatment organizations.

This literature review begins with a brief and specific historical overview of relevant organizational leadership and psychological theories that provide the framework for this study. Current organizational leadership trends indicate a transition from autocratic and authoritative leader focused theories and approaches to follower-focused, teamwork, partnership theories and approaches (Bennis, 1989, 2007; Burns, 2004; Harris, et al., 2004; Northouse, 2004; Peterson, 2004; and Wheatley, 2004). In addition, a clear paradigm shift from diagnosing disorders to emphasizing assets and strengths in children and adolescents is being given attention in the literature (Cox, 2006; Saaleby, 1999; Selta, 2004). Examination and discussion of these dynamics and changes were explored in order to understand the past and present patterns and themes regarding organizational leadership theory and psychological theory and treatment. This selected historical overview paved the way for understanding the

current direction and focus of leadership and psychology that may be beneficial for young people in today's world.

Organizational leadership development, theories, and approaches, coupled with Psychological development, theories, and approaches were examined to better understand young persons' successful outcomes in residential treatment. Several specific areas of research were covered. The first area was a brief historical overview highlighting primary Organizational Leadership Development and theories, followed by a review of Servant Leadership in light of its essential link to this study.

Secondly, a history of selected psychological theories and approaches were reviewed and contrasted to current psychological theoretical developments, orientations, and trends in treatment. Particular areas addressed were Child and Adolescent Development, 40 Developmental Assets, Strength-based and Positive Psychology, and Risk and Protective Factors in emotionally troubled young people.

Thirdly, residential treatment outcome measures of emotionally troubled young people were discussed. These three research areas provided a background for the therapeutic, collaborative, strength-based perspectives in both Organizational Leadership and treatment outcomes of troubled young people in residential treatment.

A primary consideration in the research selection was to move away from previous trends and patterns of Organizational Leadership that espouse autocratic authoritarian approaches and treatment premises that focused on

dysfunction, disease, mental illness, and coercive interventions. Servant Leadership (Greenleaf, 1991), Positive Psychology (Seligman, 2000), and Strength-based Treatment (Selta, 2004) emphasize affirming individual strengths, understanding and reinforcing individual positive talents and skills, while serving the individual needs in a nonjudgmental manner. These particular areas center upon working as a leader and follower in the best interest of the client. The perspective of optimism, cooperation, collaboration, discovery, understanding, and change is important and is the crux of this kind of Organizational Leadership and treatment modality

Review of Leadership Theory

A review of leadership theory is essential in understanding early scholars' ideas, and how leadership has transformed and changed throughout history to the present time. Particular attention was given to the Great Man Theory, Trait Theory, Behavior Theory, Contingency/Situational Theories, Management Theory, Excellence Theories, and Relational Theories. Servant Leadership is described in detail to demonstrate a theory significant to the hypothesis. Current literature on organizational leadership dynamics that impact residential settings is important, because it can demonstrate the transition of theory to practice. The organizational leadership dynamic plays an integral part in providing quality services to troubled young people while in residential placement. The child welfare, mental health, and juvenile justice systems continue to serve millions of children and adolescents in residential treatment each year. Yet often these services within the system are ineffective (Burns, 2004). Additionally, culture and

psychological climate in organizations can affect the quality of work the staff provides and the troubled young person's outcomes (Hemmelgarn, et al., 2001).

History of Psychology and Treatment

Understanding the early history of psychology and treatment is important in studying trends and patterns. This information reveals the direction, growth, changes, and current creative developments that have occurred in psychology. Organizational leadership theories and psychological theories historical overview provide a clearer understanding of the past, present, and future trends of leadership and psychology. For example, Organizational Leadership theories began with the focus on the leader (traits, behavior, and status), positional power, and authoritative approaches. Recent Organizational leadership theory changes instead now indicate a trend toward a follower-focused orientation. Psychological theories and treatment initially worked from a dysfunction, disease, and diagnostic view of troubled people. Identifying risk factors was a primary consideration in assessing the needs of troubled people. Current changes endorse asset building, strength-based, protective factors, and positive psychology perspectives. It is significant to recognize that several current organizational leadership and psychological approaches working with people are moving closer to follower-focused, asset building, strength-based, and positive/affirming arenas.

The research on Developmental Theory is critical to better understand the needs, stages, issues, and problems of children and adolescents. Maslow (1954), Erikson (1968), Kohlberg (1980), Gilligan (1982), and The Search

Institute's research (1990) are significant examples of needs development theories. Maslow (1954) created the Hierarchy of Needs with the top of his pyramid being self-actualization. Erikson (1968) focused his work on needs development regarding an individual's identity determined through specific stages of development. Maslow's (1954) and Erikson's (1968) work are foundational developmental theories. Kohlberg (1980) and Gilligan (1982) delineate stages of moral development in their theories that have been fundamental to psychology. The Search Institute's research (1990) created the 40 Developmental Assets Theory that provides a comprehensive vision of what young people truly need to thrive, looking at protective factors, resiliency, and increasing young people's ability to handle adversity more effectively.

Finally, the classic theories of development focus for the most part on stages and tasks of the individual. Current research on child and adolescent development concentrates on ecological paradigms that emphasize reciprocal influences among relational self-views, social disengagement, and peer stress during early adolescence (Caldwell, Rudolph, Troop-Gordon, & Kim, 2004). These complementary models posit that adolescents with negative self-views disengage from peers, creating stress in their relationships, and that exposure to peer stress fosters social disengagement, which elicits negative self-views (Caldwell, et al, 2004). "These findings illustrate the complexity of person-environment transactions over the course of development by demonstrating that individuals do not react to stressful circumstances, but take an active role in

creating the contexts that then determine their future adjustment" (Caldwell, et al., 2004, p. 1142).

This research reflects understanding of possible reciprocal-influence processes between youth and their social worlds. Personal attributes of youth (i.e., negative self-views) shape their social environment (i.e., peer stress), which then further shapes personal attributes. It is proposed that youth's social behavior, a construct that lies at the intersection of person and environment, mediates these reciprocal influences" (Caldwell, et al., 2004, p. 1142).

Successful interventions that interrupt these transactional processes and negative cycle can redirect young people to adaptive development (Caldwell, et al., 2004). The adaptive transactional influences of people and environment can promote intervention and possible interruption of young persons' self-perpetuating, negative cycle of behavior.

Strength-based and Positive Psychology theories and treatment models have a hopeful and optimistic emphasis (Brendtro, 2004; Cox, 2006; Fredrickson, 2003; NPR Research, 2007; Selta, 2004; Seligman, 2000). They veer away from previous disease and dysfunction models. Strength-based, Positive Psychology, and Servant Leadership complement and connect well, because they each highlight understanding and affirming people. The underlying theme focuses on good service and stewardship in doing what is right and in the best interest of the individual (Selta, 2004; Seligman & Csikszentmihalyi, 2000; Seligman, 2000; Spears, 1998, 2002, & 2004).

Brendtro and Shahbazian (2004) presented research-based strategies to improve adult relationships with young people. In particular, the authors chose those who "have been ignored, discarded, and branded as incorrigible" (p. 1).

> While opening the door to a positive, strength-based approach to helping youth, the book reinforces a vital principle that tribal communities have embraced for centuries. Every child is precious, and even those who are lost and marginalized can and should be reclaimed by society. (p. 1)

Reclaiming youth at risk means that institutions (schools) need to create positive environments that can support alienated young people and meet their needs and the needs of the world (Brendtro, Brokenleg, & Van Bockern, 2002).

> Eminent psychiatrist Karl Menninger (1893-1990) believed that building strengths was the foundation of mental health. When he was well into his nineties, Dr. Karl was asked which of his many books would have the most enduring impact. He quickly chose *The Vital Balance*, which he had written in 1963. That work described three stages in the history of mental health: Yesterday marked the discovery of mental illness. Today's research focuses on methods for prevention and treatment. Tomorrow will show how persons can become weller than well. Dr. Menninger accurately foretold a science of resilience, where even life's disruptions could strengthen human character. (Brendtro & Larson, 2004, p. 194)

Strength-based and Positive Psychology approaches in treating emotionally

troubled young people merit primary consideration in reclaiming this at-risk client

population and, in the bigger picture, our society as a whole.

"Advances in the fields of child development, brain science, and social

science are changing how risk among youth is studied and understood" (Public

Sector Consultants, 2002).

Risk factors are defined as scientifically established factors or

determinants for which there is strong objective evidence of a

causal relationship to a problem. Protective factors, on the other

hand, are those that potentially decrease the likelihood of engaging

in a risk behavior. These factors can influence the level of risk an

individual experiences or can moderate the relationship between

the risk and the outcome or behavior. (National Violence Prevention

Resource Center, 2007)

"The Ecological Model recognizes that each person functions within a

complex network of individual, family, community, and environmental contexts

that impact their capacity to avoid risk" (NVPRC, 2007). Additionally, this model

"recognizes public health perspectives for reducing risks and preventing disease,

illness, and injury. Public health looks at the individual's relationship to his or her

surroundings. Currently, other disciplines have adopted this multi-leveled

approach". The complexity of risk involves many variables such as

environmental, neurological, and social factors. A growing consensus tends to

believe that not only identifying and preventing risk is critical, but ameliorating

risk early in childhood is necessary. (NVPRC, 2007).

> Adolescent behavior research supports focusing on the importance
>
> of youth having "assets" in their life—that is, protective factors (e.g.,
>
> a caring and stable family, a safe school, positive peer influences)
>
> that increase their resiliency and reduce the likelihood that they will
>
> engage in high-risk behavior. The Search Institute (Minneapolis)
>
> has surveyed more than one million youth nationwide and is at the
>
> forefront of this approach. Many Michigan communities are making
>
> efforts to measure the existence or absence of assets in the lives of
>
> their young people (Public Sector Consultants).

Risk and protective factors are extremely relevant to the emotionally

troubled young persons involved in residential treatment facilities. It is crucial to

fully know the factors that may set the stage for risk in children and adolescents.

At the same time, it is highly beneficial to have protective factors in place for

prevention or intervention when risk behaviors surface in treatment work with

these young people.

> The measurement of treatment outcomes and demonstration of
>
> service effectiveness has become critical for human services
>
> organizations and is more and more frequently demanded by major
>
> stakeholders (Policymakers, State and County Councils, Juvenile
>
> Court Judges, Service Providers, Clients, and Payor Sources). . . .

The increased attention in recent years has not only resulted in

more child welfare jurisdictions developing measures and reporting

outcomes, but in the federal government establishing outcome

measures to be tracked nationally. . . . As a result, researchers and

service providers have developed systems of evaluation that

assess the impact of service, which has led to the development of

strategies to improve service effectiveness. (IARCCA, 2006, p. 1).

In Indiana, IARCCA created an outcomes project for the purpose of

evaluation in clinical outcomes, functional outcomes, and effectiveness of

placement, placement outcomes, and consumer satisfaction in residential

treatment. In 1997, nineteen member organizations completed the outcome pilot

project. In 1998, all IARCCA members participated in the outcomes project. To

date the Indiana IARCCA organization outcomes measures project has studied

over 90,000 cases of emotionally troubled young people in residential

organizations. Planned discharge and movement to a less restrictive

environment are indicators of successful treatment with these young people.

These outcomes measures provide critical information for organizations

regarding provision of quality care and services to these emotionally troubled

young people (IARCCA, 2006).

Leadership

To provide a firm foundation for understanding current leadership thought,

consideration of past leadership theory is important. Rost (1991) states that

historically, scholars have extensively discussed and described leadership, yet never clearly defined leadership. Laub (1999) created a construct to provide a guideline to more clearly define terms. He identified vision, action, mobilization, and change (VAMC) as important guiding variables in writing definitions. The content of this particular historical information reveals significant highlights of selected scholars, researchers, leaders, and writers' perspectives and theoretical orientations regarding leadership.

Table 2.1 is a visual guide to the leadership development theories historical overview.

Table 2.1

Leadership Development Theory

<div align="center">

Great Man Theories
↓
Trait Theories
↓
Behavioral Theories
↓
Contingency/Situational Theories
↓
Management Theories
↓
Excellence Theories
↓
Relational Theories
↓
Servant Leadership Theories

</div>
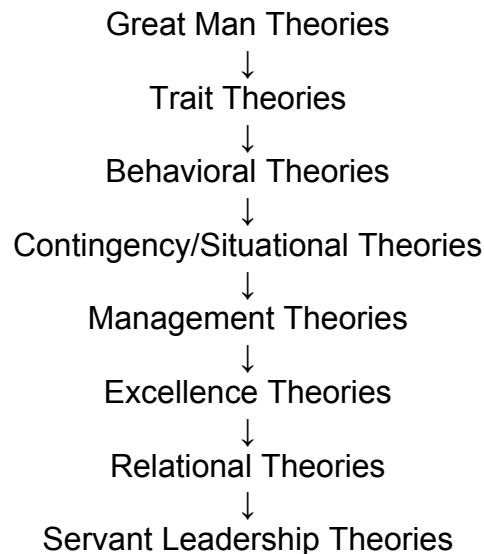
Great Man Theory

In the 1900s scholars began speculating that leaders have an innate ability to lead. This construct, called the Great Man Theory, simply stated that

some people were born to lead (Stogdill & Coons, 1948). Great man theories stated that leadership was innate and that great leaders were born not made. Leadership at this time was believed to be a primarily male characteristic. However, ongoing research did not support the Great Man theory as there did not appear to be any strong link between this innate characteristic and actual success in leadership (Yukl, 2002).

Trait Theories

Trait Theory followed the Great Man Theory in the 1940s and 1950s as scholars suggested a leader could be identified by individual traits. Trait Theory recognized particular personality or behavioral qualities shared by leaders. The focus during this period was on distinguishing between the concepts of leadership and power (Stogdill & Coons, 1948). It was found that traits were often more related to the actual situation, instead of traits within the individual/leader (Daft, 2005).

Behavior Theories

Behavior Theory began in the 1950s and 1960s and looked at a leader's behavior, how this related to the follower, and ultimately the level of motivation to succeed. The theory identified key behavioral patterns of leadership (House, 1996). Leaders were thought to be made and not born, and thus successful leadership was based in definable learnable behavior. Mullen (2006) stated that "some human traits in some individuals are easily modifiable by accessible

(including legal and ethical) means and some are not. The factors that determine modifiability are extremely varied and need to be identified empirically" (p. 1).

Contingency/Situational Theories

Contingency Theory emphasized specific variables related to environment that might reflect the style of leadership that may be most effective in the situation. No one leadership style was thought to be best. Working with leadership style, followers' qualities, and the variables in the situation were factors that determine success (Fiedler, 1967). Situational Leadership theory specifically outlined the leader's need to recognize what particular behaviors were successful in specific situations as he/she worked with followers in the workplace. Blanchard (1998) cited Hersey and Blanchard's ideas that identified behavioral patterns that worked effectively in particular contexts or situations. They stated that the amount of direction and support a leader gives to his or her followers was a key factor in Situational Leadership.

Management Theories

Essentially management theories focused on Transactional Leadership, which stated that people were motivated by a system of rewards and punishments. The primary purpose of a worker was to do what the manager told them to do, and social systems work best within a chain-of-command.

Management theory development initially began with Taylor's scientific management studies in 1911. Taylor, an American engineer, was one of the first scholars to systematically analyze people's behavior at work. Taylor was the father of Scientific Management as he systematically analyzed behavior and

increased specialization and division of labor to be more efficient. Taylor believed

that by increasing specialization and the division of labor, the worker would

become more efficient (Stogdill & Coons, 1948). Taylor's analysis of the person

and his or her work behavior for specialization and efficiency in his or her jobs

links to current day strength-based, follower-focused trends recognized in

leadership and psychology. Another early management theory was offered by

Fayol (1915) with the creation of five functions of management that included

planning, organizing, commanding, coordinating, and control (Stogdill & Coons,

1948).

Understanding how to share and manage information and knowledge has

been a powerful component in leadership over time. Knowledge management

theories (KM) have been a key factor in organizational growth in the late 1900s

and the 21st century. Knowledge is both a people and a process issue. KM

means the acquisition, sharing, and use of knowledge in an organizational

context. How to share it, use it, find it, convert it are crucial questions to be

answered within the organization. Rapidly changing technology is another

essential area in which to have knowledge and expertise. KM is integral to

learning, teamwork, creativity, behavior, and change (Harris, et al., 2004;

Peterson, 2004).

Excellence Theories

As empirical evidence began to indicate how important employees were in

the organization, excellence theories surfaced in the 1980s and 1990s. These

theories had a common structural-functionalist frame of reference grounded in a

hierarchical, linear, pragmatic worldview. These scholars asked what interaction of traits, behaviors, key situations, and group facilitation allowed people to lead organizations to excellence. This leadership was more ego-driven with limited interest in followers. These leaders related to achievements and performance standards. Excellence theories primarily looked at the evaluation of goals. Covey's (1991) Principle-Centered Leadership reiterated these concepts. The leadership studies of Northouse (2004) recognized several particular theorists who reflected the leadership thinking at this time including: Bennis and Nanus, 1985; Brynam, 1992; Lord, DeVader and Allier, 1986; and Kirkpatrick and Locke, 1991.

Relational Theories

Leaders began to more fully understand and relate to followers. The significance of relationship building, strength-based focus, emotional intelligence, communication, trust, credibility, integrity, ethics, and teamwork became the foundation of quality leadership and success. Relational Theory essentially connected leaders and followers. The positive relationship and working alliance was of critical importance to effective leadership (Bennis, 1989, 2007; Brendtro, 2004; Clawson, 2003; Collins, 2001a; Cox, 2006; Covey, 1989, 1991, 2004; Daft, 2005; Goleman, Boyatzis, & McKee, 2002; Greenleaf, 1991; Kouzes & Posner, 2003; Northouse, 2004; Peterson, 2004; Seligman, 2000; Selta, 2004; Senge, 1990; and Wheatley, 1999). Often Relational theories recognized charismatic, inspirational, motivational qualities in leaders. "Relationship is the key determiner

of everything" (Wheatley, 1999, p. 11). Wheatley also reiterated relational, participatory, and cooperative themes as critical in organizations and the world.

Mayo (1920) researched motivation and commitment of the workers at Western Union Electric in the Hawthorne Studies. He determined communication was a key to success with leaders and followers. Mayo made way for the human relations movement. Follet (1920) focused on leadership regarding power, conflict, empowerment, teams, relationships, control, and authority (Stogdill & Coons, 1948). Rogers' (1969) humanistic approach was highly relational as he believed people need a positive climate, resources, and positive relationships to learn best. The concept of unconditional positive regard is at the foundation of Roger's theory (Northouse, 2004).

Major scholars creating, developing, and defining Transformational Leadership were Bass (2000) and Burns (2004). They promoted working cooperatively and collaboratively in partnership with people. Transformational leaders seek to transform people and the organization. Burns' (2004) association with a higher moral position suggested a motivation that will result in people following the leader who promotes this. Additionally, Bennis (2007) reiterated that exemplary leadership provides purpose, generates and sustains trust, fosters hope, and gets results. Today's leaders understand the importance of collaboration, cooperation, communication, and partnership in the workplace. In addition, leaders are now seeing that they must be open and receptive to individuals, organizational learning, culture, multiculturalism, and globalization (Peterson, 2004). A flatter organizational structure, working with systems

constructs and culture, has become a primary consideration for change in the workplace. Relationship building, strength-based focus, emotional intelligence, communication, trust, credibility, integrity, ethics, and teamwork are essential to effective leadership (Bennis, 1989, 2007; Brendtro, 2004; Clawson, 2003; Collins, 2001b; Cox, 2006; Covey, 1991; Daft, 2005; Goleman, Boyatzis & McKee, 2002; Greenleaf, 1991; Kouzes & Posner, 2003; Northouse, 2004; Peterson, 2004; Seligman, 2000; Selta, 2004; Senge, 1990 and Wheatley, 1999).

Other relevant leadership theories include Covey's (1991) Principle-centered Leadership, Senge's (1990) Systems Leadership, Kouzes and Posner's (2003) Credibility, and Goleman, Boyatzis and McKee's (2002) Emotional Intelligence. There are multiple competing theories on leadership today; however, research recognizes four normative leadership paradigms which cover relational themes. These include themes of personalism, transformational, postindustrial, and servant leadership (Whetstone, 2002).

Servant Leadership Theory

Servant Leadership created a significant paradigm shift from other leadership theories of coercion and fear to understanding, accepting, and serving others first. Servant leadership is a model that identifies and emulates the best way to do things (Greenleaf, 1970).

Robert K. Greenleaf was the creator and father of servant leadership. Greenleaf (1970) believed that the authoritarian leadership approach was not beneficial in this period, and leadership approaches needed to change. His early series of essays emphasized servant leadership as a positive alternative to

previous leadership approaches. He lectured about this concern at Dartmouth Alumni College in 1969, essentially saying that there was a crisis in current day leadership (Wells, 2004). Hesse (1956) and Camus (1961) were highly influential in Greenleaf's conceptualization of servant leadership theory. Additionally, Greenleaf has been highly influential in Christian community leadership arenas because of his servant leadership theory to serve others first (Wells, 2004). Harrington (2006) "reflects on the idea of servant leadership as practiced by Jesus Christ. . . . Today's scripture readings describe leadership as in the service of others and portray Jesus as the best example of it" (p. 1). He studied a "series of sections of the Bible to elucidate Jesus' noble and paradoxical notions of servant leadership" (p. 1).

Greenleaf (1970) was greatly impacted by Hesse's (1956) character, Leo, in *Journey to the East.* Leo was a humble servant that made a major difference in the lives of those people he served. Leo was traveling with a group of people for a period of time, and after he left this group, these people did not function well without Leo. It was apparent that his kindness and service to them were important in maintaining the cohesiveness and overall functioning of this group. Greenleaf appreciated and valued Leo's ability to relate to people, understand them, and provide service to others first. Greenleaf began with Leo's modeling of service to others first and added his other qualities to conceptualize the Servant Leadership approach. Ledbetter (2003) wrote that "Jesus exemplified this model of leadership" (p. 3).

Greenleaf's (1991) work, called *The Servant as Leader,* reiterated the necessity of listening and understanding, being optimistic, being accepting and empathic, having foresight, being aware and perceptive, using persuasion through convincement rather than coercion, conceptualizing, healing and serving, and building community. Essentially, servant leadership meant understanding the needs of others as the priority (Farling, Stone, & Winston, 1999). "The great leader is seen as a servant first, and that simple fact is the key to greatness" (Greenleaf, p. 1).

Greenleaf reiterated the necessity of a follower-focused mindset. He believed that the leader must not only relate, understand, and serve others first, but leave the ego behind and become humble. Greenleaf stated that "the best test, and difficult to administer, is: do those served grow as persons; do they, *while being served,* become healthier, wiser, freer, more autonomous, more likely themselves to become servants" (1991, p. 7). Servant Leadership connects with the theories of 40 developmental assets and Strength-based and Positive Psychology. The basic tenet and primary consideration for these theories begins with serving others' needs first and understanding them in a nonjudgmental manner.

Frick (2004) summarized the crux of Greenleaf's (1991) message as follows:

In my view of the world there are people whom I would call "spirit carriers." Servants who nurture the human spirit are spirit carriers. They serve to connect those who do the work of the world, or who

are being prepared for that role, with vision from both past and

contemporary prophets. Those servants find the resources and

make the intensive effort to be an effective influence. They don't

just make speeches or write books as the prophet does. They are

spirit carriers; they connect the prophecy with the people so that it

changes their lives. The spirit is power, but only when the spirit

carrier, the servant as nurturer of the human spirit, is a powerful

and not a casual force.

Spears and Lawrence (2004) promoted and added to Greenleaf's ideas.

These authors believed that "new bridges are being formed from the social

sciences to the study of leadership, pointing organizations towards acceptance

and empathy Greenleaf envisioned" (p. 235). They added: "This involves the

development of leaders who are able to understand the way people diminish one

another, leaders who are able to invigorate in the organization a culture of

acceptance, empathy, and relational justice" (p. 236).

Bass (2000) carried Servant Leadership's concepts further by indicating a

leader's need to encourage the follower's learning, growth, and autonomy,

because this would ultimately play a role in leadership of the learning

organization. Autry (2005) believed that new leaders need to develop servant

leadership with the idea of selecting a road traveling away from the ego. Beazley

(2002); Braye (2000); Drury (2004); Farling, et al. (1999); Freitas (2003); Hebert

(2004); Horsman (2001); Irving (2005); Laub, (1999); Ledbetter (2003); Miears

(2004); Patterson (2003b); Perkins (1998); Rauch (2007); Spears (1998);

Stramba (2002); Thompson (2002); White (2003); and Winston (2002) acknowledged Greenleaf's Servant Leadership work as important and added to this knowledge base.

For example, Patterson (2003b) compared servant leadership to transformational leadership. She identified seven virtuous constructs in servant leadership: agapao love, humility, altruism, vision, trust, empowerment, and service. The leader focuses on the follower he/she serves in servant leadership, while a leader focuses on the organization in transformational leadership. Patterson stated that empowerment, equality, shared decision-making, personal development, and understanding are basic to servant leadership.

Greenleaf's servant leadership constructs began to shape other scholars thinking, and in particular, Spears (1998) became the scholar who identified ten servant leadership characteristics. These ideas where fundamental, and others followed with further development of these characteristics (Blanchard, 1998; Farling, et al., 1999; Laub, 1999; Patterson, 2003b; Russell, 2001; Quay, 1997). In light of this new servant leader information, empirical testing began to occur (Barbuto & Wheeler, 2006; Dennis & Winston, 2003; and Laub, 1999).

Servant Leadership Empirical Research

As servant leadership developed, Laub (1999) offered foundational empirical research that created operational definitions regarding servant leadership, servant organization, and empirically measured leadership styles in organizations. The Organizational Leadership Assessment was created because in Laub's research he found there was a "lack of objective, quantifiable research

in the important and growing area of servant leadership" (p. 27). According to Laub:

> It was done to address a need for an operational definition of the concept, creating a point of reference for further studies, writings, and dialogue. In addition to this, little has been written on the concept of the servant organization and the application of servant leadership to organizational culture. (p. 27)

Laub developed the OLA with a Delphi investigation. Broader quantitative field tests for reliability were completed on this instrument. Laub's OLA study was intended to answer three questions: "How is servant leadership defined? What are the characteristics of servant leadership? Can the presence of these characteristics within organizations be assessed through a written instrument?" (p. 2). Servant leadership and the servant organization are operationally defined as a result of Laub's literature review and the Delphi results.

The Organizational Leadership Assessment (OLA) provides information regarding three specific leadership models (Autocratic, Paternalistic, and Servant Leader) visually reflected in Table 2.2 with specific descriptions.

Table 2.2

The Leadership Choice—APS Model—Laub (1999)

Autocratic	Paternalistic	Servant
Leader as dictator	Leader as Parent	Leader as steward
Putting your needs as the leader first	Putting the needs of the organization first	Putting the needs of the led first
Treating others as your servant	Treating others as your children	Treating others as your partners

Autocratic organizational leadership emphasizes structure, direction, and top-down leadership. This chain of command reiterates that the leader is in charge and the follower is to serve the leader and the organization. Paternalistic organizational leadership places the leader in the parental role with the follower. Paternalism places the organization as the first priority. Servant organizational leadership means serving others first and being good stewards of the organization. A partnership and collaboration are emphasized (Laub, 1999). In essence, Laub suggested that to understand organizational behavior, a leader must understand the significance of the organizational leadership.

Further, this instrument studies the health of the organization through the servant-minded approach to leadership. There are six key areas of a servant-minded approach to leadership in a healthy organization. Table 2.3 describes the meaning for each of these qualities for clarification.

Table 2.3

Healthy Organizations Six Key Elements

Healthy quality	Behavioral evidence of quality
Display authenticity	Open and accountable; willing to learn; honesty and integrity
Value people	Serve others first; believe and trust in people; listen receptively
Develop people	Provide for learning; model appropriate behavior; build up through affirmation
Build community	Build relationships; work collaboratively; value differences
Provide leadership	Envision the future; take initiative; clarify goals
Share leadership	Share the vision; share the power; share the status

Note. Modified Laub's (1999) representation.

OLA Studies

A comprehensive examination of the literature and research of organizational instruments measuring organizational leadership, culture, behavior, identity, and health discovered the effective benefits of using the Organizational Leadership Assessment (OLA). The OLA will measure the independent variable of servant leadership.

The OLA is a self-report measure that has been widely used in assessing organizational leadership. In particular, there have been some doctoral dissertations, projects and masters' theses that used the OLA in their research (Beazley, 2002; Braye, 2000; Drury, 2004; Freitas, 2003; Hebert, 2004;

Horsman, 2001; Irving, 2005; Laub, 1999; Ledbetter, 2003; Miears, 2004; Rauch, 2007; Stramba, 2002; Thompson, 2002; White, 2003).

Laub's (1999) research and development of the OLA for measuring servant leadership was supported by his Cronbach-Alpha coefficient findings of .9802. Horsman's (2001) reliability research supported Laub's OLA indicated by his .9870 outcome. Specifically, the most current reliability research on the OLA is recognized by Ledbetter (2003). His work confirmed the reliability of the OLA within law enforcement organizations. Ledbetter found a Cronbach alpha coefficient of .9814. The following is Laub's comment on Ledbetter's (2003) research using a test-retest study on the OLA: "The means and standard deviation between test and the retest for this study remained consistent. The correlation between the test and retest were significant over time. Both the test and retest were significant at p<.01" (2007, p. 6).

Ledbetter's (2003) study emphasizes and extends Laub's original OLA work and does validate the OLA. Ledbetter did provide further direction through setting the stage for future empirical research on the OLA findings. The OLA instrument provides validity, reliability, and consistency as recognized in the above-mentioned research and is the most appropriate instrument for this organizational leadership study.

Several recent examples of using the OLA as a research instrument in dissertations by Rauch (2007), Irving (2005) and Drury (2004) provide a stronger research base for the OLA. Irving (2005) studied the relationship between servant leadership and team effectiveness. "A statistically significant and positive

correlation was found for each variable associated with servant leadership and job satisfaction when analyzed and referenced to team effectiveness" (Irving, 2005, p. iii). A replicated study of Irving's (2005) research "revealed that both absenteeism and attrition tend to decrease as servant leadership increases" (Rauch, 2007, p. 108). Drury's (2004) research consisted of employees' perception of servant leadership. She studied comparisons by level and with job satisfaction and organizational commitment. Drury's findings state that servant leader characteristics can be measured in an organization using the OLA. Many servant leader scholars have accepted Laub's OLA as a reliable measurement and have used this instrument in research (Beazley, 2002; Braye, 2000; Drury, 2004; Freitas, 2003; Hebert, 2004; Horsman, 2001; Irving, 2005; Ledbetter, 2003; Miears, 2004; Rauch, 2007; Stramba, 2002; Thompson, 2002; White, 2003).

Servant Leadership Summary

Autocratic, authoritative, and paternalistic organizational leadership historically has been popular and well utilized over time. These organizational leadership approaches focus on the leader and the organization rather than the follower (Laub, 1999). Organizational servant leadership differs in the approach as it is follower-focused (Greenleaf, 1991). Spears and Lawrence (2004) note that there must be a commitment to the growth of people.

> Servant-leaders believe that people have an intrinsic value beyond their tangible contributions as workers. The servant-leader is deeply committed to the growth of each and every individual within the institution. The servant-leader recognizes the tremendous

responsibility to do everything possible to nurture the personal,

professional, and spiritual growth of employees. (p. 15)

Psychological Theories

The source of psychology began with philosophical thought and theories. Early development and theories moving the field of psychology forward were recognized in the areas of physiology, psychoanalysis, behaviorism, gestalt, and psychometrics. More recently Humanistic Psychology, Social Psychology, and Cognitive Psychology theories highlighted themes of congruence, empathy and understanding, unconditional positive regard, present choices rather than past events, observational learning, influence by people, patterns, society, events, cognitive processes, and moral development guided by ethical principles that set the stage for a more positive perspective in treatment (Andrews, 2007). These psychological theories lay a foundation for changing the perspective of scholars in today's world to a here and now follower/client mindset of both organizational leadership and treatment.

Early psychological theories and treatment conceptually directed ideas and actions from a disease, dysfunction, mental illness, and a diagnosis perspective, while at times using some coercive interventions (Beam, et al., 2002; Bloom, et al., 2003; Brendtro, 2004; Child Welfare, 2006; and Sunseri, 2003). Today emergent psychological theories and treatment have veered away from this perspective and are currently emphasizing asset building and positive strength-based views (Brendtro, 2004; Brendtro & Shahbazian 2004; Dawson,

2003; Glisson, Dukes, & Green, 2006; Larson, 2000; Laursen, 2003; Seligman, 2000; Selta, 2004, and Search Institute, 1990).

Servant Leadership (Greenleaf, 1991), Positive Psychology (Seligman, 2000), and Strength-based Treatment (Selta, 2004) emphasize affirming individual strengths and understanding and reinforcing individual positive talents and skills, while serving the individual needs in a nonjudgmental manner. The perspective of optimism, cooperation, collaboration, discovery, understanding, and change are important, and the crux of this kind of Organizational Leadership and treatment modality.

Developmental Theories

Maslow's (1954) Hierarchy of Needs and Erikson's (1968) Identity Development are foundational needs theories. In the 1980s questions regarding moral development began to rise out of the literature to provide some insights into this critical part of our humanness. Kohlberg (1980) looked at the meaning and measurement of moral development to better understand this phenomenon. Interestingly enough, Kohlberg's work focused only on males. Gilligan (1982) decided to modify Kohlberg's work by researching the moral development of females. Hertzberg (1968) in his Motivation/Hygiene Theory (often called Two Factor theory) states that people do what is necessary to meet basic needs and to feel motivated in their jobs. Alderfer (1969), in his Existence, Relatedness and Growth Theory (ERG), stated that a person's needs are about existence, relatedness, and growth. Glasser's (1967) theory outlined five needs: survival, love and belonging, power, freedom, and fun. These particular needs theories

and moral development theories are not current, yet are notable as fundamental research in these areas.

Current research on child and adolescent development concentrates on bioecological paradigms that emphasize reciprocal influences among relational self-views, social disengagement, and peer stress during early adolescence (Caldwell, et al., 2004). They reported that negative self-views predicted social disengagement, which contributed to peer stress. Stress predicted subsequent disengagement and negative self-views. A significant feature of the bioecological perspective is the inclusion of social factors and the impact on development based on race, class, and gender.

40 Developmental Assets

A leading research group in the social sciences, Search Institute (1990) conceptualized 40 Developmental Assets in working with children and adolescents. These developmental assets provided a comprehensive vision of what young people truly needed to thrive. The Search Institute cumulatively surveyed more than 350,000 6th-12th graders in more than 600 communities between 1990 and 1995 to learn about the developmental assets. The research looked at adolescent development, and these assets grew out of two particular types of applied research that included prevention and resiliency. The prevention research looked at protective factors, while resiliency research identified ways that might increase young people's ability to handle adversity more effectively (Search Institute, 2005). Judge Pratt, a Fort Wayne, Indiana, judge became interested in the 40 Developmental Assets and has integrated this concept into

an intensive training program to positively enhance the lives of children, adolescents, and families throughout Indiana. Prevention, intervention, and treatment of emotionally troubled young people through understanding their developmental assets, strengths, and resiliency factors are critical in their successful outcomes (Search Institute, 2005).

Strength-based

There is a significant movement away from emphasizing disease and pathology in working with troubled young people. The social work arena has created strength-based assessment and treatment methods of the mentally ill and emotionally troubled young people. The focal point of Strength-based treatment is on empowerment of the client.

> Strength-based service delivery is an approach to providing support and resources to individuals that focus on identifying and building their assets and skills, to help them create needed change. Strengths are emotional or behavioral skills, competencies, and characteristics. (NPR Research, 2007)

Characteristics on strengths according to NPR research (2007) state: "1) create a sense of personal accomplishment, 2) contribute to satisfying relationships, 3) enhance one's ability to deal with stress and adversity, and 4) promote moral, social, emotional, skill, and other types of development."

NPR Research reports "strengths approaches are scientifically grounded, ecological (taking into account the person in her/his environment), and attentive

to diversity". Currently some areas of human services are incorporating a strength-based approach into their programs. Particular areas of service delivery regarding use of strength-based work involve assessment, prevention, intervention, supervision, management, administrative, evaluation, and community development activities. (NPR Research).

The paradigm shift from diagnosing disorders to emphasizing assets and strengths in children and adolescents to achieve goals in treatment is a current trend with attention being given to this change in the literature (Cox, 2006). Studies on Strength-based treatment have shown significant improvement with severe and persistent mental illness. In the field of child welfare recent research in the area of Strength-based treatment has been found to be an efficacious treatment with children in the child welfare system (Saaleby, 1999). Selta (2004) reported a Strength-based approach for working with youth expanding into leadership, while emphasizing Positive Psychology and Asset Building.

Brendtro's (2004) writing on responding to the needs of children in emotional pain reiterated the therapeutic benefit of strength-based intervention. "Now, a new positive psychology of youth development has identified the strengths and supports which lead to resilient outcomes. But if children's needs are not met, they can show a range of emotional and behavioral problems" (p. 1). Brendtro added that recent clinical and brain studies reported troubled young people react to stressful situations with pain-based behavior, and unfortunately people dealing with these behaviors lack skills to manage crisis

situations. "The antidote to coercion is training in strength-based restorative methods" (p. 1).

Selta (2004) states that several scholars believe:

> Positive youth development, Positive Psychology Asset Building, and the Strength-based approach are slowing replacing the historical practices of deficit reduction, labeling, and fault fixing. The swing of the pendulum away from looking for deficits, diseases, disorders, and dysfunctions not only feels good and seems intuitively proper, but also is supported by recent research on resilience. (Larson, 2000; Seligman & Csikszentmihalyi, 2000, p. 22)

Positive Psychology

A parallel approach known as Positive Psychology has introduced asset building and strengths in youth development. Positive Psychology was developed by Seligman (2000) who found there were virtually no scientifically sound tools to help people reach higher potential and aimed to correct this imbalance when he called for a positive psychology. The Positive Psychology field has emerged with changes in the way the interdisciplinary field approached its goal of developing young people (Larson, 2000; Seligman & Csikszentmihalyi, 2000). "The science of Positive Psychology (PP), as we see it, has three constituent parts: the study of positive subjective experience, the study of positive individual traits, and the study of institutions that enable the first two" (Seligman & Csikszentmihalyi, 2000, p. 23). Fredrickson (2003) stated:

Although psychology has become proficient at reusing people from various mental illnesses, it had virtually no scientifically sound tools for helping people to reach their higher ground, to thrive and flourish. Seligman aimed to correct this imbalance when he called for a positive psychology. (p. 1)

A focus on human strengths and sources of happiness has been recognized and reiterated in many psychologists' treatment with people. These discoveries in positive psychology may be effective in both the psychological and physical health to people (Fredrickson, 2003). Initial interventions have been developed in Positive Psychology that focus on keeping a gratitude log, positive thinking, affirmations, and doing kindness and generosity. Currently there is little evidence of the effectiveness of this approach.

Risk and Protective Factors for Troubled Youth

Traditional research on troubled youth focused on observable problem behavior that bothers others but has largely ignored the perspective of the inside kid (Brendtro & Shahbazian, 2004). Brain studies on emotionally disturbed behavior in young people have described how the observer perceives the behavior, rather than looking beneath the surface to what is happening inside the person. Anglin's (2003) message cited in Brendtro's (2004) article posited "Emotional and behavioral problems of youth should be called pain-based behavior" (p. 5). Anglin (2003) extensively studied the cultures of ten residential treatment programs. He concluded that "every young person without exception was experiencing deep and pervasive emotional pain" (p. 111). Similar findings

have been reported in a variety of studies of troubled students and of residents in juvenile justice settings (Brendtro & Shahbazian, 2004).

There is a strong body of literature that has identified risk and protective factors in child development. Positive attachment with caring adults; high levels of self-esteem; and positive school, peer, and family connections represent protective factors against youth involvement in deviant behavior (Hazler & Carney, 2002). These factors are associated with high academic achievements, involvement in sports and physical activity, and the development of effective coping and peer pressure resistance skills. Conversely, low self-esteem is associated with youth involvement in alcohol, tobacco, and other drug use, depression, suicide, violence, early sexual activity, teenage pregnancy, and poor peer relationships. Similar to self-esteem, a sense of positive school, peer, and family connectedness protects youth from engaging in negative health behavior (King, Vidourek, Davis, & McClellan, 2002).

Prevention programs have been developed that emphasize youth empowerment through active roles in program development and reaching out with understanding and support to peers and adults. Others have developed mentoring programs that consist of relationship building, self-esteem enhancement, goal-setting, and academic tutoring. Results indicated significant improvement in self-esteem and school, peer, and family connectedness over the course of the research period (King et al., 2002).

Table 2.4 provides a snapshot example of what emotionally troubled young people may experience regarding Risk and Protective Factors. These risk factors may be recognized as mild to extreme experiences on a continuum.

Table 2.4

Risk and Protective Factors

Risk factors	Protective factors
Low self-esteem	Self-esteem enhancement
Lack of positive adult role modeling	Adult mentoring
Poor school performance	Academic tutoring
Inappropriate peer relationships	Peer mentoring and leadership
Lack of direction and focus	Goal-setting
Sense of inadequacy and uncertain decision-making	Support and empowerment
Poor coping skills	Structure, support, education
Violence, suicide, self-destructive behaviors	Treatment
Negative health behaviors	Education, support, supervision, physical activities
Family problems	Family therapy, modeling, mentoring, home-based, treatment

It is possible that with timely and appropriate intervention, these risk factors in column one of Table 2.4 can be mitigated by the protective factors indicated in the second column. Most important, though, is listening to the young persons' feelings and ideas to better understand their goals and needs. They should be actively involved in any assessment and planning of their treatment (Artz, Nicholson, Halsatt, & Larke, 2001; Seita & Brendtro, 2002; Selta, 2004; Sunseri,

2003). Positive adult role modeling, mentoring, and leadership, along with supervision, support, and structure are relevant needs to decrease child and adolescent risks. Certainly education, goal setting, positive peer relationships, activities, and treatment can be highly beneficial in working with at-risk young people. Finding effective ways to establish and maintain adult therapeutic alliances with emotionally troubled young people, while creating a safe, trusting, and positive milieu to meet their needs, and introduce appropriate ways to cope with difficult life circumstances is essential in their development, treatment, and change (Anglin, 2003; Artz, et al., 2001; Seita & Brendtro, 2002). "The core competency of restorative intervention is to create growth-enhancing environments that minimize risks for physical or psychological harm to either children or adults" (Anglin, 2003, p. 25). Organizational leadership must embrace and integrate the idea that no misuse of power or hurting types of behavior are tolerated. A system-wide commitment for intentional and enduring change must be guided by the seminal principle of what is in the best interest of these emotionally troubled young people (Gold & Osgood, 1992).

Summary

In this chapter the literature review consisted of a historical overview of leadership, psychological and developmental theories, strength-based and positive psychology theories and treatment, and risk and protection factors.

Discussion and debate continue to surface in the leadership arena regarding effective theory and practice of organizational leadership. Organizational leadership research is integral in understanding the specific types

of leadership and how they create a context for service provision to clients. Some three million children and adolescents are served in child welfare, children's mental health, and juvenile justice systems. However, many of these systems provide ineffective and inefficient care (Burns, 2004). Culture and psychological climate in work settings affect turnover rates, service attitude and quality, and client outcomes (Hemmelgarn, et al., 2001). The concept of climate refers to psychological effects in the work environment on the worker. For example, this could include negative effects such as role overload and burn-out. Additionally, climate could include positive effects like strong work relationships and commitment. Culture is the behavioral expectation of the organization. There are expectations about conformity and cooperation (Glisson, Dukes, & Green, 2006). Recent research has found that the largest amount of variance in outcomes in child welfare comes from positive levels of psychological climate and cultures in the treatment teams (Glisson & Hammelgarn, 1998; Glisson, 2002).

Organizational servant leadership approach has received increasing recognition and study in the literature as a viable alternative to other approaches in light of the follower focused direction. Table 2.5 outlines some specific scholars of servant leadership study and research in recent years.

Table 2.5

Servant Leadership Scholars

Beazley, 2002	Ledbetter, 2003
Braye, 2000	Miears, 2004
Drury, 2004	Patterson, 2003b
Freitas, 2003	Stramba, 2002
Hebert, 2004	Rauch, 2007
Horsman, 2001	Thompson, 2002
Irving, 2005	White, 2003
Laub, 1999	Winston, 2002

Psychological and developmental theories and treatment continue to be critical in understanding emotionally troubled young people. Strength-based and Positive Psychology theories reiterate the need for emotionally troubled young people to be understood and affirmed, emphasizing strengths. Risk and protective factors are imperative for safety and treatment of these young people. Table 2.6 visually reflects a typology of development theories.

Table 2.6

Typology of Development Theories

Psychological & development theories	Strength-based & positive psychology theories	Risk and protective factors
Brendtro, 2004	Anglin, 2003	Anglin, 2003
Brendtro, et al., 2002	Brendtro, 2004	Artz, et al., 2001
Brendtro & Shahbazian, 2004	Cox, 2006	Brendtro, 2004
Caldwell, et al., 2004	Fredrickson, 2003	Gold & Osgood, 1992
Glisson, Dukes, & Green, 2006	Seligman, 2000	King et al, 2002
Seligman, 2000	Seligman & Csikszentmihalyi, 2000	Seita & Brendtro, 2002
Selta, 2004	Selta, 2004	

The important question becomes: What is in the best interest of these emotionally troubled young people? Essentially, most organizational leadership theories identify factors that create good changes in the organization. There is a substantial body of literature detailing studies of the culture and psychological climate of a range of organizations while providing a clearer understanding of other dynamics in leadership. Culture and climate in organizations are deeply imbedded in the demonstration of leadership, norms, values, systems, and processes that are utilized. Creating growth-enhancing environments that

minimize risks for physical or psychological harm to others is important (Brendtro, 2004; Covey, 1989, 1989; Daft, 2005; Darling, et al., 2007; Dawson, 2003; Harris, et al., 2004; Goleman, et al., 2002; Peterson, 2004; and Wilderom, Peterson, & Ashkanasy, 2000). For example, there are expectations about conformity and cooperation (Glisson, Dukes, & Green, 2006). Research has found that the largest amount of variance in outcomes in child welfare comes from positive levels of psychological climate and cultures in the treatment teams (Glisson & Hammelgarn, 1998; Glisson, 2002).

Leadership history reflects many paradigm shifts and changes in thought, theory and action. Early theories believed the leader needed to be powerful and authoritative for success. The transition from a leader-focused to a follower-focused change became more prevalent as scholars studied organizations' outcomes and success. Servant Leadership has emerged as a construct of change directing the focus to the follower. Greenleaf's primary tenet of servant leadership is understanding and serving others first without judgment (Greenleaf, 1991). The positive relationship between a leader and follower is drawn from the sense of being understood, served, trusted, and cared for as an integral part of the relationship, team, and organization. "Relationship is the key determiner of everything" (Wheatley, 1999, p. 11). Wheatley (2004) reiterates relational, participatory, and cooperative themes as critical in organizations and in the world today.

Successful organizational leadership and treatment programs can benefit by conducting an audit looking at several essential ingredients, such as:

A strength-based mindset among staff and youth; forming trusting

connections with youth in conflict; responding to needs rather than

reacting to pain-based/troubled behavior; enlisting youth in solving

problems and restoring damaged bonds; and creating respect

among young persons, adults, leaders, and families. (Brendtro,

2004, p. 26)

Brendtro suggests that any attempt to make changes in a system needs the

active and cohesive involvement of all stakeholders. This means that when

everyone in the organizational community (executives, leaders, supervisors,

direct-care professionals, and the community) works towards reclaiming

environments, the restorative component is successful.

The literature review supports the study's question regarding

organizational servant leadership and its relationship to outcomes in residential

treatment organizations because it can be measured and no studies have been

found related to this topic.

In chapter three the research study, process, and methods for this study

will be discussed.

CHAPTER THREE

Methods of Research

This chapter describes the selected research methods and outlines the following sections: purpose of the study, operational definitions, hypothesis, independent and dependent research variables, description of instruments, samples of organizations and emotionally troubled young people, research design, protocol for data collection, and planned analysis of data.

Chapter two's literature review revealed a gap in the literature in the area of research being done on organizational leadership and its impact on emotionally troubled young people. This researcher did not find any current studies referencing Organizational Servant Leadership and emotionally troubled young persons' in residential treatment organizations' outcomes. This study's intent is to provide empirical data in this under-researched area.

In this study servant leadership is the independent variable, and movement to a less restrictive environment and planned discharge are the dependent variables. Further, comprehensive study of the data to understand, analyze, and explain the outcomes is the primary consideration. Williams (1992) cited in Antonakis, et al, 2004, p. 54 states:

Quantitative methods should be utilized when the phenomenon under study needs to be measured, when hypotheses need to be tested, when generalizations are required to be made of the measures, and when generalizations need to be made that are beyond chance occurrences

This study will use quantitative methodology based on primary data analysis with the Organizational Leadership Assessment (OLA) instrument (Laub, 1999) and secondary data analysis with the IARCCA…An Association of Children and Family Services outcomes project (IARCCA Outcomes Project, 2006).

Purpose of study

The purpose of this study is to examine the impact of organizational leadership on emotionally troubled young persons' treatment outcomes in residential organizations.

Aims of study

1. To identify the specific type of organizational leadership in residential treatment organizations (Autocratic, Paternalistic, Servant Leader).

2. To examine the treatment outcomes of emotionally troubled young people in residential treatment organizations (Planned discharge and movement to a less restrictive environment).

3. To explore the relationship between organizational leadership and young persons' outcomes (The patterns or trends that are indicated).

Operational Definitions

Autocratic, Paternalistic, and Servant Leadership Model (APS). The Leadership Choice by Laub (1999) will be the accepted model with operational definitions.

Autocratic leadership. Put your needs as the leader first, treat others as your servant, and lead as a dictator.

Paternalistic leadership. Put the needs of the organization first, treat others as children, and lead as a parent.

Servant leadership. Put the needs of the led first, treat others as your partners, and lead as a steward.

The IARCCA outcomes project (2006) operational definitions for outcomes, discharge, planned discharge, and movement to a less restrictive environment will be accepted for the purpose of this study.

Outcomes. The evaluation of emotionally troubled young persons' goals measured during a specific timeframe.

Discharge. A forced choice format with four choices.

1. *Runaway-* on run at time of discharge.

2. *Administrative-* discharged at the request of the provider of service.

3. *Removed-* removed by the placing agent against the recommendation of the provider.

4. *Planned-* as designed in the treatment plan. Note that planned does not require accomplishment of all goals in the treatment plan.

Planned discharge. When an individual is positively released from the organization in a predetermined manner.

Movement to a less restrictive environment. Less restrictive setting is defined by a standardized instrument ROLES (Hawkins, Almeida, Fabry, & Reits, 1992). Information and basic reference on this may be found in a number of the papers on the IARCCA website.

Hypothesis

Organizational servant leadership may find more positive treatment

outcomes for emotionally troubled young people in residential organizations.

Figure 3.1 visually reflects this hypothesis.
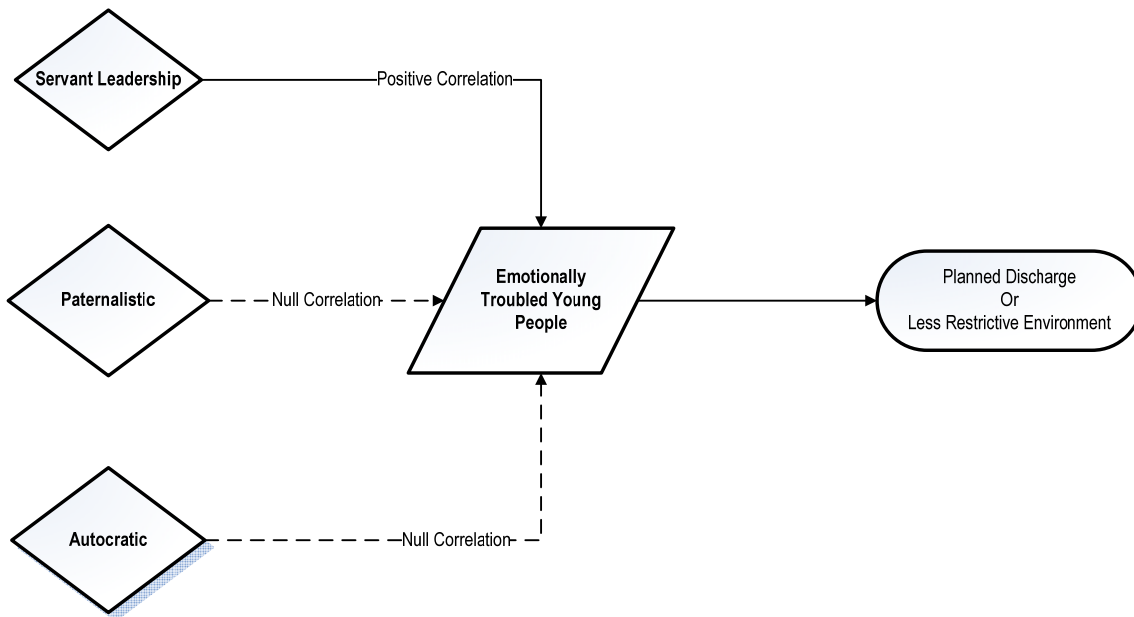
Figure 3.1. Hypothesis

Organizational Leadership Assessment

A comprehensive examination of the literature and research of

organizational instruments measuring organizational leadership, culture,

behavior, identity, and health discovered the effective benefits of using the

Organizational Leadership Assessment. The OLA will measure the independent

variable of servant leadership.

The OLA is a self-report measure that has been widely used in assessing organizational leadership. In particular, there have been some doctoral dissertations, projects and masters' theses that used the OLA in their research (Beazley, 2002; Braye, 2000; Drury, 2004; Freitas, 2003; Hebert, 2004; Horsman, 2001; Irving, 2005; Laub, 1999; Ledbetter, 2003; Miears, 2004; Stramba, 2002; Rauch, 2007; Thompson, 2002; White, 2003; and Winston, 2002). The reliability of the OLA instrument was .9802 using the Cronbach-Alpha coefficient (Laub, 1999, p. 19).

The OLA reliability was supported by Horsman (2001) and Ledbetter (2003) in their research recognized in Table 3.1.

Table 3.1

Laub/Horsman/Ledbetter Correlation Analysis

Entire OLA Instrument	Laub (alpha) .9802	Horsman (alpha) .9870	Ledbetter (alpha) .9814
Six OLA Constructs			
1. Values people	.91	.92	.89
2. Develops people	.90	.94	.88
3. Builds community	.90	.91	.89
4. Display authenticity	.93	.95	.90
5. Provides leadership	.91	.92	.91
6. Shares leadership	.93	.95	.88

Note. Ledbetter (2003, p. 82).

Horsman's (2001) reliability research supported Laub's OLA indicated by his .9870 outcome. Specifically, the most current reliability research on the OLA

is recognized by Ledbetter (2003). His work confirmed the reliability of the OLA within law enforcement organizations. Ledbetter found a Cronbach alpha coefficient of .9814. Their research indicated "equal or higher scores verifying" the original .9802 reliability of the OLA (Laub, 2007, p. 6). The following is Laub's comment on Ledbetter's (2003) research using a test-retest study on the OLA: "The means and standard deviation between test and the retest for this study remained consistent. The correlation between the test and retest were significant over time. Both the test and retest were significant at p<.01" (Laub, 2007, p. 6).

Ledbetter's (2003) study emphasizes and extends Laub's original OLA work and does validate the OLA. Ledbetter did provide further direction through setting the stage for future empirical research on the OLA findings. The OLA instrument provides validity, reliability, and consistency as recognized in the above-mentioned research and is the most appropriate instrument for this organizational leadership study. This researcher did receive permission to use the OLA for the purpose of this study from Dr. James Laub.

Several recent examples of using the OLA as a research instrument in dissertations by Rauch (2007), Irving (2005), and Drury (2004) provide a stronger research base for the OLA. Irving (2005) studied the relationship between servant leadership and team effectiveness. "A statistically significant and positive correlation was found for each variable associated with servant leadership and job satisfaction when analyzed and referenced to team effectiveness" (Irving, 2005, p. iii). Rauch (2007) researched the relationship between servant leadership and team effectiveness replicating Irving's (2005) study. "The findings

detailed in chapter four of this study revealed that both absenteeism and attrition tend to decrease as servant leadership increases" (Rauch, 2007, p. 108). Another example was Drury's (2004) research that consisted of employees' perception of servant leadership. She studied comparisons by level and with job satisfaction and organizational commitment. Drury's findings state that servant leader characteristics can be measured in an organization using the OLA.

The Organizational Leadership Assessment was created after Laub's (1999) research. Research found there was a "lack of objective, quantifiable research in the important and growing area of servant leadership" (Laub, p. 27). According to Laub:

It was done to address a need for an operational definition of the concept, creating a point of reference for further studies, writings and dialogue. In addition to this, little has been written on the concept of the servant organization and the application of servant leadership to organizational culture. (p. 27)

The OLA consists of statements and is scored on a unidirectional, five-point Likert scale. The OLA quantitative method used for this research will be with paper and pencil questionnaire (Laub, 1999). Laub developed the OLA for the purpose of:

assessing organizational health based on six key areas of effective organizational leadership. These key areas of organizational and leadership practice are critical to achieving optimal organizational health. Healthy organizations display authenticity, value people,

develop people, build community, provide leadership, and share

leadership. (Laub, 2000, p. 25)

Table 3.2 displays Laub's six key elements of a healthy organization and

some expected behaviors for each element.

Table 3.2

Healthy Organizations Six Key Elements

Display Authenticity	Open and accountable; willing to learn; honesty and integrity
Value People	Serve others first; believe and trust in people; listen receptively
Develop People	Provide for learning; model appropriate behavior; build up through affirmation
Build Community	Build relationships; work collaboratively; value differences
Provide Leadership	Envision the future; take initiative; clarify goals
Share Leadership	Share the vision; share the power; share the status

Note. Modified Laub's representation.

Laub (1999) designated the levels of organizational health by a particular

power level. "Power represents the ability to do . . . to act. In an organization it

provides the capacity to fulfill a compelling vision, to meet goals, to develop the

highest quality workers and to deal effectively and creatively with ever-present

change" (Laub, 1999, p. 1). The six power levels include: Org 6-optimal health,

Org 5-excellent health, Org 4-moderate health, Org 3-limited health, Org 2-poor

health, and Org 1-toxic health. An inability to move or change is signified as

inertia recognized in Org 1 and Org 2 organizations. A gradual or incremental change is noted in Org 3 and Org 4 organizations. A quantum change is indicated in Org 5 and Org 6 organizations. Any movement from one Org to another takes time, and it is necessary to create a major shift in the organization's thinking and behaving (Laub, 2007, p. 1-5).

The psychometric properties (construct validity, reliability, item analysis, test – retest, job satisfaction scale, and face validity) of the OLA are strong in measuring the qualities of a healthy, servant-minded organization.

Construct validity. An expert panel determined the necessary and essential characteristics of servant leadership. Laub (1999) used a Delphi survey method, conducted by surveying fourteen scholars. These respondents provided agreement on the characteristics of a servant leader, and sixty key servant leadership characteristics were recognized. As a result of these characteristics, Laub created his definition of servant leadership. The field test included 828 participants from forty-one organizations.

Reliability. The Cronbach-Alpha coefficient was used, which revealed high reliability. The reliability score was .9802. Additionally, Horsman (2001), Thompson (2002), and Ledbetter (2003) conducted OLA reliability tests and as a result, their scores were equal to or higher, which confirmed the OLA reliability factor.

Item analysis. The lowest item-to-item correlation was .41 and the highest was .77, indicating the items' strong correlation with the instrument overall (Laub,

1999). An item-to-item correlation study by Ledbetter (2003) reflected a .44 to .78, again providing affirmation to the item analysis.

Test – Retest. In 2003, Ledbetter completed a test-retest study on the OLA. "The correlation between the test and retest were significant and the findings indicate that the validity of the OLA remains consistent over time" (Ledbetter, 2003, p. 88). The test and retest were significant at p <.01.

J*ob satisfaction scale.* The Cronbach-Alpha estimated the reliability of the OLA coefficient of .81. A correlation of Job Satisfaction to the OLA scores was run utilizing a Pearson correlation and a significant (p<.01) positive correlation of .635 existed, accounting for 40% of the variance in the total instrument score. Horsman (2001) and Thompson (2002) also found this strong correlation between the OLA score and the Job Satisfaction scale. A validity study was conducted and validity established by Thompson (2002) on the Job Satisfaction scale.

Face validity. 100 graduate students completed tests to prove the accuracy of the six organizational descriptions. A high perception of accuracy was consistently recognized by these students. These students added to verifying the scoring of break-points for all six organizational levels. The APS (Autocratic, Paternalistic, and Servant) model is the foundation and structure of the organizational levels (Laub, 2007, p. 1). Table 2.2 explains the APS model in more detail.

IARCCA Outcomes Project

The IARCCA outcome measures statistical data documented over 90,000 cases of emotionally troubled young persons' outcomes in residential treatment organizations for this project in Indiana as of July, 2007 (J. W. Link, personal communication, July 18, 2007). Organizations that are members of IARCCA are involved in collecting, recording, and reporting data regarding specific program areas and in particular the emotionally troubled young persons' outcome measures. Operational definitions were done during the first year of meeting before the pilot study and have not been changed; therefore, this adds to the strength of the project. From its inception, the IARCCA Outcomes Project has measured validity and reliability by utilization of the Restrictiveness of Living Environment Scale (ROLES) (Hawkins, et al., 1992). These official IARCCA statistics are recorded and research is completed each year to provide accurate, up-to-date information on strengths and areas of opportunities within each organization's programs. Faith-based Perspectives on the Provision of Community Services (2004) recognizes and references the Indiana IARCCA outcome measures project in the book (Subcommittee on Criminal Justice, 2004).

IARCCA outcomes project history

The outcome evaluation in Indiana through IARCCA was devised because few organizations regularly created and followed through with outcome measures. It became evident that measuring treatment outcomes and demonstrating service effectiveness was increasingly important for Indiana

human services organizations. Major stakeholders (policymakers, state and county councils, juvenile court judges, service providers, clients, and payor sources) demanded this evaluative accountability from organizations. The increased attention in recent years has not only resulted in more child welfare jurisdictions developing measures and reporting on outcomes but in the federal government establishing outcome measures to be tracked nationally (IARCCA, 2007). In Indiana, IARCCA responded quickly and efficiently to this mandate. In 1995, the Indiana Council of Juvenile and Family Court Judges challenged Indiana's residential childcare community to provide evidence that the programs and services provided to abused, neglected, and delinquent children were effective. The IARCCA Board of Directors committed to work with the Juvenile Court Judges by establishing an Outcomes Measures Project focused on identifying measurable variables to evaluate the effectiveness of these programs and services. A volunteer committee was formed from IARCCA member agencies to design the project, focusing on an assessment of strengths and limitations of existing services, and ultimately attempting to answer important questions regarding programs and services (IARCCA, 2007).

A pilot Outcomes study was done in 1997 with nineteen member agencies participating. In 1998, the project was expanded to all IARCCA member agencies. In 2002, Lilly Endowment, Inc. gave a generous grant to the IARCCA outcomes project to do further research and study.

Four key areas of outcome measures were identified and then defined in the Outcome Measures Project (1997). These integral areas were clinical

outcomes, functional outcomes, effectiveness of placement outcomes, and consumer satisfaction outcomes.

1) *Clinical outcomes.* Child problems (Global Assessment of Functioning [GAF], Child Problem Checklist) and family problems (Family Risk Scales, Family Problem Checklist).

2) *Functional outcomes.* Educational success, employment, absence of court involvement at follow-up, and absence of abuse at follow-up. Basically a functional outcome provides evidence of a child's ability to live successfully in the community.

3) *Effectiveness of placement outcomes.* Restrictiveness of placement at discharge and at follow-up (more, less, same, runaway), nature of discharge (planned, runaway, removed administrative), and meeting the child's permanency plan.

4) *Consumer satisfaction.* The satisfaction from the parent, child, and referring agency. Other information that can be found in this data includes risk factors and services. Risk factors note demographic variables, child and family risk factors, total risk factor score. Services indicate specific services provided the emotionally troubled young person throughout placement. Examples might include: substance abuse, employment, medical, early childhood, education, recreation, rehabilitation, legal, mental health, and family-based services. (IARCCA, 2007)

Placement outcomes relate to where the child is placed at discharge. The specific outcome measures of movement to a less restrictive environment and planned discharge were selected for measurement in this study. These are IARCCA outcomes and will be used as secondary data for this dissertation. Hawkins, et al. (1992) created a scale to measure restrictiveness of living environments for troubled children and youth called the ROLES. The IARCCA Outcomes Project (1997) has used the ROLES as a measurement instrument. These dependent variables researched are examined to determine the relationship to the organizational leadership independent variable measured by the OLA.

The IARCCA Outcomes Project collects data from a broad spectrum of programs and by the end of 2004 expanded to other programs. Examples include: residential care programs utilizing public schools, residential care programs utilizing public schools and on-grounds schools, residential care programs that are staff or locked/secure, foster care programs, transitional independent living programs, home-based programs, day treatment programs, shelter care, and crisis stabilization programs (IARCCA, 2006).

After a review of a range of instruments, the selection of the OLA (Laub, 1999) to measure organizational leadership in residential treatment organizations and the Indiana IARCCA Outcome Measures (IARCCA, 2006) to explore young persons' movement to a less restrictive environment and planned discharge were determined as the best quality measures for this project (Koch & Wall, 2006). This researcher received permission to use the 2006 IARCCA outcomes for

specific organizations selected from the IARCCA executive committee, board, and the outcomes project committee.

Organizations' data collection process

While most organizations report data through the electronic system (EON) some rely on paper submission of data. Organizations may have slightly different internal procedures for collection and review, but every organization must have an outcomes coordinator who acts as the first point of review. In addition, the submitted data is then further reviewed by the IARCCA outcomes coordinator and once again by independent researchers. Any questionable data is investigated, or if no resolution can be found, discarded. This does not happen often because it is usually possible to go to the original file and reconcile differences. IARCCA provides this oversight if there is any question.

IARCCA is committed to the accuracy of all data, and a Lily endowment recently sponsored a Quality Improvement Assessment in 2005. Twenty-two organizations were selected, and two doctoral level researchers reviewed their files and interviewed staff. The report found that as a general rule, different examiners (i.e. those who fill out the forms) use the forms in equivalent ways. To further ensure accuracy, organizations are anonymously compared and contrasted regarding the evaluation of outcome measures to recognized progress, success, and concerns with placing organizations throughout the state of Indiana (Koch & Wall, 2006). IARCCA provides regular training on the completion of outcome forms to all organizations in the project, and for all organizations' coordinators. Because of this process with checks and balances,

IARCCA is confident of the accuracy. (J. W. Link, personal communication, July 18, 2007).

Research Method and Design Appropriateness

Sample. This study will use sixteen residential treatment organizations for the research. The independent variable is servant leadership, and the dependent variables are movement to a less restrictive environment and planned discharge. The OLA measures the organizational leadership independent variable, and the IARCCA outcomes project measures both dependent variables. The 2006 sample of data that is in the IARCCA base from the outcome measures project will be utilized. The variables researched will be discussed in more detail in the research design section of this dissertation.

Table 3.3 outlines demographics gathered from organizations.

Table 3.3

Example of Sample Demographics

Sample demographics for organization Z	Totals	Percentages
1. Years in organization 2. Gender 3. Position/role 4. Education level attained		

Protocol for Data Collection

IRB approval for the study was the initial step in this process. Once the study was approved, seeking permission to use the OLA instrument and the IARCCA outcome measures was necessary. Selection and approval of

organizations' participation in this research was the next step. A letter (Appendix A) was written to the CEO of each organization for the purpose of approval and written informed consent (Appendix B). Upon receipt of the signed and dated informed consent form, a contact via phone or email to the CEO or designee occurred to arrange a mutually acceptable date to collect data in the organization. The number of OLA surveys was determined by the number of full-time employees in each residential division in the organization and by Laub's (1999) OLA random sample table. For example, if an organization had 200 full-time employees, the necessary number of surveys to be completed according to Laub's table would be 132.

> The table for determining needed size S of a randomly chosen sample from a given finite population of N cases such that the sample proportion p will be within ± .05 of the population proportion p with a 95 percent level of confidence. (Laub, 2007, p. 5)

The researcher traveled to each organization in Indiana to administer the OLA surveys and demographic sheets to participants in this study. The researcher indicated that the data collection was a part of the research project for the dissertation and was totally voluntary, confidential, and private. During the instructions participants were asked to reflect on the organizational leadership over the past year or more. No names of individuals or organizations were written on the OLA survey or demographic sheet. Only an alphabetical letter was written to identify the organization to the researcher. The process of letter identification of the organization was randomly assigned. In light of the possible difficulty in

meeting with so many people at one time, several meetings were needed in some organizations to comply with the appropriate numbers from Laub's table. The CEO or designee did administer some OLA surveys and demographic sheets to employees, only where necessary, when staff was not available during the researcher's visit (s) to the organization. If this occurred, the organization designee mailed this completed data in a sealed self-addressed stamped envelope to the researcher's home address. The designee was asked to place any OLA surveys and demographics sheets in a sealed envelope upon receipt and not look at any other person's responses. The OLA survey, demographic sheets, and outcome measures were totally confidential and monitored by the researcher to maintain privacy, ethics, and credibility.

The OLAs were collected, organized, scored, and recorded in SPSS 15.0 software program. An analysis, interpretation, and report of the data were completed in a confidential and ethical manner. The assigned organizational letter matched the IARCCA outcomes regarding two specific dependent variables studied (a) movement to a less restrictive environment and (b) planned discharge. This data (2006 IARCCA outcomes) were received directly from the IARCCA office upon receipt of another signed and dated informed consent from each participating organization (Appendix C).

The interpretation of findings was ethical, fact-based, and objective. The protocol addresses the findings, conclusions, and implications of the research. Remarks directed towards limitations of the study, future trends, and other research considerations as a result of this study are the finale.

The protocol for data collection can be seen in figure 3.2.

Permission	Scheduling Data Collection Dates	Administration of OLA instrument and Demographic Information	Confidentality / Data Protection
1. IRB – IWU 2. OLA – Laub 3. IARCCA a. Planned discharge b. Movement to less restrictive environment 4. CEO's – Residential Organizations (16) (Appendix A & B)	1. Date scheduled for data collection 2. Number of OLA's determined	1.Researcher traveled to each organization to administer OLA and gather demographic information. a. Several meetings needed at some organizations. b. CEO or designee administered some OLA instruments. c. Confidentiality and privacy maintained within process.	1. Organizations identified by alphabet letter (randomly selected). 2. Researcher maintained personal control over collected data. 3. CEO or designee maintained data protection and returned data in sealed envelopes.

Figure 3.2. Protocol for data collection.

Research Design

A quantitative quasi method with primary data collection using the OLA and secondary data collection from the IARCCA outcome project was studied. A random sample was beneficial for this work, and the research provided frequencies and descriptive statistics. Outcome data was analyzed with the Spearman rank correlation.

The OLA measured organizational leadership (independent variable), and the IARCCA outcomes project measured the two outcomes (dependent variables). Table 3.4 recognizes each variable researched for the purpose of this body of work.

Table 3.4

Table on Measurement Data

Independent variable	Dependent variables
Organizational leadership	Movement to less restrictive environment Planned discharge

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All of the OLA scores were loaded into the SPSS 15.0 statistical program. The IARCCA outcomes project statistics for the year of 2006 for each participating organization were provided to the researcher from the IARCCA office.

Analysis of Data

The independent variable included three styles of organizational leadership (APS Model, Laub, 1999): servant leadership, paternalistic leadership, and autocratic leadership. A major focus of the study was whether there was an influence of the organization's leadership that impacted the young person's release from the residential organization. Secondary data from the IARCCA outcomes data set (2006) were analyzed. This research provided correlations and descriptive statistics. Outcome data were analyzed with the Spearman rank correlation statistics.

Population, Sampling, and Data Collection Procedures

The proposed research project consisted of sixteen not-for-profit residential treatment organizations, all located in Indiana. The organizations' CEO, senior leadership team, managers, and workers were asked to complete the OLA instrument. This is a standardized instrument with variable measurement. The data relevant to achieving the goal in residential treatment included

1. Organizational servant leadership approach

2. Organizational paternalistic leadership approach

3. Organizational autocratic leadership approach

4. Specific secondary data collection regarding outcome measures of young people within each residential treatment organization.

Validity – Internal and External

The Organizational Leadership Assessment instrument has both content and face validity. The operational definition has remained the same since its creation. The OLA has been used extensively and is documented in publications (Beazley, 2002; Bray, 2002; Drury, 2004; Freitas, 2003; Hebert, 2004; Horsman, 2001; Irving, 2005; Laub, 1999, 2000; Ledbetter, 2003; Miears, 2004; Stramba, 2002; Thompson, 2002; White, 2003). The IARCCA outcomes project has continuously researched the data and in ten years has 90,000 cases. The operational definition has remained the same throughout the project with a forced choice format. Independent researchers at the University of Indianapolis have been involved in the outcomes project from the beginning and had no previous

knowledge of child welfare programs or problems. Additionally, specific research on the restrictiveness of living environment scales (ROLES) has been continuous (Hawkins, et al., (1992). The nature of discharge categorized into four categories, which include planned, runaway, terminated by the organization, or pulled by the referring agency, has been highly studied. The Lilly Endowment has provided extensive financial support for study and has currently completed three special reports on this project. The national research has highlighted the stability of this Indiana outcomes project (IARCCA Outcomes Project Committee, 2007).

Summary

This chapter outlined and discussed the methods of research. Specifically addressed were the purpose and aims of the study; research questions; hypothesis; operational definitions; instruments; research methods and designs; protocol for data collection; sample of organizations and emotionally troubled young people, and data collection procedures; analysis of data; and validity.

This researcher did not find any current research on Organizational Servant Leadership and its relationship to the outcomes of emotionally troubled young people in residential treatment organizations. Therefore, this study researched specific types of organizational leadership in residential treatment organizations, examined the treatment outcomes of residents in residential treatment, and explored the relationship between organizational leadership and young persons' outcomes. This was a correlative study of organizational leadership (independent variable) and outcome measures of young people in residential treatment (dependent variables). Specifically, organizational servant

leadership and its relationship to outcomes were explored. However, servant leadership may be thought of as more of a philosophy and mindset, rather than a specific set of behaviors. People with this servant leader mindset may impact outcomes through their behaviors.

A quantitative quasi method with primary data collection using the OLA and secondary data collection from the IARCCA outcome project was studied. Descriptive statistics have been provided. Outcome data was analyzed with the Spearman rank correlation.

Sixteen not-for-profit organizations from Indiana were sampled in the category of either large (100 and over full-time employees) or small (99 and under full-time employees) organizations defined by number of staff members within each organization.

The hypothesis was that organizational servant leadership may find more positive treatment outcomes for emotionally troubled young people in residential organizations. In chapter four the data analysis and interpretation based on the results of the study will be described, examined, and discussed.

CHAPTER FOUR

PRESENTATION OF FINDINGS

The research findings resulting from the OLA and IARCCA outcomes data collection and analysis are discussed in chapter four. The data collection was administered with integrity and ethics in a consistent, honest and professional manner. All appropriate informed consent forms were understood and signed by the CEO or his/her designee. Each organization was open and receptive to participating in this study, and interested in the findings of the research related to their residential programs. This researcher did promise to provide a brief summary to each organization on the specific findings of their residential programs upon completion of the dissertation research project. All instructions and directions were given in the same manner for clarity and consistency.

The purpose of this study was to examine the impact of organizational servant leadership on emotionally troubled young person's treatment outcomes in residential settings.

The specific aims of the study were:

1. To identify the specific type of organizational leadership in residential treatment organizations. (Autocratic, Paternalistic, Servant Leader).

2. To examine the treatment outcomes of emotionally troubled young people in residential treatment organizations. (Planned discharge and movement to a less restrictive environment).

3. To explore the relationship between organizational leadership and young persons' outcomes. (The patterns or trends that are indicated)?

The hypothesis was that organizational servant leadership will result in more positive treatment outcomes for emotionally troubled young people in residential organizations.

Organization Population

Sixteen residential treatment organizations participated in this research study. All organizations and individuals voluntarily participated in this research project and their names and responses were confidential, anonymous and private. They all received the same instructions for completing the OLA survey. There were a total of 1,165 OLA surveys given to these sixteen organizations. The total OLA surveys given that were fully completed were 1,071. The percentage of completion was high at 92%. There were thirteen OLA surveys given and received that were not fully completed and could not be used in this research. With the exclusion of these thirteen, the response rate was 91%.

The sample data from the organizations' participants are representative of the larger group. The high response rate was expected in light of the face-to-face administration of the OLA survey and direct professional contact with the CEO, HR director or designee. Also the participants understood this request to be voluntary and confidential. The individual organization's sample is shown the table below.

Table 4.1

Individual Organization Sample Data

Location	Total	Sample "N"	Percentage
A	44	40	91%
B	150	137	91%
C	80	72	90%
D	100	98	98%
E	150	135	90%
F	120	112	92%
G	50	35	70%
H	135	130	96%
I	25	25	100%
J	110	99	90%
K	29	29	100%
L	26	26	100%
M	18	18	100%
N	20	17	85%
O	68	63	93%
P	40	35	88%
TOTALS	1165	1071	92%

Demographics

Sample Characteristics

The sample characteristics of years with the organization, gender, position/role, and education level for participants were compiled for each organization. Appendix E outlines the demographic totals. There were four participants who did not return a demographic sheet which reflects the difference in the OLA and demographic total numbers.

According to the demographic percentages, the OLA survey was completed by more hourly, female, and bachelor educated employees. No other significant demographic trends were reflected.

Data Collection Process

Each of the sixteen organizations' CEO's signed and dated the informed consent form indicating approval to participate in the research study (Appendix B). In addition, the CEO or designee signed another informed consent form (Appendix C) to have the IARCCA office directly send this researcher the outcomes data related to the two dependent variables only.

This researcher traveled to each organization to administer the OLA survey to full-time employees throughout Indiana. The informed consent form (Appendix B) was read to everyone voluntarily participating in the study in each organization prior to receiving an OLA survey. In addition, a statement reiterating the voluntary, confidential and anonymous nature of the survey was read. Another statement was read explaining that a reflection of the organizational leadership over the previous year or more would be beneficial. Clear instructions regarding the completion of the OLA were introduced and explained with reference to directions on the front page of the OLA (Appendix D). A demographics questionnaire was distributed for completion at the same time as the OLA survey. The same rules of confidentiality, privacy, anonymity were again stated (Appendix E).

Research Guidelines

A review and perusal of each participant's OLA was completed according to the following guidelines.

1. If a participant did not respond to three or more questions, that individual OLA sample was excluded. Eight were removed.

2. If a participant did not respond to one or two questions that was interpreted as an undecided "3" score.

3. If a participant marked the exact same response on all questions, the sample was excluded. This type of answer was considered non-responsive. Five were excluded due to the responses being rated with the same value. The number of returned surveys originally was 1,084; however, with the exclusions deducted the final total was 1,071. The total organization sample size "N" was sixteen.

The IARCCA outcome measures were recorded and reported through the IARCCA office according to protocol previously outlined in chapter three. The OLA surveys were scored primarily by this researcher; however some external assistance was necessary due to the large numbers. Total confidentiality continued to be safely secured because only the alphabetical letter assigned to each organization was written on the OLA surveys. No indications of individuals or organizations were evident to these assistants. This researcher explained the scoring procedure and the guidelines to these assistants several times, and answered any questions prior to them beginning to score the OLA's. Additionally, to ensure clarity, accuracy and consistency in scoring the OLA, this researcher

checked each assistant's scoring upon completion of the first and second OLA survey. A continuous random check in with each assistant over the course of the 2 ½ hours scoring session occurred to provide further accuracy over time. All scores were recorded in an Excel spreadsheet by this researcher only. All data collected, scored and recorded was in this researcher's possession at all times.

<p style="text-align:center">Exploratory Data Analysis</p>

In understanding the relationship and significance between the independent and dependent variables the Spearman rank correlation was utilized. For correlative computations, graphs, descriptive statistics and analyses the SPSS 15.0 software was used.

An analysis of the OLA (independent variable) and the IARCCA outcome measures (dependent variables of movement to less restrictive environment and planned discharge) were completed looking at the data in several ways. First, an analysis of the sixteen organizations' total OLA scaled scores and the totals of the sixteen organizations' totals for each outcome measures was completed. Second, an analysis of large and small organizations based on full-time employees in residential treatment and the outcomes were studied. Third, using a 4-point Likert scale to represent the IARCCA outcome measures was examined. See tables 4.4 and 4.5 on page ten that visually demonstrate this Likert scale for both dependent variables.

OLA Baseline Measurements

The exploration of data was reviewed, analyzed and interpreted through both visual and descriptive perspectives. In this study the baseline scores were

used from the standardized OLA to recognize servant leadership in the sixteen

organizations researched. Laub's baseline scores begin at the toxic

organizational health level and move upward to poor, limited, moderate, excellent

and ends with the highest scaled score as optimal organizational health. These

scores reflect autocratic, paternalistic and servant leadership organizations on

this continuum. Table 4.2 visually reflects Laub's score sheet for baseline scores

for the OLA.

Table 4.2

Laub's Score Sheet for Baseline Scores for OLA

Raw Score	Organizational Description	Leadership
0.0 to 1.999	Organization 1-Toxic Organizational Health	Autocratic mindset
2.0 to 2.999	Organization 2-Poor Organizational Health	Autocratic mindset
3.0 to 3.499	Organization 3-Limited Organizational Health	Paternalistic mindset
3.5 to 3.999	Organization 4-Moderate Organizational Health	Paternalistic mindset
4.0 to 4.499	Organization 5-Excellent Organizational Health	Servant mindset
4.5 to 5.0	Organization 6-Optimal Organizational Health	Servant mindset

Organizational Leadership Outcome Measures

The mean of the OLA was 3.47. This reflects a combined average for all sixteen organizations. There were two organizations that scored in excellent organizational health and servant mindset area. Poor organizational health and an autocratic mindset were recognized in two organizations. The remaining twelve organizations' scores were within the limited and moderate organizational health and paternalistic mindset areas. The lowest organizational OLA scaled score was 2.54 and the highest was 4.18. This difference did not create a normal distribution and limited standard deviation between the sixteen organizations. Appendix F reports each organization's OLA score. Organization I was excluded from the study due to incomplete data submission related to the dependent variables. The following histogram displays the OLA data points related to each of the fifteen organizations included in this research study.

Figure 4.1

Histogram of OLA Scores
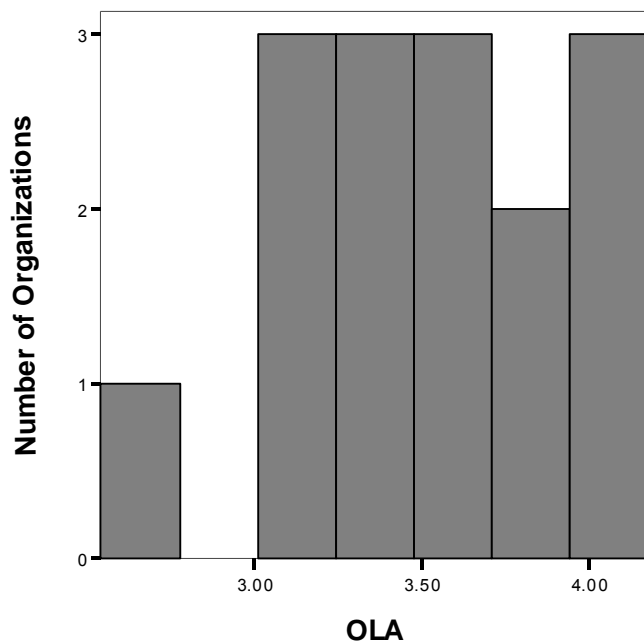
IARCCA Outcome Measures

Movement to Less Restrictive Environment and Planned Discharge

The data from the IARCCA outcome measures two dependent variables was explored, reviewed, analyzed and interpreted visually and descriptively. For the purpose of this study the Restrictiveness of Environment (ROLES) and Nature of Discharge were the two categories analyzed. Specific data regarding planned discharge and movement to less restrictive environment was the two dependent variables researched in each of the sixteen IARCCA member organizations.

The ROLES is a standardized measurement used to study restrictiveness of environment in organizations that are members of IARCCA throughout the

state of Indiana. Included in the ROLES category is less restrictive, same restrictiveness, more restrictive, and runaway. The Nature of Discharge collects data regarding how a client is discharged from the organization. Included in the Nature of Discharge category is in accordance with the plan of treatment, discharge initiated by provider without accomplishment of goals, and removal initiated/mandated against recommendation of provider. Tables 4.3 and 4.4 visually demonstrate the 4-point Likert scale used in this research.

Table 4.3

IARCCA Outcome Measures Categories for Dependent Variable

ROLES (Restrictiveness Of Living Environment Scale)	SCALED SCORE
Less Restrictive	4
Same	3
More Restrictive	2
Runaway	1

Table 4.4

IARCCA Outcome Measures Categories for Dependent Variable

NATURE OF DISCHARGE	SCALED SCORE
In accordance with treatment plan – Planned Discharge	4
Removal initiated/mandated against recommendation of provider	3
Discharge initiated by provider without accomplishment of goals	2
Runaway	1

Testing of Hypothesis

Movement to less restrictive environment

The data demonstrating the relationship between movement to less restrictive environment and the OLA was visually highlighted by two scatterplots, a histogram and a Spearman Rank Correlation in Figures 4.2, 4.3, 4.4 and 4.5.

The Scatterplot in Figure 4.2 shows the relationship between the OLA and less restrictive environment for the fifteen organizations researched. The scatterplot reveals a weak negative correlation. There is no positive statistical significance between the OLA and movement to a less restrictive environment. In other words, when servant leadership increases, less restrictive environment scores generally decline. This data does not support the hypothesis.

Figure 4.2

Scatterplot of OLA and Less Restrictive Environment
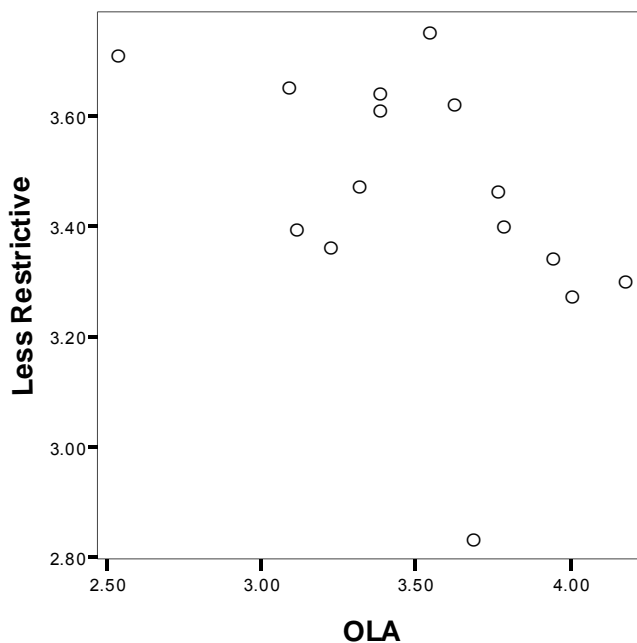
The histogram on Figure 4.3 indicates a bimodal distribution with main cluster data in the 3.2% to 4.0% range and the smaller group from 1.0% to 2.8%.

Figure 4.3

Histogram of Less Restrictive Environment
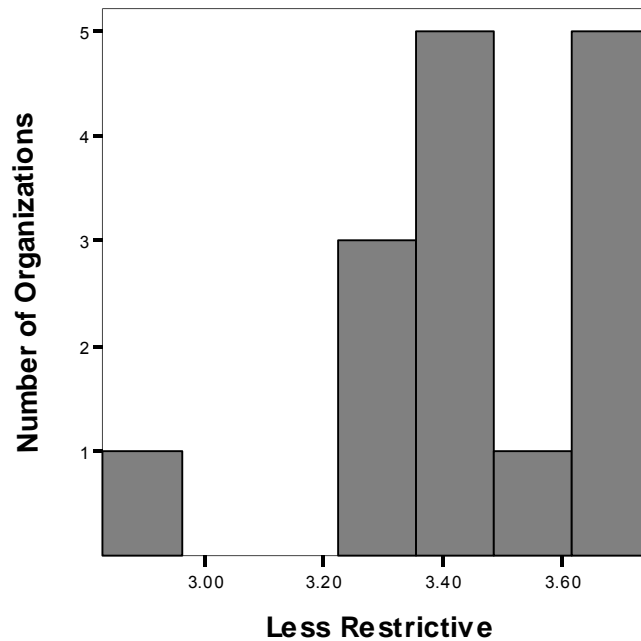
Organizations were separated into large and small organizations defined by full-time residential employees. Additionally, a large organization consisted of 100 or more employees, and a small organization consisted of 99 or less employees. This data found larger organizations had better outcomes measures in movement to less restrictive environments than the smaller organizations; however smaller organizations had a slightly higher OLA score. The scatterplot on Figure 4.4 demonstrates less restrictive versus organizational size.

Figure 4.4

Scatterplot for Less Restrictive versus Organization Size
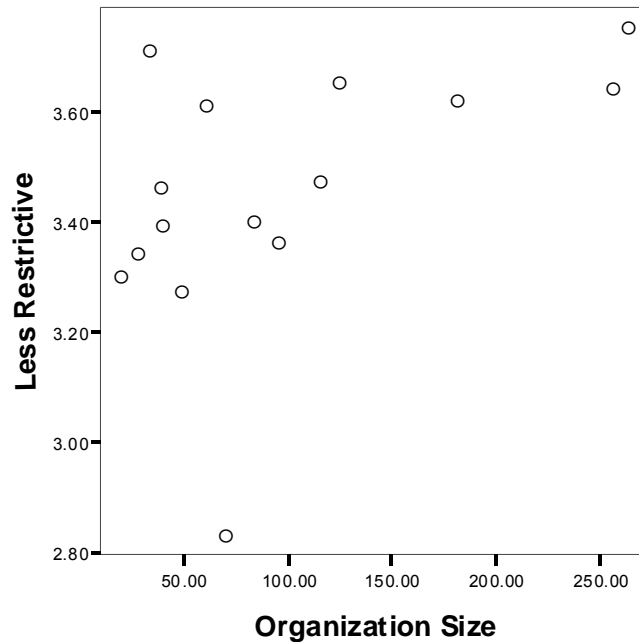
The Spearman Rank Correlation for the OLA related to Less Restrictive

Environment is seen in Table 4.5. The correlation coefficient score is recorded on

the first line for each variable. The p value (Sig. (2-tailed)) for each variable is

located on the second line of the figure. A p value below .05 is statistically

significant. The number of organizations (15) researched is the N on the third line

of the figure.

Table 4.5

Spearman Rank Correlation for the OLA and Less Restrictive Environment

			OLA	LESS RESTRICTIVE
Spearman's Rho	**OLA**	Correlation Coefficient	1.000	-.601(*)
		Sig. (2-tailed)	.	.018
		N	15	15
	Less Restrictiv e	Correlation Coefficient	-.601(*)	1.000
		Sig. (2-tailed)	.018	.
		N	15	15

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

Planned discharge

The data demonstrating the relationship between planned discharge and

the OLA was visually highlighted by two scatterplots, a histogram and a

Spearman Rank Correlation in Figures 4.6, 4.7, 4.8 and Table 4.7.

The relationship between the OLA and planned discharge recognized on

the scatterplot in Figure 4.6 indicates no positive statistically significant

relationship. There is only a weak negative correlation. This means that as

servant leadership increases, outcomes decrease.

Figure 4.5

Scatterplot of OLA and Planned Discharge
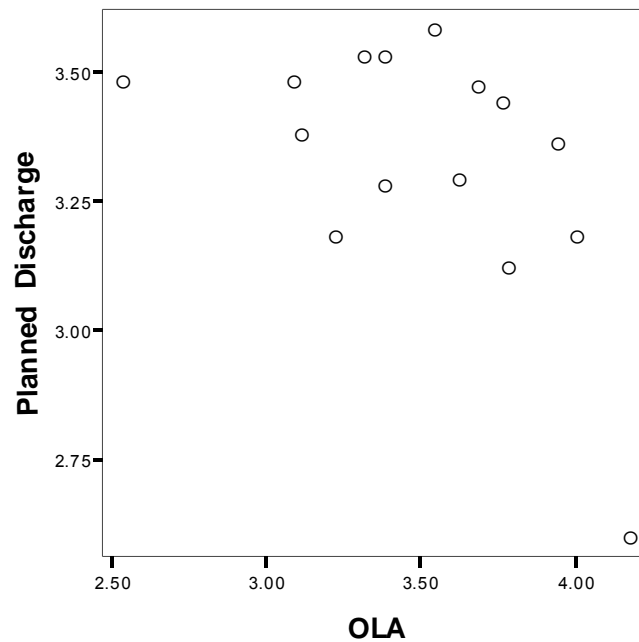
The following histogram labeled Figure 4.6 of organizations' and planned discharge reveals a cluster of data points in the 3.1 to 4.0 range. The Figure 4.7 reiterates a weak negative correlation between the OLA and planned discharge. The scores do not support the hypothesis.

Figure 4.6

Histogram of Planned Discharge
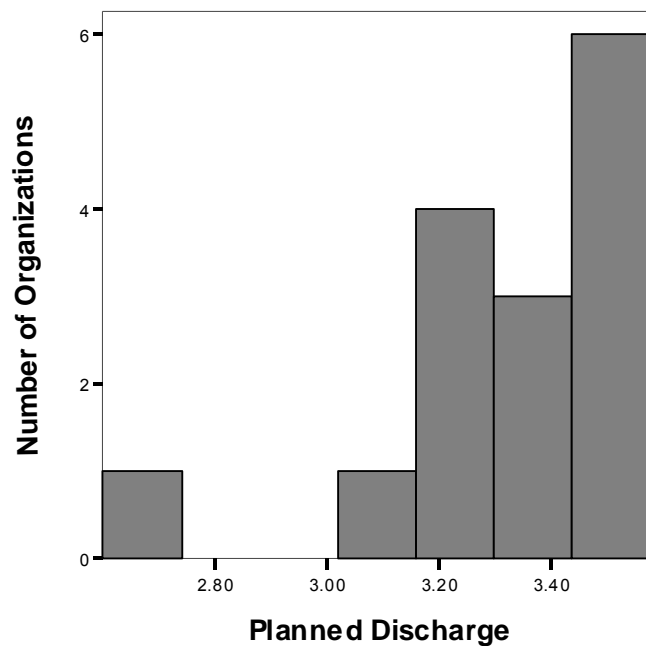
Again, larger organizations had better outcomes measures in planned discharge than the smaller organizations; however smaller organizations had a slighter higher OLA score. The scatterplot Figure 4.7 demonstrates planned discharge versus organizational size.

Figure 4.7

Scatterplot of Planned Discharge versus Organization Size
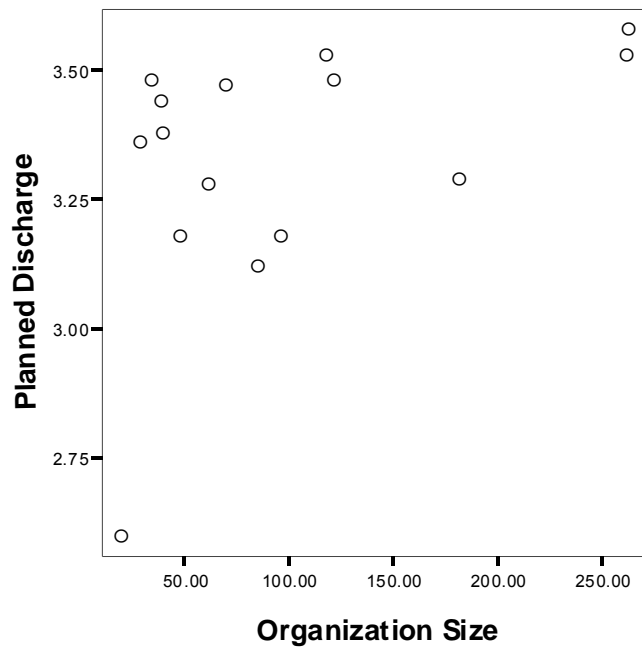
The correlation for the OLA and planned discharge are seen in Table 4.6.

Table 4.6

Spearman Rank Correlation for the OLA and Planned Discharge

			OLA	PLANNED DISCHARGE
Spearman's Rho	**OLA**	Correlation Coefficient	1.000	-.530(*)
		Sig. (2-tailed)	.	.042
		N	15	15
	Planned Discharge	Correlation Coefficient	-.530(*)	1.000
		Sig. (2-tailed)	.042	.
		N	15	15

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

Modeling Less Restrictive and Planned Discharge

Although there was not a positive correlation between the OLA and the outcomes measures it is appropriate to model this data to learn more about the lack of correlation. An analysis of the OLA and the IARCCA outcome measures were completed looking at the data in several ways. One way that the data was analyzed was studying large and small organizations based on full-time employees in residential treatment and each of the variables researched.

Spearman's rank measurement outlined in Table 4.7 computed the OLA, planned discharge, less restrictive environment and organization size. The findings indicate that larger organizations had better outcomes than smaller organizations, yet also had slightly less OLA scores as compared to smaller organizations. In summary, larger organizations' outcome measures were higher but negatively correlated to servant leadership. This did not support the hypothesis. Additionally, on the other end of the continuum, smaller organizations demonstrated lower outcome success while having a higher servant leadership component.

Table 4.7

Spearman Rho Rank Correlation for Outcomes

			OLA	PLANNED DIS	LESS RESTR	ORG SIZE
Spearman's Rho	**OLA**	Correlation Coefficient	1.000	-.530(*)	-.601(*)	-.694(**)
		Sig. (2-tailed)	.	.042	.018	.004
		N	15	15	15	15
	Planned Dis	Correlation Coefficient	-.530(*)	1.000	.625(*)	.589(*)
		Sig. (2-tailed)	.042	.	.013	.021
		N	15	15	15	15
	Less Rest	Correlation Coefficient	-.601(*)	.625(*)	1.000	.797(**)
		Sig. (2-tailed)	.018	.013	.	.000
		N	15	15	15	15
	Org Size	Correlation Coefficient	-.694(**)	.589(*)	.797(**)	1.000
		Sig. (2-tailed)	.004	.021	.000	.
		N	15	15	15	15

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

    The linear regression shown in both figures 4.8 and 4.9 is another way to visually clarify the weak negative correlation between the OLA, and movement to less restrictive environment and planned discharge outcomes. Both figures outline the weak negative correlation between the OLA and outcomes as the quantity decreased for each variable researched.

Figure 4.8

Linear Regression for OLA and Less Restrictive Environment
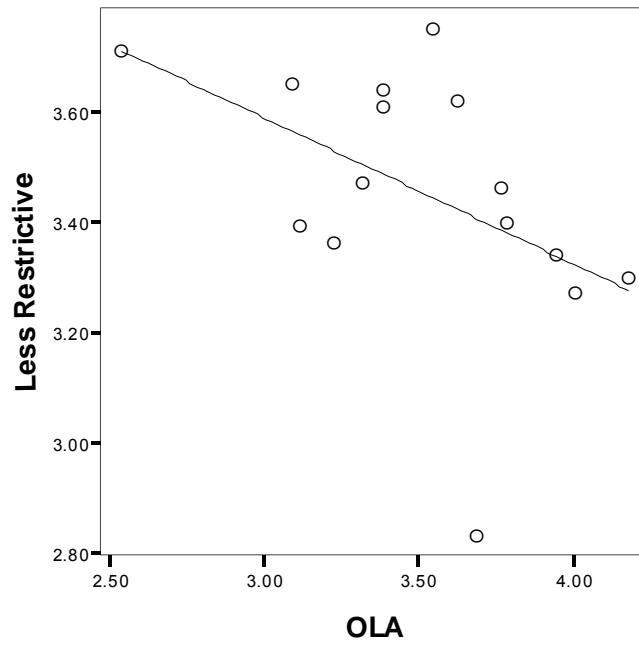
Figure 4.9

Linear Regression and Planned Discharge
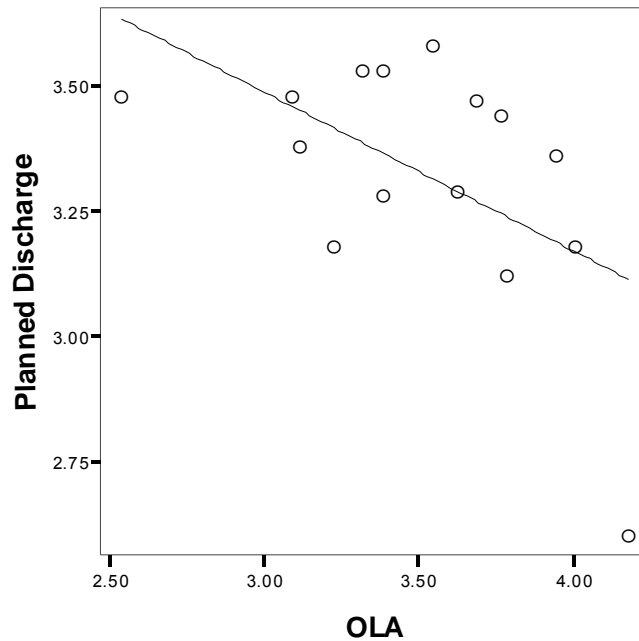
Summary

The exploratory and research data examined and discussed in chapter four reiterated a weak negative correlation between servant leadership and movement to less restrictive environment and planned discharge outcome measures. The hypothesis projected a positive correlation between servant leadership and positive movement to less restrictive environment and planned discharge. The research did not support the hypothesis. The data analyzing large and small organizations revealed that larger organizations had better outcomes, yet had lower servant leadership. Smaller organizations had higher servant leadership, yet lower outcomes. Both scenarios offer the same findings regarding

the hypothesis. However, servant leadership may be thought of as more of a philosophy and mindset, rather than a specific set of behaviors. People with this servant leader mindset may still impact outcomes through their behaviors. Chapter five will summarize the findings, conclusions, and implications for future research.

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

Investigation of the relationship of organizational servant leadership and successful residential treatment outcomes of emotionally troubled young people was the focal point of the study. Identification of particular leadership in each residential organization, and the correlative value related to positive outcomes for emotionally troubled young people in these residential organizations was obtained and evaluated. The emphasis was to understand any patterns or trends from data collected in this study.

The development of evidence-based treatments in residential treatment programs is a national priority. The general trend in evidence-based practice in healthcare and mental health emphasizes the development of standards of practice, treatment protocols and formalized treatment manuals that have established effectiveness. The significance in selecting this topic to research was because of the increasingly high numbers of severely emotionally troubled young people placed in residential treatment facilities for lengthy periods of time that has resulted in tremendous cost of billions of dollars per year with few positive reported outcomes (Child Welfare, 2006). It is imperative to increase development of data in outcomes that document the range of residential treatment outcomes (National Institute of Mental Health, 2005).

The intent of the study was to add empirical evidence that may lead to increased outcome evaluation in residential treatment, and the capacity to

enhance the knowledge base in residential treatment, leading to evidence-based protocols and training of staff.

The total OLA surveys used in this quantitative research was 1,071. The sixteen sample organizations that participated were all located in Indiana and members of IARCCA (An Association of Child and Family Services). Servant leadership (independent variable) was measured by the OLA, a standardized instrument. Movement to less restrictive environment and planned discharge (dependent variables) was measured by the IARCCA outcomes project. The SPSS 15.0 software program using the Spearman rank correlation was the tool to understand the significance and relationship between servant leadership and movement to less restrictive environment and planned discharge variables selected for this research. This study was able to represent research efforts in an area that has not been specifically explored in the literature.

Chapter five discusses and reviews the findings of this study previously reported in chapter four. Particular discussion regarding findings, limitations, implications for future research, and final conclusions are integrated in this chapter.

Summary Overview of Results

The hypothesis was organizational servant leadership may correlate with positive treatment outcomes for emotionally troubled young people in residential organizations. The independent variable was servant leadership, and the two dependent variables were movement to less restrictive environment and planned discharge.

OLA

The mean of the OLA was 3.47. This reflects a combined average for all sixteen organizations represented in the research findings. Two organizations revealed excellent organizational health and servant mindset within the OLA measurement. Poor organizational health and an autocratic mindset were recognized in two organizations. The remaining twelve organizations' scores revealed limited and moderate organizational health and paternalistic mindset areas. The lowest organizational OLA scaled score was 2.54 and the highest was 4.18. This difference did not form a normal distribution and limited standard deviation was discovered between the sixteen organizations. Organization I was excluded from the study due to incomplete data submission related to the dependent variables.

Demographic information was gathered for 1,071 participants and revealed that the OLA survey was completed by more hourly, female, and bachelor educated employees. No other significant demographic trends were revealed in an analysis of demographic data.

Movement to Less Restrictive Environment

IARCCA's restrictiveness of environment scale includes four levels of placement. The goal for the organization, and most importantly the client, would be movement to a less restrictive environment from the current organization placement. The other three levels decrease in positive environmental change. These include same, more restrictive, and runaway. What was the relationship between movement to less restrictive environment and servant leadership as the

result of this research? The assessment and findings conclude that there is no significant positive relationship. In fact, only a weak negative correlation was recognized. The Spearman's rank correlation of -.601 and the p value of .018 confirms this conclusion. This research states that servant leadership does not impact movement to less restrictive environment in a positive way. The findings do not support the hypothesis with these two variables.

Planned Discharge

The nature of discharge is categorized into four levels. In accordance with plan of treatment or planned discharge is the goal for the client and organization. The other three levels are perceived as a much less positive nature of discharge. These are discharge initiated by provider without accomplishment of goals, removal initiated or mandated against the recommendation of provider, and runaway. What was the relationship between planned discharge and servant leadership as a result of this research? Again, no significance positive relationship was found. Only a weak negative correlation was recognized from this data. The Spearman's rank correlation for these variables was -.530 and the p value was .042 which reiterates the findings do not support the hypothesis. Servant leadership does not positively impact planned discharge in residential organizations.

<div align="center">Conclusion of Findings</div>

The findings do not support the hypothesis that organizational servant leadership may find more positive treatment outcomes for emotionally troubled young people in residential organizations. Rather, the findings conclude that

there is a weak negative correlation with these variables. The significance of this weak negative correlation reveals that outcomes do not improve with organizational servant leadership. Those organizations will higher servant leadership have lower outcomes, and those with lower servant leadership have higher outcomes. Servant leadership may be thought of as more of a philosophy and mindset, rather than a specific set of behaviors. People with this servant leader mindset may impact outcomes through their behaviors. However, a paternalistic mindset was the primary focus in organizational leadership evidenced by the study's data.

<div align="center">Implications for Practice</div>

This study's findings confirmed that an organization's servant leadership relationship did not result in positive outcomes for emotionally troubled young people in residential organizations. The hypothesis was not supported by the research. This implication for practice is very important, because understanding what does positively impact outcomes of emotionally troubled young people in residential organizations continues to be a critical issue. Child Welfare (2006) reports increasing patterns of abuse, neglect, and violence towards children and adolescents in the United States. In light of this serious problem, more study, research, money, training, and treatment resources are necessary. Many of these children and adolescents are placed in residential treatment organizations to address these traumatic situations, and need a therapeutic milieu that provides safety, nurture, structure, supervision and treatment. "Children and youth in conflict need positive guidance and support from concerned and competent

individuals. This requires the creation of respectful relationships and group climates" (Dawson, 2003, p. 223). "At the core of all emotional and behavioral problems are unmet needs" (Sternberg, 2003, p. 5). It is readily apparent that research must be directed toward finding an answer to what will meet the needs of these emotionally troubled young people in residential organizations to provide successful outcomes upon discharge.

The following ideas (not in a rank order of interest or importance) that may be noteworthy considerations or future possibilities in answering the question might include:

1. Recording, reviewing, analyzing, and interpreting the OLA surveys according to the three levels (top management, middle management and workforce) separately as they relate to the outcome measures of emotionally troubled young people in residential organizations, rather than as the whole organization may reveal a different picture. The reason for this suggestion is that perhaps each level of employee perceives the leadership, empowerment, culture, climate, and program in a different manner, and directs their actions accordingly. Drury's (2004) research consisted of employees' perception of servant leadership. She studied comparisons by level and with job satisfaction and organizational commitment. These differing perceptions of the organization and the emotionally troubled young people may change the research. Further, middle managers and workforce employees likely have more regular and direct contact, influence and relationship with the emotionally troubled

young people. The organizations' leadership approach, philosophy and mindset may not always permeate all employee levels. In addition, the workforce tenure may be shorter and not have the organizational servant leadership influence on the outcome measures.

2. It seems appropriate to look at specific organizations' treatment modalities and outcomes. For example, some organizations may use a combination of individual, group and family treatment, while others offer a highly structured milieu and natural logical consequences as an approach to treatment. Many organizations complete an initial individual treatment plan identifying the most appropriate treatment modality, goals and outcome measures for each young person, while others may use one kind of treatment that is believed to be applicable for all the young people in residence. Many of the most popular therapies and treatment modalities used in residential treatment organizations include: Cognitive-Behavioral, Reality, Behavior Modification, Supportive, Play and Expressive Art, Music, Dialectical Behavioral (DBT), Homebased, Insight-oriented, Family Systems, and Relational. An example of a highly structured milieu with natural logical consequences is the Positive Peer Culture (PPC) approach. Those organizations using PPC endorse accountability and change through peer monitoring, supervision, support and confrontation. IARCCA has an established outcomes project for all member organizations in Indiana.

3. The structure of the organizations' programs and outcomes might be a viable possibility to examine. In other words, some organizations have locked/secure or highly structured programs, while others may have only open programs with limited structure. Or some organizations may have a range of structured programs, while others may simply have one kind of residential program and it may have limited structure. Perhaps urban or rural settings provide a different structure to be explored. Researching the different structure of the organizations' programs offered and the outcomes might provide important information.

4. The organization's size and the resources available might be an important factor in outcomes. Often larger organizations have access to more resources due to more money. For example, a larger organization may be able to hire more employees, allow for overtime when needed, expand or develop new programs, retain consulting psychiatrists or psychologists, develop more training programs for employees, purchase more space, or build new facilities if needed. Smaller organizations often must rely on a small employee pool, limited space, creative planning with the building and programs they have established, and carefully manage the much smaller budget and financial plans.

5. The level of difficulty as related to diagnosis and prognosis in these young people is another avenue to explore regarding outcomes. Some organizations accept extremely emotionally troubled young people and others may only accept a mild to moderately troubled young people. This

variable might be a valuable tool in assessment of organizations and outcomes as well.

6. Revisiting the IARCCA outcomes measures and selecting several different ones to see if there is a relationship between those newly selected outcomes and organizational servant leadership might be beneficial. One idea for another selected dependent variable might be educational outcomes. Another selected outcome to research might be runaways from the organization.

7. Perhaps movement to less restrictive environment and planned discharge outcome measures are too closely connected to each other to be helpful in retrospectively reviewing the research received. In the initial individual treatment plan most organizations develop goals, strategies and a timeline indicating a planned discharge date. It just makes sense then, if a young person does complete the goals and is ready for positive discharge according to his/her plan, then it is likely a movement to a less restrictive environment might follow. If a young person is not accomplishing goals and diverts from this plan in some negative way that impacts the current placement, it is reasonable to expect that this individual is not succeeding and needs more structure, resources and limits.

8. Currently our society is moving more in the direction of stronger and longer consequences to inappropriate actions. The concept of "cracking down on crime" and making people more accountable than in previous

years may impact the notion of a servant leadership mindset. People may misinterpret servant leadership as a permissive mindset.

9. Perhaps the economy and managed care's prohibition of longer stays due to high costs has made a difference in overall outcome measures of these emotionally troubled young people. The negative emotional, psychological, social, and behavioral patterns of these emotionally troubled young people have been internalized and acted on for many years. Often it may take years to effectively meet unmet needs, assist in creating appropriate coping skills, support positive decision-making, utilize treatment enough to successfully internalize new thoughts, feelings and behaviors that are healthier, happier and within the framework of societal norms and expectations. Managed care restrictions have drastically decreased lengths of stay in residential treatment organizations, and as a result, it is questionable if the needed changes can occur quickly enough within these young people.

10. The selection of all IARCCA member organizations in Indiana may not generalize or reflect other similar kinds of organizations in other states. Researching other states might be an important action to compare with this study.

11. Consideration of studying the six subsets of Laub's (1999) OLA as another option might be highly informative. The subsets include: valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership.

12. Reviewing the organizational leadership results separately from the residential outcomes provides another way to explore this component of the study. The overall result of the OLA mean (3.51 on a 5.0 Likert scale) among the fifteen organizations does suggest a movement away from autocratic mindsets and towards the servant leadership mindset. The interpretation of these organizational leadership findings did indicate a moderate organizational health and a paternalistic mindset. Replicating this component might be useful.

Research and study of understanding what in fact will positively impact the outcome measures of emotionally troubled young people in residential organizations is exceedingly important as recognized by many scholars (Beam, et al., 2002; Bloom, et al., 2003; Brendtro & Shahbazian, 2004; Cox, 2006; Dawson, 2003; Glisson, Dukes & Green's, 2006; Hemmelgarn, et al., 2001; Koch & Wall, 2006; Leichtman, et al., 2001; Moos, 1996; Saaleby, 1999; Seligman, 2000; Selta, 2004; and Sunseri, 2003).

In reading, reviewing and reflecting on this research and the findings of this study, coupled with this researcher's experience in residential treatment, several thought-provoking ideas resulted in some conclusions that impact this topic and the literature.

First, this researcher posits that there are significant differences in the emotionally troubled young people researched in this study, compared to previous organizational servant leadership research using the OLA recognized in the body of the literature review (Beazley, 2002; Braye, 2000; Drury, 2004;

Freitas, 2003; Hebert, 2004; Horsman, 2001; Irving, 2005; Laub, 1999; Ledbetter, 2003; Miears, 2004; Rauch, 2007; Stramba, 2002; Sternberg, 2003; Thompson, 2002; White, 2003). One wonders if the OLA instrument did not capture the subtle differences reflected in these diverse young people. Emotionally troubled young people in residential treatment organizations are a difficult group to work with because of the long term and deep-seated emotional, psychological, social, educational, mental, and behavioral issues and problems. Unmet needs, low self-esteem, poor social skills, inadequate coping skills and abandonment issues are underlying areas of concern. In light of these young persons' major problems, acting-out intense emotions in destructive ways towards themselves, property and others are very common. Learning from trained professionals how to work through these problems in appropriate ways can be extremely problematic for both the professionals and the emotionally troubled young people. The organizations' professionals need to work within the culture and climate, which provides positive relationship building, structure, supervision, support, therapeutic milieu, treatment, and discipline to these young people.

Professionals must understand the necessity of these variables and be able to appropriately demonstrate in practice what the organization policies and procedures dictate. Unfortunately, many professionals working on a daily basis with these young people feel unprepared to address their problems, acting-out behaviors, and especially serious crisis situations. Since relationships, culture and climate are critical in working with these young people, it seems readily apparent that maintaining stability and consistency in these two areas are of

paramount importance to the overall success of these young people. The research has indicated that poor organizational climates do negatively affect service, quality and outcomes (Glisson, et al, 2006). Certainly ongoing professional training to learn how to establish a therapeutic alliance, use active listening skills, provide appropriate role modeling, quality service, supervision, structure, support and discipline are essential to maintain a safe and secure climate for growth and change.

The emotionally troubled young persons also have a difficult challenge in that there is a needed paradigm shift in their thinking and behaving. What they have known and internalized from their life experiences, socialization process, parenting, discipline, and structure were often perceived as the opposite of what the organizations' staff and program are suggesting and expecting. The therapeutic process of deeply internalizing these changes is difficult and time-consuming. An important key factor to remember is that these emotionally troubled young people have become who they are over many years, and treatment to support healthy changes will be a long term challenge, even with excellent quality service, support, supervision, structure, relationships, and treatment. Ongoing clarification, support, observation, training, and evaluation of the professional's performance in effectively following through with therapeutic relationship building, overall care, support, supervision, and treatment are critical pieces of this process (Beam, et al., 2002; Bloom, et al., 2003; Brendtro, 2004; Brendtro & Shahbazian 2004; Child Welfare, 2006; Dawson, 2003; Glisson,

Dukes & Green's, 2006; Seligman, 2000; Selta, 2004; Search Institute, 1990; and Sunseri, 2003).

Second, managed care has greatly influenced and restricted the average length of stay in residential treatment organizations for these emotionally troubled young people by as much as three to nine months due to the high cost of care. As a result of these managed care restrictions the course of treatment and outcomes are negatively affected. Intense treatment, structure, supervision and consistency are very often necessary for much longer periods of time than managed care policies allow for these young people.

Third, organizational leadership that may better serve the needs and problems of these young people would be relational, paternalistic, and contingency/situational approaches. A paternalistic mindset was the primary focus in organizational leadership evidenced by the study's data. Since these emotionally troubled young people are placed outside their home environment into residential treatment, it is essential that adult authority figures become positive role models and surrogate parents. These young people need a balance of structure, supervision, consequences and limits to negative behaviors, yet nurture, support and care at the same time. This paternalistic attitude or mindset may provide for the unmet needs of these young people and assist them in decision-making. Establishing and maintaining a strong, healthy therapeutic alliance with appropriate boundaries and effective communication in the professional and young person's relationship appears to be a critical piece that must be in place to make positive inroads in treatment. Additionally, contingency

theories, specifically using the situational leadership approach may be considered as beneficial. Professionals would understand the level of maturity and readiness of these emotionally troubled young people to learn a new perspective, skill or behavior. This means that specific variables related to the relationship and environment might reflect the style of leadership that may be most effective in the situation. Identification of behavioral patterns that worked effectively in particular contexts or situations would need to be recognized in this approach.

Fourth, the OLA subsets of displaying authenticity, valuing and developing people, building community, and providing and sharing leadership connect well with the relational theme. The emphasis on relationship building paving the way towards the professionals' and young persons' working together in a respectful alliance to achieve goals becomes the primary consideration in leadership.

<div align="center">Limitations</div>

There were several limitations recognized in this study. First, the sample group for this research was limited to residential organizations in Indiana that were members of IARCCA. Second, sixteen organizations were selected throughout the state. The organization sample groups may not generalize to other residential organizations in other states or areas. Third, there were six large organizations and ten small organizations in this study, which indicates a substantial disparity between the two categories. Fourth, though this research evaluation studied 1,071 OLA surveys, only sixteen actual organization samples were completed. Since each organization represents one individual sample this

is a small N and another limitation. Fifth, no research on this topic was found in the literature review to provide additional information or comparisons for this study.

<div align="center">Implications for Future Research</div>

After completing this research and interpreting and reporting the results of the study, several recommendations are offered for future research. First, the literature review did not reveal any similar research on organizational servant leadership and outcomes of emotionally troubled young people in residential organizations. Additional research in this topic area is critical to promote more successful outcomes. Replication of this study in other not-for-profit organizations might be an alternative. A wider range of organizations may be a viable option in better understanding if there can be a correlation between organizational servant leadership and outcomes. Second, using the OLA survey and separating the three levels of employees (top management, middle management, and workforce) to compare and contrast findings might be quite beneficial for this topic. Third, researching other variables such as the organizations' treatment modalities, structure, culture, and client diagnosis may be valuable related to organizational leadership. Fourth, selecting many more organizations for the study, with a balanced mix of large and small might be helpful in learning more in this area. Also doing research in other states with similar organizations and outcomes. Fifth, researching the subsets (valuing people, developing people, building community, displaying authenticity, providing leadership, and sharing leadership) of the OLA as they relate to organizational leadership and outcomes

of young people in residential organizations would be another option to explore.

The developing people subset is a leadership priority and one that needs further

research and exploration. Sixth, selecting other IARCCA outcome measures to

see if there is a relationship to organizational servant leadership might be

considered. Finally, future researchers in this area must address the definition of

the particular population examined.

The most important implication for future research is for new, creative, and

innovative ideas to be developed so discovering needed resources for

emotionally troubled young people in residential organizations can occur,

resulting in positive outcomes. These individuals need us to provide them with

the necessary tools to grow and change making life better for them and society

as a whole.

Summary

Over the years we have seen many organizational leadership theories

developed and applied in many ways, to many people, with many outcomes.

Servant leadership has more recently been recognized by scholars as an

important approach to effectively working with people (Beazley, 2002; Braye,

2000; Drury, 2004; Farling, et al., 1999; Freitas, 2003; Hebert, 2004; Horsman,

2001; Irving, 2005; Laub, 1999; Ledbetter, 2003; Miears, 2004; Patterson,

2003b; Stramba, 2002; Rauch, 2007; Russell, 2001; Thompson, 2002; White,

2003; and Winston, 2002). Supporters of servant leadership believe that serving

others first, understanding others, and focusing on empowerment of others are

essential to effective leadership. A follower-focused mindset tends to be the

current emphasis in today's leadership literature. Though this study did not provide empirical evidence that servant leadership has a positive relationship to outcomes for emotionally troubled young people in residential organizations, it did provide a grassroots effort to explore this possibility.

Residential programs in the mental health arena have significantly changed over the past decade due to managed care influences. Recent trends suggest a veering away from the concepts of disease, dysfunction, and coercive treatment, and are moving towards strength-based, asset building, and positive psychology in treatment (Brendtro & Shahbazian, 2004; Cox, 2006; Hemmelgarn, et al., 2001; Saaleby, 1999; Seligman, 2000; Selta, 2004). Emotionally troubled young people in residential treatment organizations outcomes are greatly impacted by "high costs, lengthy placements, and little empirical support for the effectiveness of treatment" (J. W. Link personal communication, August 9, 2006). Residential treatment organizations are mandated by state and national accrediting bodies to develop outcome measures and to do ongoing program evaluation of client outcomes. Programs must plan, create, implement, and evaluate clear, concise, specific, and measurable outcomes in today's quality competitive environment. Research in these areas can improve outcomes in residential treatment programs (J. W. Link personal communication, August 9, 2006).

Limited research has been done regarding emotionally troubled young people as it relates to successful outcomes. Billions of dollars each year are used for national treatment expenditures. However, it is readily apparent that much

more study, research, money, training, and treatment resources are necessary to provide for the needs and problems of emotionally troubled young people in residential organizations. New research may promote new discoveries and insights to understand what is most effective in treating these emotionally troubled young people. This lengthy period of study, research and reflection suggests that so much is yet to be learned about what (or if) determines successful organizational leadership and outcomes of emotionally troubled young people. Ultimately the question and primary goal becomes how to best serve these young people to become happier, healthier and productive adults in the future. It is this researcher's hope that this study adds to the body of knowledge on the way to discovering successful modalities to support positive outcomes for emotionally troubled young people.

REFERENCES

Alderfer, C. P. (1997). *Group and intergroup relations: Improving the quality of work life.* Palisades, CA: Goodyear.

Andrews, L. W. (2007). *Psychologists and their theories: Psychology: a historical overview.* Retrieved March 12, 2007, from http://soc.enotes.com/psychology-resources/psychology-historical overview/

Anglin, J. (2003). *Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth.* Binghamton, NY: Haworth.

Antonakis, J., Schriesheim, C. A., Donovan, J. A., Gopala Krishra-Pikei, K., Pellegrini, E. K., & Rossomme, J. L. (2004). Methods for studying leadership. In Antonakis, Cianciolo, & Sternberg (Eds.), *The nature of leadership.* (pp. 48-70). Thousand Oaks, CA: Sage Publications, Inc.

Artz, S., Nicholson, D., Halsatt, E., & Larke, S. (2001). *Guide for needs assessment for youth.* Victoria, BC: University of Victoria Child and Youth Care.

Autry, J. (2005). Love and work. *Management Review, 30(4),* 875-877.

Bass, B. (2000). The future of leadership in learning organizations. *Journal of Leadership Studies, 7*(3), 18-40.

Barbuto, J. E., & Wheeler, D. W. (2006). Scale development and construct clarification of servant leadership. *Group & Organization Management, 31* 1-27.

Beam, M. R., Gil-Rivas, V., Greenberger, E., & Chen, C. (2002). Adolescent problem behavior and depressed mood: Risk and protection within and across social contexts. *Journal of Youth and Adolescence, 31*(5), 343-357.

Beazley, D. A. (2002). Spiritual orientation of a leader and perceived servant leader behavior: A correlational study [Electronic version]. *Dissertation Abstract International 63,* 1436. (UMI No. AAT 3049889).

Benge, G. (1998). *Remember the children: They need your help.* Indiana Ft. Wayne, IN: University-Purdue University Fort Wayne.

Bennis, W. (1989). On becoming a leader. Don Mills, Ontario: Addison-Wesley.

Bennis, W. (2007). The Challenges of leadership in the modern world. *American Psychologist, 62* (1)*,* 2-5.

Bennis, W., & Nanus, B. (1985). *Leaders: Strategies for taking charge.* New York: Harper & Row.

Blanchard, K. (1998). Servant-leadership revisited. In L. C. Spears (Ed.), *Insights on leadership: Service, stewardship, spirit, and servant-leadership* (pp 21-28). New York: John Wiley.

Bloom, S. L., Bennington-Davis, M., & Farragher, B. (2003). Multiple opportunities for creating sanctuary. *Psychiatric Quarterly,* 74,173-190.

Bockhoven, J. S. (1956). Moral treatment in American psychiatry. *Journal of Mental and Nervous Diseases, 124*(3), 292-321.

Braye, R.H. (2000). Servant-leadership: Belief and practice in women-led businesses. Unpublished doctoral dissertation, Walden University.

Brendtro, L. K. (2004). *From coercive to strength-based intervention: Responding to the needs of children in pain.* Retrieved March 12, 2007. from http://www.nospank.net/brendtro.pdf

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming youth at risk: Our hope for the future* (Rev. ed.). Bloomington, IN: National Educational Service.

Brendtro, L. K. & Larson, S. (2004). The resilience code. *Reclaiming Children and Youth, 12*(4), 194-200.

Brendtro, L. K. & Shahbazian, M. (2004). *Troubled children and youth: Turning problems into opportunities.* Champaign, IL: Research Press.

Bryman, A. (1992). *Charisma and leadership in organizations.* London: Sage.

Burns, J. M. (2004). *Leadership.* New York: Harper & Row.

Caldwell, M. S., Rudolph, K. D., Troop-Gordon, W., & Kim, D. Y. (2004). Reciprocal influences among relational self-views, social disengagement, and peer stress during early adolescence. *Child Development, 75*(4), 1140-1154.

Camus, A. (1961). *Resistance, rebellion, and death*. New York: Knopf.

Child Welfare League of America. (2006). Advocacy: Indiana's children 2006 fact sheet. Retrieved December 28, 2006 from http://www.cwla.org/advocacy/statefactsheets/2006/indiana.htm

Clawson, J. G. (2003). *Level three leadership: Getting below the surface.* Upper Saddle River, NJ: Pearson Education.

Collins, J. (2001a). *Good to great: Why some companies make the leap--and others don't.* New York: Harper Collins.

Collins, J. (2001b). Level 5 leadership: The triumph of humility and fierce resolve. *Harvard Business Review, 79*(1), 67-76.

Covey, S. R. (1989). *The seven habits of highly effective people.* New York: Simon & Schuster.

Covey, S. R. (1991). *Principle-centered leadership.* New York: Simon & Schuster.

Covey, S. R. (2004). *The 8th habit: From effectiveness to greatness.* New York: Dell.

Cox, K. F. (2006). Investigating the impact of strength-based assessment on youth with emotional or behavioral disorders. *Journal of Child and Family Studies, 15*(3), 278-292.

Curry, J. F. (1991). Outcome research on residential treatment: Implications and suggested directions. *American Journal of Orthopsychiatry, 61*, 348-357.

Curry, J. F. (1995). The current status of research in residential treatment. *Residential Treatment for Children and Youth, 12*, 1-17.

Darling, J. R., Keeffe, M. J., & Ross, J. K. (2007). Entrepreneurial leadership strategies and values: Keys to operational excellence. *Journal of Small Business & Entrepreneurship, 20*(1), 41-54.

Daft, R. L. (2005). *The leadership experience.* Mason, OH: South-Western.

Dawson, C. A. (2003). A study of the effectiveness of life space crisis intervention for students identified with emotional disturbance. *Reclaiming Children and Youth, 11*(4), 223-230.

Dennis, R. & Winston, B. E. (2003). A factor analysis of Page and Wong's

    servant leadership instrument. *Leadership & Organization Development*

    Journal, 24(8), 455-459.

Drury, S. (2004). Employee perceptions of servant leadership: Comparisons by

    level and with job satisfaction and organizational commitment [Electronic

    version]. *Dissertation Abstract International, 65,* 3457*.* (UMI No. AAT

    3146724).

Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.

Farling, M., Stone, A., & Winston, B. E. (1999). Servant leadership: Setting the

    stage for empirical research. *Journal of Leadership Studies, 6,* 49-72.

Fielder, F. (1967). *A theory of effectiveness.* New York, NY: McGraw-Hill.

Fredrickson, B. L. (2003). The value of positive emotions: The emerging science

    of positive psychology is coming to understand why it's good to feel good.

    American Scientist, 91(4), 330-335.

Freitas, W. M. (2003). Servant leadership characteristics in health care

    organization, and the relationship with Leader-Member Exchange.

    Unpublished master's thesis, University of Nebraska, Lincoln.

Frick, D. M. (2004). *Robert K. Greenleaf.* San Francisco: Berrett-Koehler.

Gilligan, C. (1982). New maps of development: New visions of maturity.

    American Journal of Orthopsychology. 52, 199-212.

Glasser, W. (2007).The William Glasser Institute. Chatsworth, CA. Retrieved

    April 4, 2007, from http://www.wglasser.com.

Glisson, C. (2002). The organizational context of children's mental health

    services. *Clinical Child and Family Psychology Review, 5,* 233-253.

Glisson, C., Dukes, D., & Green, P. S. (in press). The effects of the ARC

    organizational intervention on caseworker turnover, climate, and culture in

    children's service systems. *Child Abuse & Neglect.*

Glisson C. & Hemmelgarn, A. L. (1998). The effects of organizational climate and

    interorganizational coordination on the quality and outcomes of children's

    services systems. *Child Abuse and Neglect, 22,* 401-421.

Gold, M., & Osgood, D. W. (1992). *Personality and peer influence in juvenile*

    corrections. Westport, CT: Greenwood.

Goleman, D., Boyatzis, R. E., & McKee, A. (2002). *Primal leadership: Realizing*

    the power of emotional intelligence. Boston: Harvard Business School

    Press.

Greenleaf, R. K. (1970). *The servant as leader.* New York: Paulist Press.

Greenleaf, R. K. (1991). *The servant as leader.* Indianapolis: The Robert K.

    Greenleaf Center.

Greenleaf, R. K. (1998). *The power of servant leadership* (L. C. Spears, Ed.).,

    San Francisco, CA: Barrett-Koehler

Harrington, D. J. (2006). *The Word--images of servant leadership.*

    America, 195, 39..

Harris, P. R., Moran, R. T., & Moran, S. V. (2004). *Managing cultural differences*

    (6th ed.), Oxford, UK: Elsevier Butterworth Heinemann.

Hawkins, R., Almeida, M., Fabry, B., & Reits, A. (1992). A scale to measure restrictiveness of living environments for troubled children and youths. *Hospital and Community Psychiatry, 43,* 54-58.

Hazler, R. J., & Carney, J. V. (2002). Empowering peers to prevent youth violence. *Journal of Humanistic Counseling, Education and Development, 41* (2), 129-149.

Healthcare Registration. (2006). Creating a partnership culture. New York, NY: Aspen Publishers.

Hemmelgarn, A. L., Glisson, C., & Dukes, D. (2001). Emergency room culture and the emotional support component of family-centered care. *Children's Health Care,* 30, 90-110.

Hebert, S. C. (2004). The relationship of perceived servant leadership and job satisfaction from the follower's perspective. *Proceedings of the American Society of Business and Behavioral Sciences, 11*(1), 685-697.

Hertzberg, F. (1968). One more time: how do you motivate employees? *Harvard Business Review,46,* 53-62.

Hesse, H. (1956). *The journey to the East.* New York: Amereon House.

Horseman. J. H. (2001). *Perspectives of servant-leadership and spirit in organizations.* Unpublished doctoral dissertation, Gonzaga University, Spokane, WA.

House, R. J. (1996). Path-goal theory of leadership: Lessons, legacy, and a reformulated theory. The Wharton School of Management. University of Pennsylvania. *Leadership Quarterly, 7*(3), 323-351.

IARCCA. (2006). An association serving children and families. Indianapolis, IN. Retrieved October, 3, 2006, from http://www.iarcca.org/aboutus.html

IARCCA Outcomes project. (2006). Indianapolis, IN. Retrieved October 3, 2006, from http://www.iarcca.org/outcome_measures_project.html

IARCCA. (2007). An association serving children and families. Indianapolis, IN. Retrieved January 8, 2007, from http://www.iarcca.org/important _links_ and _numbers.html

Irving, J. A. (2005). Servant leadership and the effectiveness of teams [Electronic version]. *Dissertation Abstract International, 66,* 1421. (UMI No. AAT 3173207).

King, K. A., Vidourek, R. A., Davis, B., & McClellan, W. (2002). Increasing self-esteem and school connectedness through a multidimensional mentoring program. *Journal of School Health, 72*(7), 294 (296).

Kirkpatrick, S. A., & Locke, E. A. (1991). Leadership: Do traits matter? *The Executive, 5,* 48-60.

Koch, S., & Wall, J. R. (2006). *The IARCCA outcome measures project: Report for calendar year 2005. Indianapolis: IARCCA.*

Kohlberg, L. (1980). *The meaning and measurement of moral development.* Worcester, MA: Clark University Press.

Kouzes, J. M., & Posner, B. Z. (2003). *Credibility.* San Francisco: Jossey-Bass.

Larson, R. W. (2000). Toward a psychology of positive youth development. *American Psychologist. 55*, 150-183.

Laursen, E. (2003). Frontiers in strength-based treatment. *Reclaiming Children and Youth, 12*(1), 12-17.

Laub, J. A. (1999). Assessing the servant organization: Development of the servant organizational leadership (SOLA) instrument. *Dissertation Abstracts International, 60*(02), 308. (UMI No. 9921922).

Laub, J. A. (2000). *The development of the organizational leadership assessment (OLA) instrument* [Brochure]. Florida Atlantic University. Boca Raton, FL. Author.

Laub, J. A. (2007). *The OLA group website.* Retrieved March 31, 2007, from http://www.olagroup.com/display.asp?/home

Lord, R. G., DeVader, C. L., & Alliger, G. M. (1986). A meta-analysis of the relation between the personality traits and leadership perceptions: An application of validity generalization procedures. *Journal of Applied Psychology, 71,* 402-410.

Ledbetter D. S. (2003). Law enforcement leaders and servant leadership: A reliability study of organizational leadership assessment. *Dissertation Abstracts International, 64*(11), 4200. (UMI No. 3110778)

Leichtman, M., Leichtman, M. L., Barber, C. C., & Neese, D. T. (2001). Effectiveness of intensive short-term residential treatment with severely disturbed adolescents. *American Journal of Orthopsychiatry, 71*(2), 227-235.

Lyman R. D., & Campbell, N. R. (1996). *Treating children and adolescent in residential and inpatient settings.* Thousand Oaks, CA: Sage.

Maslow, A. H. (1954). *Motivation and personality*. New York: Harper & Row.

Miears, L. D. (2004). *Servant leadership and job satisfaction: A correlational study in Texas Education Agency region X Public Schools.* Unpublished doctoral dissertation, Texas A & M University, College Station, TX.

Moos, R. H. (1996). Community-oriented programs environment scale. (COPES). Redwood City, CA: Mind Garden.

Mullen, C. A. (2006). *A graduate student guide: Making the most of mentoring*. Lanham, MD: Rowman & Littlefield Education.

National Institute for Mental Health (NIMH). (2005) Improving the fit between evidence-based treatment and real world practice. Retrieved December 28, 2006 from

http://www.nimh.nih.gov/outreach/partners/chambers2005.cfm

National Violence Prevention Resource Center (NVPRC). (2007). Retrieved

March 10, 2007, from http://www.youthviolenceprevention.org

Northouse, P. G. (2004). *Leadership: theory and practice.* Thousand Oaks, CA: Sage.

NPR Research (2007). *Strength-based service delivery.* Portland, OR. Retrieved March 12, 2007, from http://www.nprresearch.com/expertise_ strength-based.php

Patterson, K. A. (2003a). *Servant leadership. A theoretical model.* Servant Leadership Research Roundtable, Regent University, Virginia Beach, VA. Retrieved March 12, 2007, from http://www.regent.edu/acad/global/publications/sl_proceedings/2003/ patterson_servant_leadership.pdf

Patterson, K. A. (2003b). Servant leadership: A theoretical model [Electronic version]. *Dissertation Abstract International, 64,* 570. (UMI No. AAT 3082719).

Perkins, D. A. (1998). A strategy manual for the development of an evangelical Christian organization to work with teens in Canada based on the leadership model of trust and service [Electronic version]. *Dissertation Abstract International, 49,* 1419. (UMI No. AAT 8809998).

Peterson, B. (2004). *Cultural intelligence.* Yarmouth, MA: Intercultural Press.

Pfeiffer, S. I. & Strzelecki, S. C. (1990). Inpatient psychiatric treatment of children and adolescents: A review of outcome studies. *Journal of the American Academy of Child and Adolescent Psychiatry, 29*, 847-853.

Public Sector Consultants, Inc. (2002). *Sponsored by the Michigan Nonprofit Association and Council of Michigan Foundations.* Retrieved March 12, 2007, from http://www.michiganinbrief.org

Quay, J. (1997). On becoming a servant leader. *Journal of Management Review, 9*(4), 83.

Rauch, K. E. (2007). Servant leadership and team effectiveness: A study of industrial manufacturing Correlation. Unpublished doctoral dissertation. Indiana Wesleyan University, Marion IN.

Ringel, J. S. & Sturm, R. (2001). National estimates of mental health utilization and expenditures for children in 1998. *Journal of Behavioral Health Services and Research, 28*(3), 319-333.

Rost, J. C., (1991). *Leadership for the 21st century.* New York: Praeger.

Russell, R. F. (2001). The role of values in servant leadership. *Leadership & Organization Development Journal, 22*(2), 76-83.

Saaleby, D. (1999). Culture, theory and narrative: Intersection of meanings in practice. social work. *39* (4), 352–359.

The Search Institute (1990). Minneapolis, MN. Retrieved March 15, 2007, http://www.search-institute.org/assets/

The Search Institute (2005). Minneapolis, MN. Retrieved March 15, 2007, http://www.search-institute.org/assets/40.html

Seita J., & Brendtro, L. (2002). *Kids who outwit adults.* Longmont, CO: Sopris West.

Seligman, M. E. P. (2000). The positive perspective. The Gallup Review, 3 (1), 2-7).

Seligman, M. E. P & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologist, 55*, (1), 5-14.

Selta, J. R. (2004). Strength-based approaches expand into leadership. *Reclaiming Children and Youth, 13*(1), 22-25.

Senge, P. (1990). *The fifth discipline. The art and practice of learning organization.* New York, NY: Doubleday.

Spears, L. C. (1998). *Insights on leadership: Service, stewardship, spirit, and servant-leadership.* New York: John Wiley & Sons.

Spears, L. C. (2002). Focus on leadership: Servant-leadership for the 21st century. New York: John Wiley & Sons.

Spears, L.C. & Lawrence, M. (2004). *Practicing servant-leadership: Succeeding through trust, bravery and forgiveness.* San Francisco: Jossey-Bass.

Sternberg, R. J. (2003). The other three R's. Part three, resilience. *Monitor on Psychology, 34*(5), 5.

Stogdill, R. M., & Coons, A. E. (1948). *Leader behavior: Its description and measurement.* Columbus, OH: Bureau of Business Research, Ohio State University.

Stramba. L. M. (2002). *Servant leadership practices and beliefs, job satisfaction, and the Organizational Leadership Assessment.* Unpublished doctoral dissertation. Central Michigan University.

Subcommittee on Criminal Justice, Drug Policy and Human Resources. (2004). *Faith-based perspectives on the provision of community services* [Electronic version]. (Serial No. 108-152). Washington, D. C.: U. S. Government Printing Office.

Sunseri, P. A. (2003). Predicting treatment termination due to running away among adolescents in residential care. *Residential Treatment for Children & Youth, 21*(2), 43-60.

Thompson, R. S. (2002). The perception of servant leadership characteristics

and job satisfaction in church-related college [Electronic version].

Dissertations Abstract International, 64, 2738. (UMI No. AAT 3103013).

Wells, M. A. (2004). Servant leadership: A theological analysis of Robert K.

Greenleaf's concept of human transformation [Electronic version].

Dissertations Abstract. International (UMI No. ATT 3124330).

Wheatley, M. J. (1999). *Leadership and the new science: Discovering order in a*

chaotic world. San Francisco: Berrett-Koehler.

Wheatley, M. J. (2004). Servant leaders. *Executive Excellence, 21*(7), 15-16.

Whetstone J. (2002). Personalism and moral leadership: the servant leader with

a transforming vision. *Business Ethics, 11*, (4), 385-392.

White, S. J. (2003). *Power for public service: Servant leadership and the Virginia*

Beach Quality Service. Unpublished doctoral dissertation, Regent

University.

Wilderom, C. P. M., Peterson, M. F., & Ashkanasy, N. M. (2000). *Handbook of*

organizational culture and climate. Thousand Oaks, CA: Sage.

Winston, B. E. (2002). *Be a leader for God's sake.* Regent University. Virginia

Beach, VA: School of Global Leadership.

Yukl, G. (2002). *Leadership in organizations* (5th ed). Upper Saddle River, NJ:

Prentice Hall.

APPENDIX A

Letter of Permission from Research Subject Organization

Date

Dear Name:

My name is Mary Anna Bradshaw and I am a doctoral candidate at Indiana Wesleyan University majoring in Organizational Leadership studies. I am conducting a research study for my dissertation examining organizational leadership in residential treatment organizations and the outcome measures of emotionally troubled young people. Professionally I am an Assistant Professor at Ivy Tech Community College of Indiana NE.

The title of my dissertation study is, **"Organizational leadership and its relationship to outcomes in residential treatment."** The intent of this study is to identify organizational servant leadership and its relationship to the outcome measures of emotionally troubled young people that have resided in residential treatment organizations.

Your organization was selected to participate in this study because of your client population and affiliation with the IARCCA outcome measures project within Indiana. Completion of the Organizational Leadership Assessment (OLA)

instrument may require about 10-20 minutes of your time. If you are a direct care employee you are asked to rate questions related to your supervisor. Your company has been assigned an alphabetical letter to ensure confidentiality. Your

responses will not be identifiable and individual results will not be shared with anyone. Individual scores will result in an aggregate value.

The CEO must approve this research project prior to data collection. You and members of your workgroup are being asked to participate based on specific criteria for this research study. There is minimal risk and you may withdraw without penalty at any time. Your participation is encouraged, and is voluntary.

Please contact me if you have any questions or concerns about this study. My contact information is listed below. Please sign, date and return the informed consent form enclosed in the stamped, self-addressed envelope. Thank you so much for your time and consideration to participate in this study.

Respectfully,

Mary Anna Bradshaw, MS, LMFT

Doctoral Candidate – Indiana Wesleyan University

E-Mail: mbradsha@ivytech.edu

Work Phone: 260.480.4290

APPENDIX B

Informed Consent Form

I authorize Mary Anna Bradshaw MS, LMFT, a doctoral candidate in Organizational Leadership at Indiana Wesleyan University, Marion, Indiana, to include our organization in the research project titled: *"Organizational leadership and its relationship to outcomes in residential treatment."* I understand that my participation in this study has minimal risk, is strictly voluntary, and you may withdraw at any time.

I further understand that the study will include data collection involving the completion of a 66 question survey and that the results are confidential and the collection method of these results insures participant confidentiality. I further understand that each individual response will be tabulated in a collective sense and results and conclusions will be shared on an organization basis. **Individual responses will not be presented in any form.** Names will remain confidential and only general descriptions and common themes will be revealed. This consent form will not be attached to the interviewee's survey.

I understand that if I have any questions or concerns regarding the study procedure I can contact the researcher, Mary Anna Bradshaw at mbradsha@ivytech.edu or 260.480.4290. Or you may contact her chairperson, Dr. Boyd Johnson at Indiana Wesleyan University, 1900 West 50th Street, Marion, IN 46951-5279, e-mail: boyd.johnson@indwes.edu.

In signing this form, I acknowledge that I understand what my participation in this study involves and I have received a copy of this form. I hereby agree to participate, as described above, freely and voluntarily.

_____

Participants Signature

_____

Participants Name Printed

_____

Date

APPENDIX C

IARCCA Informed Consent Form

I authorize Mary Anna Bradshaw, MS, LMFT, a doctoral candidate in Organizational Leadership at Indiana Wesleyan University, Marion, Indiana to receive the 2006 IARCCA outcome measures for <u>ONLY</u> two outcome measures. These two outcomes measures are: 1) Movement to less restrictive environment and 2) Planned discharge.

If you have any questions or concerns please contact the researcher at mbradsha@ivytech.edu or 260.493.6008.

Please <u>fax</u> this signed and dated informed consent form to Mary Anna Bradshaw at <u>260.480.4149</u> at your earliest convenience please. In voluntarily signing this form IARCCA outcome measures staff may directly send me <u>ONLY</u> the two above-mentioned outcomes to complete my research project and dissertation. This direct receipt of these outcome measures will quickly expedite my research project completion. Thank you so much.

_____
Participants Signature

_____
Participants Name Printed

_____
Organization Name

_____
Date

APPENDIX D

STUDY INSTRUMENT: ORGANIZATIONAL LEADERSHIP ASSESSMENT

(OLA)

Organizational Leadership Assessment

The purpose of this instrument is to allow organizations to discover how their leadership practices and beliefs impact the different ways people function within the organization. This instrument is designed to be taken by people at all levels of the organization including workers, managers and top leadership. As you respond to the different statements, please answer as to what you believe is generally true about your organization or work unit. Please respond with your own personal feelings and beliefs and not those of others, or those that others would want you to have. Respond as to how things are … not as they could be, or should be. Feel free to use the full spectrum of answers (from Strongly Disagree to Strongly Agree). You will find that some of the statements will be easy to respond to while others may require more thought. If you are uncertain, you may want to answer with your first, intuitive response. Please be honest and candid. The response we seek is the one that most closely represents your feelings or beliefs about the statement that is being considered. There are three different sections to this instrument. Carefully read the brief instructions that are given prior to each section. Your involvement in this assessment is anonymous and confidential.

Before completing the assessment it is important to fill in the name of the organization or organizational unit being assessed. If you are assessing an organizational unit (department, team or work unit) rather than the entire organization you will respond to all of the statements in light of that work unit.

1.   Strongly Disagree
2.   Disagree
3.   Undecided
4.   Agree
5.   Strongly Agree

Section 1
In this section, please respond to each statement as you believe it applies to the entire organization (or organizational unit) including workers, managers/supervisors and top leadership.

Please provide your response to each statement

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

In general, people within this organization ....

1. Trust each other
2. Are clear on the key goals of the organization
3. Are non-judgmental – they keep an open mind
4. Respect each other
5. Know where this organization is headed in the future
6. Maintain high ethical standards
7. Work well together in teams
8. Value differences in culture, race & ethnicity
9. Are caring & compassionate towards each other
10. Demonstrate high integrity & honesty
11. Are trustworthy
12. Relate well to each other
13. Attempt to work with others more than working on their own
14. Are held accountable for reaching work goals
15. Are aware of the needs of others
16. Allow for individuality of style and expression
17. Are encouraged by supervisors to share in making important decisions
18. Work to maintain positive working relationships
19. Accept people as they are
20. View conflict as an opportunity to learn & grow
21. Know how to get along with people

Section 2
In this next section, please respond to each statement as you believe it applies to the leadership of the organization (or organizational unit) including managers/supervisors and top leadership

Please provide your response to each statement
1. Strongly Disagree
2. Disagree

3. Undecided
4. Agree
5. Strongly Agree

Managers/Supervisors and Top Leadership in this Organization…

22. Communicate a clear vision of the future of the organization
23. Are open to learning from those who are below them in the organization
24. Allow workers to help determine where this organization is headed
25. Work alongside the workers instead of separate from them
26. Use persuasion to influence others instead of coercion or force
27. Don't hesitate to provide the leadership that is needed
28. Promote open communication and sharing of information
29. Give workers the power to make important decisions
30. Provide the support and resources needed to help workers meet their goals
31. Create an environment that encourages learning
32. Are open to receiving criticism & challenge from others
33. Say what they mean, and mean what they say
34. Encourage each person to exercise leadership
35. Admit personal limitations & mistakes
36. Encourage people to take risks even if they may fail
37. Practice the same behavior they expect from others
38. Facilitate the building of community & team
39. Do not demand special recognition for being leaders
40. Lead by example by modeling appropriate behavior
41. Seek to influence others from a positive relationship rather than from the authority of their position
42. Provide opportunities for all workers to develop to their full potential
43. Honestly evaluate themselves before seeking to evaluate others
44. Use their power and authority to benefit the workers
45. Take appropriate action when it is needed
46. Build people up through encouragement and affirmation
47. Encourage workers to work together rather than competing against each other
48. Are humble – they do not promote themselves
49. Communicate clear plans & goals for the organization
50. Provide mentor relationships in order to help people grow professionally
51. Are accountable & responsible to others
52. Are receptive listeners
53. Do not seek after special status or the "perks" of leadership
54. Put the needs of the workers ahead of their own

Section 3

In this next section, please respond to each statement as you believe it is true about you personally and your role in the organization (or organizational unit).

Please provide your response to each statement
1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

In viewing my own role …

55. I feel appreciated by my supervisor for what I contribute
56. I am working at a high level of productivity
57. I am listened to by those above me in the organization
58. I feel good about my contribution to the organization
59. I receive encouragement and affirmation from those above me in the organization
60. My job is important to the success of this organization
61. I trust the leadership of this organization
62. I enjoy working in this organization
63. I am respected by those above me in the organization
64. I am able to be creative in my job
65. In this organization, a person's work is valued more than their title
66. I am able to use my best gifts and abilities in my job

APPENDIX E

Organization Demographics Information

Questions	**Totals**	**%**
1. Years		
a. 6 months or less	124	11.62%
b. 6 months to 12 months	110	10.31%
c. 1-2 years	236	22.12%
d. 3-5 years	239	22.40%
e. 5-10 years	181	16.96%
f. 10-15 years	95	8.90%
g. over 15 years	82	7.69%
Total	1067	100.00%
2. Gender		
a. female	644	60.36%
b. male	423	39.64%
Total	1067	100.00%
3. Position		
a. hourly	718	67.29%
b. supervisor	170	15.93%
c. manager	91	8.53%
d. sr. leader	88	8.25%
Total	1067	100.00%
4. Education		
a. high school	130	12.18%
b. some college	279	26.15%
c. cert or spec	27	2.53%
d. tech. degree	11	1.03%
e. associates	114	10.68%
f. bachelors	344	32.24%
g. masters	158	14.81%
h. doctorate	4	0.37%
Total	1067	100.00%

APPENDIX F

OLA Data from each Organization

ORG	OLA
A	3.79
B	3.55
C	3.12
D	3.63
E	3.09
F	3.32
G	3.39
H	3.39
I	2.80
J	3.23
K	3.95
L	4.18
M	3.69
N	4.01
O	2.54
P	3.77