

Validation of Pass 3: A First Step in Service Evaluation Through Environmental Assessment

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Abstract: This study is part of an environmental study series conducted by the UCLA-NPI Lanterman State Hospital Research Group, aimed to investigate many possible influences on the developmentally disabled client. Specifically detailed here is recent work with PASS 3; including a factor analysis of the instrument. Results yielded six factors which were identified as: Application of Normalization Principles, Administrative Policies, Environmental Blending of Service with Neighborhood, Ideology-Related Administration, Location and Proximity of Service, and Comfort and Appearance of Service Setting. Included also is a discussion of recommendations regarding use and revision of PASS 3.

For several years, the UCLA-NPI Lanterman State Hospital (formerly Pacific State Hospital) Research Group has been studying many possible influences upon the progress of developmentally disabled clients. In addition to assessing the efficacy of specific programs, these influences include such elements as physical characteristics of facilities, location of service site, and characteristics and attitudes of caretakers. With service settings ranging from large public institutions to small community care facilities and workshops, questions concerning which environmental variables promote positive developmental changes in client behavior are both appropriate and important. While the problem is clearly large in scope, it has been further complicated by the limited number of validated instruments available to measure aspects of the environment. As one product of the Research Group's efforts, an annotated directory of available instruments (Johnson, Note 1) has been developed. Another project has sought to provide detailed comparison of several of these scales at the item level (Demaine, Note 2).

One instrument in current use which purports to assess environments is the Program Analysis of Service Systems (PASS 3) developed by Wolfensberger & Glenn (1975), now in its third edition. Their effort represents an attempt to quantify compliance with the principles of normalization. Although the construct of "normalization" has been popularized through PASS, it did not originate with Wolfensberger. The term was used earlier by Nirje (1969) and the idea is evident in the work of others, such as Caldwell (1970). The Research Group staff has been concerned that over the past several years, the notion of normalization has grown into a national trend, accepted and implemented uncritically (Butterfield, 1977).

Despite the fact that PASS has attracted national attention, thus far little work has been reported which validates current or earlier versions of the scale (Flynn, 1974; Macy, 1971). Further, there has

been no reported structural attempt to tie in client behavioral outcomes (Mesibov, 1976), which is clearly of greatest concern. Validation is a crucial first step in determining the utility of the scale. Hence, the Research Group has undertaken work with PASS 3 as part of its Environment Study Series.

The Instrument

PASS 3 is an instrument designed for use in the evaluation of any type of service system (Wolfensberger & Glenn, 1975). The authors have articulated two major purposes and several subpurposes for developing the scale. One of the major purposes is to serve as "a means of quantitatively evaluating the quality and adequacy of human service programs" (Wolfensberger & Glenn, 1975, p. 6). The concern of the present investigation was to determine whether fulfillment of this purpose is possible with this instrument. Although the first published edition appeared in 1973, earlier versions were used to evaluate community services for the mentally retarded in Nebraska (Macy, 1971). The immediately preceding version of the scale is highly similar to the current edition, which is somewhat expanded and contains slight scoring changes.

The scale consists of 50 items. Each of these items is rated on a scale from three to six levels and a weighted scoring system of positive and negative values is employed. For example, on the item "Internal design & appointments" three possible scoring options are offered (-15, -7, 0), while on "Deinstitutionalization" there are six levels from which to choose (0, 4, 8, 11, 15, 19). The total score may range from a low of -947 to a high of +1000 points. However, the total score is not arrived at directly by summing the item ratings. Rather, the ratings are pooled with others for items which are presumably similar in content. These sums are in turn added together, and so on, until two major area scores, Ideology and Administration, are summed to arrive at a total PASS score. Given the informa-

tion on scale construction provided in the manual, it is apparent that this hierarchical arrangement was developed on the basis of experience and judgment rather than statistical analysis.

The Data

The data utilized by this project were made available through the cooperative efforts of Inland Counties Regional Center, San Bernardino, California. The sample consisted of 98 residential facilities serving developmentally disabled clients. The majority of the facilities (83%) were licensed as community care homes serving six or fewer clients, where care was provided by an owner/operator and perhaps one other person. The remaining facilities were generally somewhat larger, with 8% serving up to 50 clients and the remaining 8% serving more than 50 clients. All 98 facilities were located in either San Bernardino or Riverside County in Southern California. More than half (53%) were located in suburban neighborhoods, while most of the remaining facilities (40%) were situated in rural areas.

In addressing the appropriate conduct of PASS 3 evaluations, the *Manual* states that while “... it is usually desirable and advantageous to utilize several raters ... It is our belief that a single rater can perform an adequate task if he is properly trained, experienced, and competent in PASS assessments (p. 38).” While this study was in the planning stages, it was determined that collection of sufficient PASS 3 data by the most desirable means would be so time-consuming and expensive as to be entirely unfeasible, not only for this research group but probably for any others who might consider investigations with this instrument. Hence, rather than abandoning working with PASS 3 because the conditions were less than perfect, the decision was made to collect the data by as close to the ideal method as could be afforded.

Wolfensberger & Glenn (1975) recommend that evaluations of services using PASS 3 be conducted by teams of several specially trained raters under the direction of a certified team leader. Each rater first rates the service independently with respect to each of the 50 items based primarily upon, but not limited to, a review of records and a site visit. Final scores are arrived at through a process of reconciliation and must represent a consensus on each item. Hence, PASS 3 evaluations are elaborate, time-consuming, and very costly to conduct. Possibly these factors can account for the dearth of research with this instrument.

All facilities in the present sample were eval-

uated by PASS-trained raters from the regional center staff. The facility evaluation format used by this regional center is very closely patterned after PASS 3. The regional center procedure is considerably shorter in that one rater familiar with the facility rates it from a series of PASS-structured written reports. No extensive reconciliation is required. The raters believed that these scores could be used without significant bias or loss of information. To be certain that valid PASS data could be collected in this fashion, a small pilot study was conducted. An independent PASS consultant from Human Service Specialists was engaged to complete conventional PASS evaluations on five of the 98 facilities. A comparison of scores from the two types of evaluations for these five facilities yielded highly similar results. Conventional PASS 3 and the shortened version differed by an average of only 40 points, out of a range from -947 to +1000. This difference was determined not to be statistically significant. Therefore, the ratings used in this investigation were gathered by converting narrative evaluations into PASS 3 scores.

The impact of this finding, if replicated on a larger scale, could be quite important. The possibility of conducting PASS evaluations so much more efficiently and cheaply would not only open the way for wider use of the instrument, but also for thorough validation and research with PASS 3.

The Factor Analysis

The ratings on the 50 items of PASS 3 were factor analyzed by the principal-factor method with squared multiple correlations in the diagonal, and by the parallel analysis criterion (Montanelli & Humphreys, 1976) seven factors were retained for rotation by the varimax method (Kaiser, 1958). The six factors that proved interpretable are described in Table 1.

By far the most potent factor is the first one, with 17 salient loadings. This factor assesses compliance with normalization principles. In view of the fact that this comprises the major purpose of the instrument as stated by the constructors, the appearance of this factor is not surprising.

The second factor emphasizes administrative policies, especially as they pertain to normalization principles. For example, a service system which subscribes to a policy of early deinstitutionalization for clients receives a higher score than one which does not specifically advocate such a policy.

Factor III addresses issues of normalization with regard to programming and physical setting. For instance, positive credit is given for a facility whose

TABLE 1
ITEMS IN SIX PASS 3 FACTORS

FACTOR I	
19	Autonomy & Rights (.76; .64)
30	Intensity of Relevant Programming (.73; .62)
18	Labels and Forms of Address (.71; .56)
29	Social Overprotection (.71; .58)
17	Activities, Routines & Rhythms (.70; .61)
20	Possessions (.67; .63)
26	Rights (.66; .57)
21	Sex Behavior (.66; .55)
15	Facilities, Environmental Design and Appointments (.61; .39)
34	Interactions (.59; .56)
14	Socially Integrative Social Activities (.57; .60)
16	Personal Appearance (.54; .42)
33	Individualization (.53; .50)
23	Personal Appearance (.45; .42)
28	Physical Overprotection (.43; .34)
25	Labels & Forms of Address (.43; .41)
44	Staff Development (.40; .44)
FACTOR II	
40	Ties to Academia (-.74; .77)
43	Age Group Priorities (-.70; .71)
42	Deinstitutionalization (-.68; .62)
41	Research Climate (-.59; .38)
47	Planning Process (.56; .66)
24	Activities, Routines & Rhythms (-.46; .63)
36	Utilization of Generic Resources (.45; .44)
50	Budget Economy (-.33; .24)
FACTOR III	
27	Model Coherency (.66; .61)
5	Program-Neighborhood Harmony (.65; .62)
8	Function Congruity Image (.63; .49)
13	Deviant Client & Other Juxtaposition (.62; .56)
9	Building-Neighborhood Harmony (.56; .60)
11	Deviancy Program Juxtaposition (.55; .58)
6	Congregation & Assimilation Potential (.50; .49)
7	Program, Facility and Location Names (.30; .20)
FACTOR IV	
38	Education of the Public (.73; .62)
48	Program Planning & Renewal Mechanisms (.63; .66)
46	Administrative Control & Structures (.60; .51)
37	Consumer & Public Participation (.53; .52)
45	Manpower Development (.50; .53)
35	Comprehensiveness (.45; .56)
39	Innovativeness (.36; .23)
FACTOR V	
3	Access (.80; .78)
1	Local Proximity (.74; .60)
4	Physical Resources (.72; .75)
2	Regional Proximity (.50; .42)
FACTOR VI	
32	Environmental Beauty (.83; .79)
31	Physical Comfort (.73; .67)
22	Internal Design & Appointments (.52; .61)
12	Deviant Staff Juxtaposition (.51; .36)

Note. Values in parentheses are factor loadings and communalities.

program or physical structure does not stand out or call undue attention to itself within the context of the neighborhood.

In the fourth factor, emphasis is primarily upon issues related to the administration of services. Such issues as the administrative structure and program evaluation mechanisms are dealt with here.

The fifth factor gives an indication of physical location and availability of service. For example, facilities which are conveniently located with regard to population centers receive higher scores.

Finally, the sixth factor deals primarily with the comfort and functional nature of the physical setting in which service is provided.

Conclusions and Recommendations

Based on the foregoing work with PASS 3, several observations are in order. First, the factor analysis yielded six rather than two factors, which clearly suggests that the scale taps more than the two major areas which Wolfensberger and Glenn (1975) theorized. It is interesting to observe the dominant influence of the construct of normalization on this factor structure. As the factors are considered from strongest to weakest, its impact is most pervasive in the first factors and seems to diminish in the later ones. This emphasis seems to be in keeping with the intent of the original scale.

On the whole, this factor structure would appear to provide an adequate condensed description of PASS 3. Research is needed to assess the validity of scores on the six factors for predicting behavioral outcomes of developmentally disabled clients. The one study (Eyman, Demaine, & Lei, 1979) that has dealt with this issue thus far has shown the factors as reported here to be fruitful for such efforts. This study, a path analysis, indicated that some of these six factors may be linked to client behavior change. However, the normalization factor was not one of these. In fact, the normalization factor correlated negatively with client development! This suggests that while normalization may be a predictor of some important client outcome, this outcome is not yet identified.

It is of interest that 17 of the items in this factor analysis had their highest loadings on the "normalization" factor. Although this was by far the strongest factor, it should be noted that this left 33 items which loaded on a variety of other factors. Also of interest is the fact that some of the items which Wolfensberger & Glenn listed in their Ideology factor scattered into other factors in this analysis.

Major concern must be expressed over the PASS 3 scoring system. This weighted scoring system, which requires summing of positive and negative numbers yields potentially misleading information as the impact of some items may be clouded by this procedure. Also, accurate data is most difficult to obtain, as the human error factor in adding positive and negative ratings is great.

Finally, when PASS is modified, it is recommended that this be based on solid research efforts. This would aid in developing a cleaner, more efficient, and more useful tool. This, along with other validated instruments which measure aspects of the environment, will hopefully insure that evaluation of services provided to developmentally disabled clients is more comprehensive.

Reference Notes

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