

Bay Area Community Resources Mental Health Services Evaluation 2008

Volume I: Evaluation Report

*** * * 3 VOLUMES * * ***

I: Evaluation Report	II: Program Reports	III: School Reports
Executive Summary	1 New Perspectives Marin	BACR East Bay Schools
Introduction	2 BACR East Bay	New Perspectives Marin
Results	3 Gateway Project	Schools
Conclusions and Recommendations	4 Gateway Medi-Cal	
Appendix: Evaluation Instruments	5 School Results	

Bay Area Community Resources
Marty Weinstein, Executive Director
171 Carlos Drive
San Rafael, CA 94903-2005

(415) 755-2300
www.bacr.org

Prepared by John Haller, Ph.D.

Table of Contents

EXECUTIVE SUMMARY	1
Purpose of the Study	1
Outcome Results	1
Descriptive Results	2
Conclusions and Recommendations	3
INTRODUCTION	5
Purpose of the Study.....	5
Methodology	5
Treatment Plan Scales Used to Measure Change	6
Survey of Referral Sources	7
Client Survey	8
Acknowledgements	8
RESULTS	9
Client Outcomes for All Clients	9
Children’s Global Assessment Scale (CGAS)	9
Stage of Change Scale.....	10
Goal Attainment Rating Scale.....	11
Survey of Referral Sources	13
Client Survey	13
Outcome Comparisons between Programs.....	15
Children’s Global Assessment Scale (CGAS)	15
Stage of Change Scale.....	16
Goal Attainment Rating Scale.....	16
Survey of Referral Sources	17
Client Survey	18
Treatment Plan Reporting Problems.....	19
Descriptive Data for All Clients	19
Grade of Clients.....	19
Modality	20

Referral Sources	20
Reasons for Referral	21
Treatment Goals	25
Referral Reasons Versus Treatment Goals.....	33
Descriptive Data by Program.....	38
Grade of Clients.....	38
Modality	38
Referral Sources	39
Reasons for Referral	39
Treatment Goals	40
CONCLUSIONS AND RECOMMENDATIONS	42
Conclusions	42
Recommendations.....	43
APPENDIX: EVALUATION INSTRUMENTS	45
BACR Treatment Plan form	45
Survey of Referral Sources.....	52
Client Survey	53

Mental Health Services Evaluation 2008

Executive Summary

Purpose of the Study

This study evaluates the effectiveness of Bay Area Community Resources (BACR) school-based counseling services— New Perspectives Marin and the East Bay program, which includes the Gateway Project and Gateway Medi-Cal counseling services.

Outcome Results

We obtained counselor data on 852 clients, data from referral sources on 277 clients, and 309 client surveys. This included 502 treatment plans for New Perspectives Marin and 350 treatment plans for the East Bay program.

Children's Global Assessment Scale

- ◆ The Children's Global Assessment Scale, completed pre and post by counselors, is a widely used standardized scale that measures overall functioning in a emotions and behavior.
- ◆ The scale ranges from 0 to 100, with 100 a positive score.
- ◆ The average score increased from 56.9 at pre to 63.5 at post, with the difference being statistically significant ($p < .001$).
- ◆ 88% of clients had positive change in global functioning, 9% no change, 3% negative change.
- ◆ 40% of clients increased from 7 to 50 points on the scale, while 44% increased 2 to 6 points.

Stage of Change Scale

- ◆ The Stage of Change Scale, completed pre and post by counselors, is a 5-point scale that measures where the client is in making changes: pre-contemplation, contemplation, preparation, action, and maintenance.
- ◆ The average score increased from 1.9 at pre (contemplation) to 3.1 at post (preparation), with the increase being statistically significant ($p < .001$).
- ◆ 80% of clients showed improvement in their stage of change, 19% no movement, and 1% negative movement or negative change.
- ◆ 47% of clients moving up one point on the scale, and 24% moved up two points.

Goal Attainment Rating Scale

- ◆ The Goal Attainment Scale, completed by counselors at the end of counseling, measures how much the client achieved each treatment goal.
- ◆ 61% of all clients approached or reached at least one of their counseling goals.

- ◆ The average rating was 3.5— halfway between “interest in goal” (score of 3) and “takes some action toward the goal” (score of 4).
- ◆ For 48% of the counseling goals, clients approached or reached their goals.
- ◆ For 26% of the goals, clients were contemplating change.
- ◆ For 26% of the goals, clients showed little or no movement toward the goal.

Survey of School Staff Who Referred Students to Counseling

- ◆ We collected surveys concerning 277 students.
- ◆ The average rating was 4.0, indicating that school staff who referred students to counseling saw small positive change in the student.
- ◆ School staff saw positive change in 77% of the behaviors they were concerned about— 30% “large positive change” and 47% “small positive change.”
- ◆ School staff saw no change in 18% of the behaviors, and negative change in 5% of the behaviors.

Client Survey

- ◆ We surveyed 309 students in counseling.
- ◆ Students rated counseling benefits on average as 4.2 on a 5-point scale, indicating that counseling helped them “a lot.”
- ◆ 82% of clients said counseling helped them, with 50% saying “a whole lot” and 32% saying “a lot.”
- ◆ 18% of clients said that counseling helped them “sort of” or “a little,” and 1% said it did not help at all.

Descriptive Results

Demographics

- ◆ Overall, 55% of clients were in elementary school, 26% in high school, and 19% in middle school, but the age distribution varies by program.
- ◆ New Perspectives Marin population was 38% high school, 13% middle school, and 49% elementary school.
- ◆ East Bay was younger: 9% high school, 27% middle school, and 64% elementary school.
- ◆ 86% of students were in individual counseling, and 14% were in a group. No student was listed in both modalities.

Reasons for Referral

- ◆ 39% of referrals to counseling came from teachers, 24% from counselors, 22% from administrators, 11% from, 6% self-referrals, and 3% from a school “assessment team.”
- ◆ The average number of referral reasons per student was 1.9.
- ◆ The most common reasons for referral were: 31% behavior at school, 20% affect, 19% family, and 18% academic.

- ◆ The most common reasons for referral varied by grade level: high school— affect and family; middle school— behavior and affect; elementary school— behavior.

Treatment Goals

- ◆ 60% of clients had 3 treatment goals, 23% had 2, 10% had one. The remaining 7% had more than 3 goals.
- ◆ Most of the time the treatment goals, established after an assessment, were the same as the reasons for referral. About one-quarter of the time, the counselor added another treatment goal. About 15% of the time the counselor substituted treatment goals, because the underlying issues were different than the referral reason.

Conclusions and Recommendations

Most students showed positive change on multiple measures and using two methodologies for analyzing change.

- ◆ On all five measures used in the evaluation, the large majority of BACR counseling clients showed positive change.
- ◆ A similar pattern of effectiveness was indicated by the average ratings for the five measures.

Change was statistically significant for the two measures that utilized pre and post scores.

- ◆ On both the Children’s Global Assessment Scale and the Stage of Change Scale, the average increase was statistically significant ($p < .001$).

The convergence of data from multiple sources lends credence to the findings.

- ◆ Counselors reported positive change for 88% of clients on the Children’s Global Assessment Scale and 80% on the Stage of Change Scale.
- ◆ School reported positive change for 77% of the behaviors that caused them to refer a student to counseling.
- ◆ 82% of clients said counseling helped them.

There were some important differences and similarities between the New Perspectives program and the East Bay program.

- ◆ The key differences were that New Perspectives had noticeably higher ratings and greater change than the East Bay program. The fact that both counselors and school staff reported these differences lends strength to the interpretation that there are significant differences between the counseling outcomes. The differences may be due to the fact that New Perspectives population is older than the East Bay population and that the East Bay program serves a much higher proportion of economically disadvantaged students.
- ◆ The key similarities were that pre-post gains for both programs were statistically significant and both programs had similar ratings on the client survey.

Recommendations

- ◆ It is recommended that New Perspectives improve its system of quality control for treatment plans, since New Perspectives counselors reported matching pre and post data for only 45% of clients.
- ◆ It is recommended that BACR create a system for supervisors to know when a treatment plan is supposed to be created, since it is not known whether the 852 treatment plans represented all of the cases in which a treatment plan was supposed to be written— i.e., the client was seen four or more times.

Introduction

Purpose of the Study

The purpose of the study is to provide a rigorous evaluation of the effectiveness of BACR school-based counseling services. All BACR programs conduct internal evaluations, but program directors selected school-based counseling for more intensive study in the period from 2006 to 2009. Each BACR industry will have a more intensive external evaluation conducted in this time period.

This study is intended for multiple audiences.

1. ***Volume I: Evaluation Report*** is designed for BACR management staff, the Board of Directors, and funders, who will find the data on all BACR services useful to learn about the effectiveness of school-based counseling services.
2. ***Volume II: Program Reports*** is designed for Program Directors and their counseling staff, who will use their data to understand and improve their own programs.
3. ***Volume III: School Reports*** is designed for school staff and individual counselors, who will find the data on individual schools useful.

Methodology

The study used five measures of counseling outcomes. Counselors completed three scales in the BACR treatment plan form, and the external evaluator conducted two surveys— a survey of people who referred students to counseling and a survey of counseling clients.

We obtained treatment plan data for 852 clients, including 502 clients at New Perspectives Marin and 350 clients in the East Bay program. The survey of referral sources included data on 277 clients, and the client survey included data from 309 clients.

The BACR Treatment Plan form (see Appendix) is to be completed by all counselors for every case in which the client is seen four or more times. So this study is restricted to clients seen numerous times, and excludes clients seen only one to three times. The study focused on the longer-term clients, because they would be expected to show the most change, rather than the quick intervention occurring in one to three sessions.

It was not logistically or financially possible to have an external evaluator make independent observations of students in schools to assess outcomes. Having counselors assess outcomes using

the Treatment Plan does, of course, introduce the possibility of bias into the data, but we attempted to offset this by using highly structured instruments and providing consistent training about how to assess client change. In addition, we collected data from school staff and clients in order use multiple viewpoints for convergent evidence about findings.

An evaluator planning group consisting of the evaluator, program directors and counselors substantially revised the treatment plan form in order to provide a more comprehensive and exact list of reasons for referrals and treatment plan goals. This more systematic and rigorous list could help lend objectivity and inter-rater reliability to counselors' assessments of outcomes. In addition, sharpening the treatment goal process would benefit the programs by improving the BACR system itself, and that improvement would carry over past the study period.

Treatment Plan Scales Used to Measure Change

The BACR Treatment Plan form includes three measures for change: (1) Children's Global Assessment Scale, (2) Stage of Change Scale, and (3) Goal Attainment Rating Scale. These instruments were already part of the treatment plan prior to this study, but this study provides a more in-depth analysis of results.

1. **The Children's Global Assessment Scale (CGAS)** is a standardized scale that measures overall functioning in a variety of areas— e.g., emotions, behavior, or peer relationships at home or school. The CGAS is a widely used standardized scale. The score goes from 0 to 100, with 100 a positive score. A detailed protocol describes how to assign a score (see Appendix). The brief snapshot of scoring is:
 - 90s Superior functioning in all area
 - 80s Good functioning in all areas
 - 70s No more than slight impairment In some functioning
 - 60s Some difficulty in a single area, but generally functioning pretty well
 - 50s Difficulties in several but not all social areas
 - 40s Moderate impairment in most social areas or severe impairment in one area
 - 30s Major impairment in several areas and unable to function in one area
 - 20s Unable to function in almost all areas
 - 10s Needs considerable supervision to prevent hurting others or self
 - 0s Needs constant supervision due to behavior or gross impairment

2. **The Stage of Change Scale** measures client engagement in personal change, based on the change concepts that originated in the addiction field. The scale measures where clients are on a continuum of change. Although it was designed for alcohol/drug issues, it is applicable to a wide array of behaviors. The 6 points on the scale are:

1 Pre-contemplation	not currently considering change; ignorance is bliss; “Not a problem”
2 Contemplation	ambivalent about change; sitting on the fence; not considering change within the next month; “Yes, but...”
3 Preparation	some experience with change and are trying to change; testing the waters; planning to act within 1 month; “What do I do?”
4 Action	practicing new behavior for 1-6 months; “I quit...”
5 Maintenance	continued commitment to sustaining new behavior; 6 months to 5 years after change; “I don’t do ... any more”
6 Relapse	resumption of old behavior; fall from grace

3. **The Goal Attainment Scale** measures the counselor’s perceptions about how much the client achieve his or her treatment goals. The scale show 7 levels of change with respect to a treatment goal:

- 1 Client makes no change whatsoever. Remains psychologically and behaviorally entrenched in problematic behavior and/or attitudes related to goal.
- 2 Client’s behavior or attitudes express small improvement toward goal; e.g., willingness to discuss the problem area.
- 3 Client expresses interest in goal, explores emotions, attitudes, or obstacles that would lead to goal attainment. And/or client reports initial change in behavior.
- 4 Client takes some action toward goal. Reports a shift in attitudes and/or behavior that is different from past, problematic behavior.
- 5 Client maintains shift in new behavior. Anticipates and weathers interpersonal or intrapersonal challenges that emerge as a result of change.
- 6 Client increases interest and commitment to achievement of goal. Develops and expresses beliefs, attitudes, and/or behaviors that reflect ability to make decisions thoughtfully rather than impulsively regarding the stated goal behavior.
- 7 Client achieves goal as stated. Client is accustomed to new behavior and shows sufficient adjustment to new behavior or attitude; expresses commitment and acceptance of this goal. Has developed alternative options and supportive strategies to competently maintain new goal attainment.

Survey of Referral Sources

Since school staff refer most clients to the BACR counselor, an important measure was to assess whether those people observed changes in the students they had referred. In a little over half cases, the person making the referral cited more than one reason they believed the student needed

counseling. The evaluator created a survey instrument in which the referral source rated any change they had observed in the various behaviors of the student they referred. The change was measured on a five-point scale. This data could be especially useful to schools, because it systematically feeds back to schools their own staff perceptions about students they referred for counseling.

The evaluator selected a stratified random sample of 22 counselors for the survey, out of a total of about 80. Counselors were selected who were representative of all BACR counselors in terms of the grade level of students seen and the number of cases across the entire agency caseload. In this way, New Perspectives Marin, Gateway Project, and Gateway Medi-Cal were precisely represented in the sample in terms of their caseloads. The method of sampling counselors made it possible to assess an entire caseload, which would have benefits for the schools as an audience, and it simplified the survey process. The evaluator prepared the forms showing each counselor's caseload, who made the referrals, and the reasons for each referral. Then the evaluator contracted with the 22 selected counselors to administer the survey to their referral sources. Since the counselors already had a relationship with the people making the referrals, this procedure greatly simplified data collection and reduced the cost.

Client Survey

The client survey (see Appendix) was conducted by the same 22 counselors who administered the survey of referral sources. By utilizing the case caseloads in the study sample, we had two points of view about the same cases. The counselor requested every client in their caseload to complete a short anonymous survey, and then seal the survey and return it to the counselor in an envelope. This method protected the students' confidentiality vis a vis the counselor, in order to minimize the student bias in rating their counselor. Counselors received back sealed envelopes, which they submitted to the evaluator without opening or looking at the results from individual students.

Acknowledgements

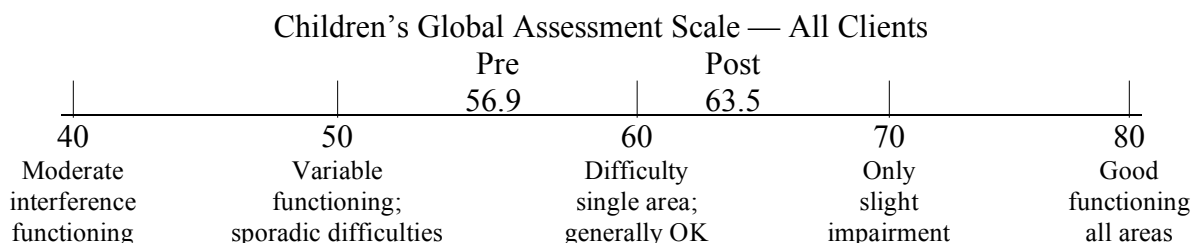
Quite a number of people contributed to this study, and all should be acknowledged. The planning group consisted of BACR management staff Marty Weinstein and Mary Jo Williams, Program Directors Don Blasky and Stephanie Hochman, NP Marin Mental Health Director Carin Severance Grove, and NP Marin counselor Amy Grace Canton. They helped make the decisions that structured the study. The IT director Spencer Bolles gave invaluable technical assistance for creating the forms and providing treatment plan data, and East Bay staff Keith Burrell and Carmen Ruiz organized and provided training for East Bay counselors.

Results

Client Outcomes for All Clients

Children’s Global Assessment Scale (CGAS)

- ◆ The average CGAS score increased from 56.9 at pre to 63.5 at post.
- ◆ The pre-post difference of 6.6 points was statistically significant ($p < .001$).



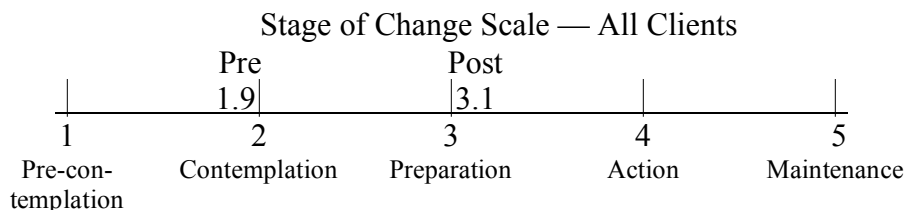
- ◆ 88% of clients had positive change in global functioning.
- ◆ 9% of clients had no change, and 3% had negative change.
- ◆ The average change was a positive 6.6 points.
- ◆ 40% of clients increased from 7 to 50 points on the scale, while 44% increased 2 to 6 points.

Pre-post Change in Children’s Global Assessment Scale (CGAS) — All Clients

Change in CGAS Score	Number of Students	Percent of Students	Percent of Students	Type of Change
7 to 50 points	221	40%	88%	Positive change
2 to 6 points	242	44%		
1 point	24	4%		
0 points	47	9%	9%	No change
-1 point	8	1%	3%	Negative change
-2 to 5 points	5	1%		
-6 to 10 points	4	1%		
	551	100%	100%	

Stage of Change Scale

- ◆ The average Stage of Change score increased from 1.9 at pre to 3.1 at post.
- ◆ The pre-post difference of 1.2 points was statistically significant ($p < .001$).



80% of clients showed improvement in their stage of change. 19% had no movement, and 1% had negative movement or negative change. The average movement on the scale was positive 1.3 points, with 47% of clients moving up one point and 24% moving up two points.

Pre-post Movement in Stage of Change Score — All Clients
N = 852 Unduplicated Students

Movement in Stage of Change Score	Number of Goals	Percent of Goals	Percent of Goals	Type of Change
4	14	1%	80%	Positive change
3	122	9%		
2	338	24%		
1	669	47%		
0	279	19%	19%	No change
-1	10	1%	1%	Negative change
-2	3	0%		
	1,435	100%	100%	

- ◆ For behavioral goals, the largest movement— larger than the average— occurred for goals related to health, sexuality, and family.
- ◆ For resiliency goals, the largest movement occurred for goals related to positive identity.

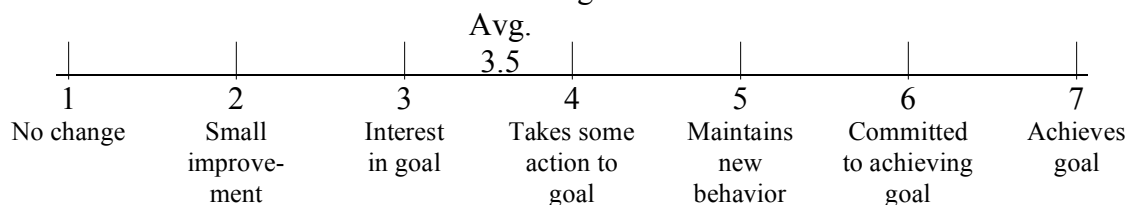
Movement in Stage of Change by Type of Goal — All Clients (N = 1,435 Goals)

Codes on Forms	Type of Goal	Average Movement in Stage of Change Score
	Behavioral Goals	
70s	Health	1.6
80s	Sexuality	1.6
50s	Family	1.4
20s	Behavior at school	1.2
40s	Affect	1.2
99	Other	1.2
10s	Academic	1.1
30s	ATOD use	1.1
60s	Violence & crime	1.1
	Resiliency Goals	
400s	Positive identity	1.4
200s	Positive values	1.3
100s	Commitment to learning	1.1
300s	Social competencies	1.1
600s	Support and relationships	1.1
500s	Constructive use of time	1.0
800s	Boundaries & expectations	0.9
700s	Empowerment	0.8

Goal Attainment Rating Scale

- ◆ The average Goal Attainment Rating score was 3.5, between an interest in goal and taking some action toward the goal.
- ◆ Based on 570 clients.
- ◆ Counselors recorded goal attainment ratings for 67% of the 852 clients.
- ◆ 61% of clients had at least one goal on the positive end of the scale (rating of 4 or higher).

Goal Attainment Rating Scale — All Clients



- ◆ For 48% of the goals, clients were rated on the positive end of the scale, ranging from completely achieving their goal to taking action toward their goal.

- ◆ For 26% of the goals, clients were rated as “interested in the goal,” suggesting that they were contemplating change.
- ◆ For 26% of the goals, clients were rated 2 or 1 on the scale, suggesting very little or no change.
- ◆ Counselors completed goal attainment ratings for 67% of clients (570 out of 852).

Goal Attainment Ratings — All Clients

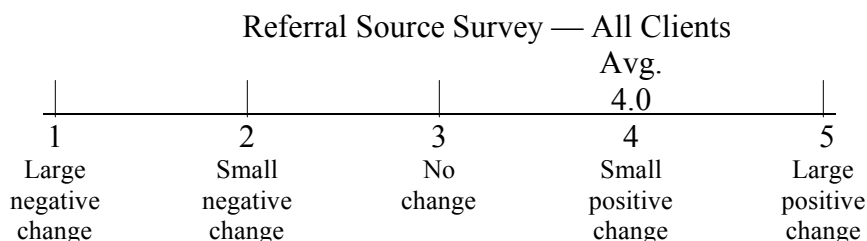
Goal Attainment Rating	Number of Goals	Percent of Goals
7 – Goal achieved	75	5%
6 – Commitment to goal	90	6%
5 – Shift in behavior	152	10%
4 – Takes action	404	27%
3 – Interest in goal	391	26%
2 – Small improvement	322	21%
1 – No change	81	5%
	1,515	100%

Movement in Goal Attainment Rating (GAR) by Type of Goal — All Clients (N = 1,515 Goals)

Codes on Forms	Type of Goal	Average GAR
	Behavioral Goals	
70s	Health	3.9
40s	Affect	3.7
80s	Sexuality	3.7
60s	Violence & crime	3.6
50s	Family	3.5
30s	ATOD use	3.4
10s	Academic	3.3
20s	Behavior at school	3.3
99	Other	3.2
	Resiliency Goals	
100s	Commitment to learning	4.0
500s	Constructive use of time	4.0
800s	Boundaries & expectations	4.0
200s	Positive values	3.6
300s	Social competencies	3.6
400s	Positive identity	3.6
600s	Support and relationships	3.4
700s	Empowerment	3.3

Survey of Referral Sources

- ◆ The average Referral Source rating was 4.0, indicating that on average the people who referred students to counseling saw small positive change for that referral reason.
- ◆ Based on 277 clients.



- ◆ Referral sources said they saw positive change in 77% of the behaviors that caused them to make a referral— 30% “large positive change” and 47% “small positive change.”
- ◆ Referral sources saw no change in 18% of the student behaviors, and negative change in 5% of the student behaviors.

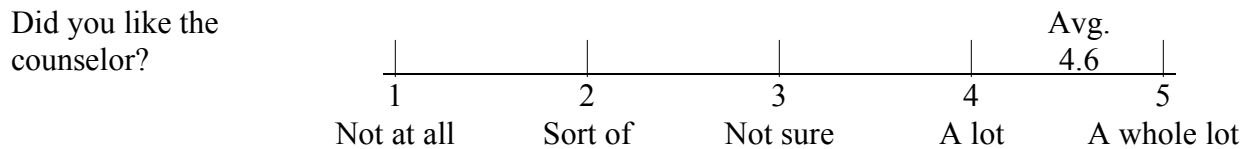
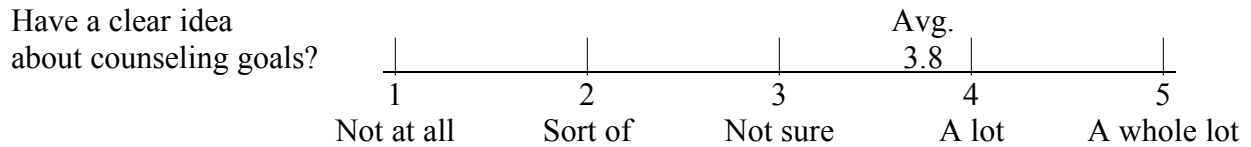
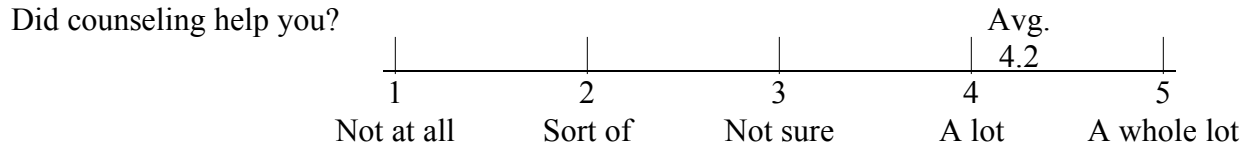
Survey of Referral Sources — All Clients (N = 277 unduplicated students)

	Percent of Ratings	Number of Ratings
Large positive change	30%	129
Small positive change	47%	202
No change	18%	78
Small negative change	4%	19
Large negative change	1%	3
	100%	431

Client Survey

- ◆ The average rating for all clients of how much counseling helped them was 4.2, indicating that on average students believed that counseling helped them “a lot.”
- ◆ The average rating for how much clients had a clear idea about their counseling goals was 3.8, indicating that students on average had a fairly clear idea about the goals they had established with the counselor.
- ◆ The average rating for how much students liked the counselor was 4.6, indicating the average students liked the counselor somewhere between “a lot” and “a whole lot.”
- ◆ Based on 309 clients.

Client Survey — All Clients (N = 309)



- ◆ 82% of all BACR counseling clients said the counseling helped them, with 50% saying “a whole lot” and 32% saying “a lot.”
- ◆ 18% of clients said that counseling helped them “sort of” or “a little,” and 1% said it did not help at all.
- ◆ 65% of students said they had a clear idea about the goals for counseling, while 29% said “sort of” or “a little,” and 6% said not at all.
- ◆ 93% of clients said they liked the counselor, 6% said “sort of” or “a little,” and 1% said no.

Client Survey — All Clients (N=309)

Response	Counseling help you?	Have a clear idea about goals for counseling?	Like the counselor?
A whole lot	50%	31%	65%
A lot	32%	34%	28%
Sort of	12%	23%	5%
A little	6%	6%	1%
Not at all	1%	6%	1%
	100%	100%	100%

Outcome Comparisons between Programs

Children's Global Assessment Scale (CGAS)

- ◆ New Perspectives Marin had noticeably higher pre and post ratings and greater change than the East Bay program.
- ◆ NP Marin clients moved 7.4 points from 62.8 to 70.2, while East Bay clients moved 6.1 points from 53.0 to 59.1.
- ◆ The pre-post gains for both programs were statistically significant.

Change in CGAS Score	New Perspectives Marin	BACR East Bay
Pre	62.8	53.0
Post	70.2	59.1
Change	7.4	6.1
Statistically significance	p < .001	p < .001
N	220	331

The two programs had fairly similar distributions of scores for positive change, no change, and negative change.

Change in CGAS Score	New Perspectives Marin	BACR East Bay
Positive Change	91%	87%
7 to 50 points	45%	37%
2 to 6 points	44%	44%
1 point	2%	6%
No Change		
0 points	7%	9%
Negative Change	2%	4%
-1 point	0.5%	2%
-2 to 5 points	0.5%	1%
-6 to 10 points	0.5%	1%
	100%	100%
N	220	331

Stage of Change Scale

- ◆ New Perspectives Marin had somewhat higher pre and post ratings and greater change than the East Bay program.
- ◆ NP Marin clients moved 1.4 points from 2.0 to 3.4, while East Bay clients moved 1.1 points from 1.8 to 2.9.
- ◆ The pre-post gains for both programs were statistically significant.

Pre-post Movement in Stage of Change Scale

Change in CGAS Score	New Perspectives Marin	BACR East Bay
Pre	2.0	1.8
Post	3.4	2.9
Change	1.4	1.1
Statistically significance	p < .001	p < .001
N	602	833

- ◆ New Perspectives Marin recorded significantly more positive scores on the Stage of Change Scale.
- ◆ The percent of students with negative was the same in both programs.

Pre-post Movement in Stage of Change Scale

Movement	New Perspectives Marin	BACR East Bay
Positive Change	86%	75%
+4	2%	0%
+3	11%	6%
+2	27%	21%
+1	46%	47%
No Change 0 points	13%	24%
Negative Change	1%	1%
-1	1%	1%
-2	0%	0%
Total	100%	100%
N	494	358

Goal Attainment Rating Scale

- ◆ New Perspectives had a higher average Goal Attainment Rating than the East Bay, with average ratings of 4.1 and 3.0, respectively.
- ◆ New Perspectives had a much higher percent of clients with a positive Goal Attainment Rating than the East Bay, with 62% and 36%, respectively.

- ◆ East Bay had a much higher percent of “little or no movement” ratings, with 38% compared with 13% for NP Marin.
- ◆ New Perspectives had 75% of clients with one or more ratings at the positive end of the scale (i.e., a rating 4 or higher), compared with 51% in the East Bay.

Goal Attainment Ratings

Rating	New Perspectives Marin	BACR East Bay
Positive Rating	62%	36%
7 – Goal achieved	11%	0%
6 – Commitment to goal	12%	1%
5 – Shift in behavior	11%	9%
4 – Takes action	28%	26%
3 – Interest in goal	26%	26%
Little or No Movement	13%	38%
2 – Small improvement	9%	31%
1 – No change	4%	7%
Total	100%	100%
N	676	676

Survey of Referral Sources

- ◆ The average Referral Source rating was similar for both programs, with 4.1 for NP Marin and 3.9 for the East Bay. Both ratings indicate that on average the people who referred students to counseling saw small positive change for that referral reason.
- ◆ NP Marin had a higher percent of referral sources who saw positive change than the East Bay, 84% versus 69% respectively.

Survey of Referral Sources

	New Perspectives Marin	BACR East Bay
Positive change	84%	69%
Large positive change	34%	25%
Small positive change	50%	44%
No change	11%	25%
Negative Change	5%	5%
Small negative change	4%	5%
Large negative change	1%	0%
Total	100%	100%
N	227	204

Client Survey

- ◆ Both programs had similar average ratings from clients on the client survey.
- ◆ On the rating of how much counseling helped, the average was 4.2 for NP and 4.3 for the East Bay on a five-point scale.
- ◆ On the rating of how much clients had a clear idea about counseling goals, the average was 3.9 for NP and 3.6 for the East Bay.
- ◆ On rating of how much clients liked the counselor, the average was 4.6 for NP and 4.5 for the East Bay.
- ◆ Both programs had fairly similar distributions of ratings from clients.
- ◆ The largest difference was more positive ratings at New Perspectives about how much students felt they had a clear idea about counseling goals.

Did counseling help you?

Response	New Perspectives Marin	BACR East Bay
Positive	80%	83%
A whole lot	43%	59%
A lot	37%	24%
Neutral	19%	15%
Sort of	14%	9%
A little	5%	6%
Not at all	0%	3%
Total	100%	100%
N	186	123

Did you have a clear idea about goals for counseling?

Response	New Perspectives Marin	BACR East Bay
Positive	70%	59%
A whole lot	33%	28%
A lot	37%	31%
Neutral	27%	32%
Sort of	22%	25%
A little	5%	7%
Not at all	4%	8%
Total	100%	100%
N	186	123

Did you like the counselor?

Response	New Perspectives Marin	BACR East Bay
Positive	94%	91%
A whole lot	63%	67%
A lot	31%	24%
Neutral	6%	8%
Sort of	5%	6%
A little	1%	2%
Not at all	0%	2%
Total	100%	100%
N	186	123

Treatment Plan Reporting Problems

- ◆ Counselors submitted matching pre and post outcome data for only 65% of clients.
- ◆ New Perspectives Marin (NP) had a significantly lower percent of cases with matching pre-post outcomes (45%) than the East Bay (94%).
- ◆ NP counselors submitted pre-counseling outcome data but no matching post data in 48% of the cases, and they submitted no outcome data at all in 7% of the cases.

	Number of Treatment Plans	Pre-Post Matches	Pre But No Matching Post	No Outcome Data
All Clients	852	65%	31%	4%
New Perspectives Marin	502	45%	48%	7%
East Bay	350	94%	6%	0%

Descriptive Data for All Clients

Grade of Clients

- ◆ In 2007-08, 852 students participated in counseling for 4 or more sessions.
- ◆ 55% of clients were in elementary school, 26% in high school, and 19% in middle school.

Grade of Students in Counseling — All Clients

Grade	Number of Students	Percent of Students	Percent of Students	Grade Level
12	38	4%	26%	High School
11	50	6%		
10	74	9%		
9	58	7%		

Grade of Students in Counseling — All Clients (continued)

Grade	Number of Students	Percent of Students	Percent of Students	Grade Level
8	55	6%	19%	Middle School
7	64	8%		
6	42	5%		
5	91	11%	55%	Elementary School
4	77	9%		
3	90	11%		
2	69	8%		
1	65	8%		
K	79	9%		
	852	100%		

Modality

- ◆ 86% of students were in individual counseling, and 14% were in a group.
- ◆ No student was listed in both modalities.

Counseling Modality — All Clients

Modality	Number of Students	Percent of Students
Individual	724	86%
Group	119	14%
	843	100%

Referral Sources

- ◆ 39% of referrals came from teachers and 24% from counselors.
- ◆ Another 22% came from administrators (11%) or parents (11%).
- ◆ The “team/SST” choice could be eliminated from the forms.

Referral Sources — All Clients

Source	Number of Students	Percent of Students
Teacher	316	39%
Counselor	199	24%
Administrator	92	11%
Parent	90	11%
Self	49	6%
Other	45	6%
Team / SST	27	3%
	818	100%

- ◆ Most of those cases listed as “other” referral sources came from only a few counselors.
- ◆ The most common was a “case manager.”
- ◆ Nearly all the sources listed could have been coded into the other categories above. The “other” category could be eliminated to save time without sacrificing accuracy.

Other Referral Sources Listed — All Clients

Source Listed	Number of Students
case manager	14
friend	4
principal	4
health services coordinator	3
mental health coordinator	3
CPS	2
YSP program	2
academic counselor	1
grandmother	1
last year's counselor	1
previous school	1
probation officer	1
resource specialist	1
school nurse	1
school psychologist	1
SLS coordinator	1
staff supervisor	1

Reasons for Referral

- ◆ The average number of referral reasons per student was 1.9.
- ◆ 48% of students had one reason for referral, and 22% had two reasons.
- ◆ The small percent of clients listed with 4 or more reasons suggests that the number of reasons on the forms could be capped at 3 or 4, to save time without sacrificing accuracy.

Number of Referral Reasons — All Clients

Number of Reasons	Number of Students	Percent of Students
0	38	4%
1	410	48%
2	191	22%
3	112	13%
4	54	6%
5	25	3%
6	13	2%
7	7	1%
8	2	0.2%
	852	100%

- ◆ The most common reason for referral was behavior at school or work (31%).
- ◆ The second cluster was affect (20%), family (19%), and academic (18%).
- ◆ It was surprising that only 4% of students had an alcohol/drug reason for the referral, and only 1% had a sexuality reason.

Reasons for Referral — All Clients

Reason	Number of Reasons	Percent of Reasons	Percent of Reasons	Type of Issue
Academic / employment				
11 low grades	93	6%	18%	Academic
12 poor job performance	19	1%		
13 poor attitude or motivation or lack of concentration	151	9%		
14 tardy	6	0.4%		
15 cutting or low attendance	17	1%		
Behavior at school or work				
21 peer relationships - arguing, fighting, harassment, bullying, no friends, excluding others/cliq	273	17%	31%	Behavior at school or work
22 adult relationships – defiant, resistant	88	6%		
23 low social skills – e.g., unable to get along, follow rules, pick up social cues	134	8%		
Alcohol, drug or tobacco use— known or suspected				
31 alcohol use	6	0.4%	4%	Alcohol, drug or /tobacco use
32 drug use	20	1%		
33 tobacco use	2	0.1%		
34 alcohol and drug use	13	1%		
35 coping with alcohol and/or drug use of family or a friend	19	1%		
Affect				
41 noticeable affect issue – sad, depressed, moody, angry, withdrawn, anxious	248	15%	20%	Affect
42 disengaged / dissociated– noticeable or extreme separation	19	1%		
43 anxiety or stress – due to ultra high expectations or over scheduled	44	4%		
44 adjustment disorder – unable to handle change	14	2%		
Family— known or suspected				
51 family dysfunction, conflict, disintegration	163	10%	19%	Family
52 domestic violence	20	1%		
53 child abuse or neglect	21	1%		
54 homeless	6	0.4%		

Reasons for Referral — All Clients (continued)

Reason	Number of Reasons	Percent of Reasons	Percent of Reasons	Type of Issue
55 grief and loss - divorce, death in family, loss of pet, loss of family job or income	92	6%		
Violence and crime				
61 victim of violence, crime or harassment	4	0.2%	2%	Violence and crime
62 death of family member or friend due to violence	17	1%		
63 family member or close friend was a victim of crime	2	0.1%		
64 criminal or violent behavior	2	0.1%		
65 criminal justice involvement	1	0.1%		
66 gang membership or pre-gang behavior	4	0.2%		
Health				
71 body image / obesity	8	0.5%	2%	Health
72 suicidality	5	0.3%		
73 illness	3	0.2%		
74 injury	2	0.1%		
75 mental health issues e.g., medication, hospitalization	12	0.7%		
76 self-mutilation	7	0.4%		
Sexuality				
81 pregnancy	1	0.1%	1%	Sexuality
82 teen parent	1	0.1%		
83 gender identity	1	0.1%		
84 conflicts in intimate relationship	7	0.4%		
85 inappropriate sexual behavior	2	0.1%		
Other				
99	65	4%	4%	other
	1,612	100%	100%	

- ◆ The most common reasons for referral varied by grade level.
- ◆ High School had the highest percent of referrals for affect and family reasons.
- ◆ Middle schools had the highest percent for behavior and affect.
- ◆ Elementary schools had the highest percent for behavior, followed by affect and family.

Referral Reasons by Grade Level — All Clients

Reason	All clients	High School	Middle School	Elementary School
Behavior at school or work	31%	13%	27%	39%
Affect	20%	27%	19%	18%
Family	19%	20%	19%	18%
Academic	18%	14%	24%	17%
Alcohol, drug, tobacco use	4%	12%	2%	1%
Violence and crime	2%	2%	3%	1%
Health	2%	6%	2%	1%
Sexuality	1%	1%	1%	0%
Other	4%	4%	2%	4%
	100%	100%	100%	100%
N	1,612	346	331	935

“Other” referral reasons

- ◆ 65 clients had “other” listed as a referral reason.
- ◆ 45 had “other” listed as a primary reason, and 31 of those were from 3 counselors.
- ◆ Most of these reasons could have been coded into a standard code. Providing training to counselors about how to code the referral reasons would simplify record-keeping.

“Other” Referral Reasons That Were Explained in a Comment — All Clients

Program	School	
NP	Dixie Elementary	frequent moves - another in the future
NP	Dixie Elementary	selective mutism
NP	Laurel Dell Elementary	transitioning to middle school
NP	Laurel Dell Elementary	last year's ice raids
NP	Laurel Dell Elementary	last year's ice raids
NP	Laurel Dell Elementary	socially inappropriate repetitive behavior
NP	Laurel Dell Elementary	transitioning to middle school
NP	Laurel Dell Elementary	transitioning into middle school
NP	Laurel Dell Elementary	transitioning to middle school
NP	Laurel Dell Elementary	doesn't talk at school
NP	Madrone High	increase motivation, reduce anxiety
NP	Redwood High	student self-referral
NP	San Andreas High	prepare to graduate, reduce cigarette smoking
NP	San Andreas High	experiencing relapses, needs to comply w/probation mandates, dysfunctional relationship w/father - referral continued from January 2007
NP	San Andreas High	support w/family & school
NP	San Pedro Elementary	sudden financial [illegible] problem
NP	San Pedro Elementary	new baby in family
NP	Tomales High	support group for boys

“Other” Referral Reasons That Were Explained in a Comment — All Clients (continued)

Program	School	
NP	Tomales High	foster placement
Gateway	Crespi Middle	part of family in another country
Gateway	Grant Elementary	feels she is mean to her mother & would like to control her anger better
Gateway	Helms Middle	defiance-disruptive
Gateway	Madison Middle	self esteem
Gateway	Making Waves Acad.	worried about r not sleeping in room
Gateway	Making Waves Acad.	past molestation
Gateway	Peralta Elementary	violent brother
Gateway	Peralta Elementary	divorce, witnessed a fire
Gateway	Portola Middle	younger brother severely handicapped
Gateway MC	Nystrom Elementary	family health problems, serious illness of mother

Referral reasons not used

- 16 dropped out
- 36 DUI
- 56 legal problems
- 64 criminal or violent behavior
- 86 STD

Reporting Improvements Needed

- ◆ 38 clients had no referral reason listed on the treatment plan
- ◆ 10 of those clients had a referral comment, but the information had not been coded

Treatment Goals

- ◆ 60% of clients had 3 treatment goals, while 23% had 2 and 10% had one.
- ◆ The clients with no treatment goals were counselor recording errors.
- ◆ The small percent of students with 4 or 5 treatment goals suggests that the number of goals could be capped at 3 to simplify record-keeping, without sacrificing accuracy.
- ◆ The average number of treatment goals per client was 2.5.

Number of Treatment Goals — All Clients

Number of Goals	Number of Students	Percent of Students
0	23	3%
1	86	10%
2	198	23%
3	512	60%
4	30	4%
5	3	0.4%
	852	100%

- ◆ 62% of treatment goals address behavioral issues, while about 38% addressed resiliency issues.
- ◆ 30% of all goals addressed internal assets and about 9% addressed external assets.
- ◆ Behavior at school or work accounted for 20% of the treatment goals, affect accounted for 17%, and family accounted for 11%.
- ◆ The other types of goals only had a few percent of the cases.
- ◆ It was surprising that alcohol/drug use accounted for only 2% of the treatment goals and sexuality issues accounted for only 0.5% of the treatment goals.

Treatment Goals 1: Behavioral Issues — All Clients

Goal	Number of Goals	Percent of Goals	Percent of Goals	Type of Issue
Behavioral Issues			62%	
Academic / employment				
11 low grades	47	2%	6%	Academic
12 poor job performance	6	0.3%		
13 poor attitude or motivation or lack of concentration	73	3%		
15 cutting or low attendance	7	0.3%		
Behavior at school or work				
21 peer relationships - arguing, fighting, harassment, bullying, no friends, excluding others/clique	241	11%	20%	Behavior at school or work
22 adult relationships – defiant, resistant	63	3%		
23 low social skills – e.g., unable to get along, follow rules, pick up social cues	131	6%		
Alcohol, drug or tobacco use— known or suspected				
31 alcohol use	5	0.2%	2%	Alcohol, drug or /tobacco use
32 drug use	17	1%		
33 tobacco use	4	0.2%		
34 alcohol and drug use	11	1%		
35 coping with alcohol and/or drug use of family or a friend	9	0.4%		
Affect				
41 noticeable affect issue – sad, depressed, moody, angry, withdrawn, anxious	265	12%	17%	Affect
42 disengaged / dissociated– noticeable or extreme separation	30	1%		
43 anxiety or stress – due to ultra high expectations or over scheduled	44	2%		
44 adjustment disorder – unable to handle change	34	2%		

Treatment Goals 1: Behavioral Issues — All Clients (continued)

Goal	Number of Goals	Percent of Goals	Percent of Goals	Type of Issue
Family— known or suspected				
51 family dysfunction, conflict, disintegration	123	6%	11%	Family
52 domestic violence	6	0.3%		
53 child abuse or neglect	6	0.3%		
54 homeless	3	0.1%		
55 grief and loss - divorce, death in family, loss of pet, loss of family job or income	103	5%		
56 legal problems	1	0.0%		
Violence and crime				
61 victim of violence, crime or harassment	5	0.2%	1%	Violence and crime
62 death of family member or friend due to violence	13	1%		
63 family member or close friend was a victim of crime	1	0.0%		
65 criminal justice involvement	1	0%		
66 gang membership or pre-gang behavior	9	0.4%		
Health				
71 body image / obesity	7	0.3%	1%	Health
72 suicidality	3	0.1%		
73 illness	2	0.1%		
74 injury	2	0.1%		
75 mental health issues e.g., medication, hospitalization	8	0.4%		
76 self-mutilation	2	0.1%		
Sexuality				
83 gender identity	2	0.1%	0.5%	Sexuality
84 conflicts in intimate relationship	7	0.3%		
85 inappropriate sexual behavior	1	0.0%		
Other				
99	47	2%	2%	Other

- ◆ The most common internal asset in the treatment goals was social competencies (12% of all goals), followed by positive identity (9%).

Treatment Goals 2: Internal Assets — All Clients

Goal	Number of Goals	Percent of Goals	Percent of Goals	Type of Issue
Internal Assets			30%	
Commitment to Learning				
101 Motivated to do well in school	65	3%	5%	Commitment to learning
102 Actively engaged in learning, especially at school.	33	2%		
104 Bonded to and cares about her or his school.	5	0.2%		
105 Reads for pleasure regularly.	3	0.1%		
Positive Values				
201 Highly values helping other people.	6	0.3%	3%	Positive values
202 Highly values equality and social justice.	1	0%		
203 Acts on convictions and stand up for her or his beliefs.	13	1%		
204 Is honest and tells the truth even when it is not easy.	13	1%		
205 Accepts and takes personal responsibility.	18	1%		
206 Exercises abstinence or restraint in sexual activity and use of alcohol/drugs.	11	1%		
Social Competencies				
301 Knows how to set and achieve goals.	11	1%	12%	Social competencies
302 Has empathy, sensitivity, and friendship skills.	115	5%		
303 Has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	6	0.3%		
304 Can resist negative peer pressure and dangerous situations.	32	1%		
305 Seeks to resolve conflict nonviolently.	61	3%		
306 Has a sense of growth and progress.	15	1%		
307 Has an understanding of the greater community.	3	0.1%		
308 Has a sense of being able to make an impact in their community.	7	0.3%		
Positive Identity				
401 Feels he or she has control over events in his or her life.	91	4%	8%	Positive identity
402 Feels that he or she has a purpose in life.	16	1%		
403 Is optimistic about his or her future.	29	1%		
404 Feels a sense of belonging at school, in the community, or at home	46	2%		

Treatment Goals 2: Internal Assets — All Clients (continued)

Goal	Number of Goals	Percent of Goals	Percent of Goals	Type of Issue
Constructive Use of Time				
501 Spends time regularly in creative activities such as music, theater, or other arts.	25	1%	2%	Constructive use of time
502 Spends time regularly in sports, clubs, or organizations at school and/or in the community.	15	1%		
503 Spends time regularly in activities in a religious institution.	1	0%		
504 Provides service regularly to others.	1	0%		

- ◆ The most common external asset in the treatment goals was support and relationships (7% of all goals).

Treatment Goals 3: External Assets — All Clients

Goal	Number of Goals	Percent of Goals	Percent of Goals	Type of Issue
External Assets			9%	
Support and relationships			7%	Support and relationships
601 Family provides high levels of love and support.	30	1%		
602 Family communicates positively, and young person is willing to seek advice and counsel from parents.	27	1%		
603 At least one non-parent adult provides support, guidance and a positive role model.	21	1%		
604 Has a positive relationship with responsible peers.	16	1%		
605 Experiences caring neighbors.	2	0.1%		
606 School provides a caring, encouraging environment.	17	1%		
607 Parents are actively involved in helping succeed in school.	1	0%		
608 Feels physically safe at home.	4	0.2%		
610 Feels physically safe at school.	1	0%		
611 Feels emotionally safe at home.	13	1%		
613 Feels emotionally safe at school	10	0.5%		
Empowerment			1%	Empowerment
701 Adults in the community value youth.	2	0.1%		
702 Has opportunities for meaningful roles with responsibility.	6	0.3%		
703 Has opportunities for challenging and interesting learning experiences.	2	0.1%		

Treatment Goals 3: External Assets — All Clients (continued)

Goal	Number of Goals	Percent of Goals	Percent of Goals	Type of Issue
704 Has opportunities for meaningful input into decision-making at school, family, or community.	1	0%		
705 Has opportunities for leadership.	8	0.4%		
Boundaries and Expectations				
801 Family has clear boundaries, rules and consequences and monitors the young person's whereabouts.	7	0.3%	1%	Boundaries and expectations
802 Is out unsupervised with friends with nothing special to do two or fewer nights per week.	3	0.1%		
806 Teachers or school staff have high expectations and encourage the young person to do well.	1	0.0%		
Total	2,153	100%	100%	

- ◆ The distribution of treatment goals was fairly consistent across all the grade levels for behavioral goals versus resiliency goals.
- ◆ The highest percent of behavioral goals was affect for high school clients (17%, versus behavior at school for middle school clients (20%) and elementary school clients (25%).

Treatment Goals by Grade Level — All Clients

	All clients	High School	Middle School	Elementary School
Behavioral / Emotional	62%	57%	69%	62%
Academic	6%	6%	12%	4%
Behavior at school or work	20%	8%	20%	25%
Alcohol/drug/tobacco use	2%	6%	1%	1%
Affect	17%	17%	16%	18%
Family	11%	13%	11%	10%
Violence and crime	1%	2%	2%	1%
Health	1%	2%	1%	1%
Sexuality	1%	1%	1%	0.2%
Other	2%	1%	4%	2%
Internal assets	30%	35%	20%	31%
Commitment to learning	5%	7%	3%	5%
Positive values	3%	4%	2%	2%
Social competencies	12%	10%	5%	14%
Positive identity	8%	10%	8%	8%
Constructive use of time	2%	3%	2%	1%

Treatment Goals by Grade Level — All Clients (continued)

	All clients	High School	Middle School	Elementary School
External assets	8%	8%	11%	7%
Support and relationships	7%	7%	8%	6%
Empowerment	1%	1%	2%	0%
Boundaries and expectations	1%	1%	1%	0%
	100%	100%	100%	100%
N	2,153	530	397	1,226

“Other” Treatment Goals

- ◆ 43 goals were listed as “other.”
- ◆ 5 counselors accounted for over half of the these goals and 2 counselors accounted for 14 of these goals.
- ◆ Supervisors might consider revising the list of treatment goals to accommodate some of these reasons.
- ◆ Supervisors might consider providing more training about how to code goals in order to achieve more consistency and simplify record-keeping, as well as monitoring the coding for counselors who begin to list a lot of goals as “other.”

Other Treatment Goals

# clients	Counselor Explanation for Goal	Evaluator Comment
12	Build self esteem	I don't accept this, but others might
7	Ending	OK; new goal but be more specific
3	Create therapeutic alliance with client	bogus
1	Complete testing to rule out alternative causes for symptoms	OK; add new goals to forms?
1	Decrease instances of encopresis from 5 times per months to once a month	OK; add new goals to forms?
1	Increase acceptance of newborn sibling	OK; add new goals to forms?
1	Increase understanding of cultural identification	OK; add new goals to forms?
1	Explore sexual orientation	OK; add new goals to forms?
1	Process feelings regarding adults decision to place child in second grade class rather than third grade	OK; add new goals to forms?
1	Support culture while family is out of country	OK; add new goals to forms?
1	Support family & client in advocating for more support services in school	OK; add new goals to forms?

Other Treatment Goals (continued)

# clients	Counselor Explanation for Goal	EvaluatorComment
2	Decrease black and white thinking	vague; better assessment or better articulation
1	Develop safety plans	vague
1	Increase client's self-awareness	vague
1	Increase ego strength	vague
1	Promote creativity	vague
1	Plan for successful future	vague
1	Identify strengths	vague
1	Enhance/ increase ability to express/ articulate feelings	recode: already have affect; vague
1	Feelings	recode: already have affect; vague
2	Learn "I" statements	recode: already have affect; vague
1	Learn and identify different feelings	recode: already have affect; vague
1	Increase ability to manage anger & frustration	coded wrong
1	Reduce impulsive/inappropriate classroom behaviors	coded wrong
1	Work through grief/loss/and fear associated w/2 friends deaths that were gang related	coded wrong
1	Explore relationship to guns and violence with counselor	don't understand
1	Explore relationships to violence	don't understand

Goals not used on the treatment goal form

- 14 tardy
- 16 dropped out
- 36 DUI
- 64 criminal or violent behavior
- 81 pregnancy
- 82 teen parent
- 86 STD
- 103 Does homework at least one hour every school day
- 609 Feels physically safe in the neighborhood
- 612 Feels emotionally safe in the neighborhood
- 803 School provides clear boundaries, rules and consequences.
- 804 Neighbors take responsibility for monitoring young people's behavior.
- 805 Parents/guardians have high expectations and encourage the young person to do well.

Reporting Improvements Needed

- ◆ 138 treatment goals had no treatment goal codes but did have a verbal description only.
- ◆ 2 clients had no treatment goals or descriptions at all. Both were at Tam High.

Referral Reasons Versus Treatment Goals

- ◆ Most of the time when people referred a student for an issue, the counselor kept the issue as the treatment goal.
- ◆ A minority of the time they would add another goal or substitute another goal, in approximately equal proportions of the cases.
- ◆ 60% of the time when people referred a student for an academic issue, the counselor kept the issue as the treatment goal.
- ◆ 25% of the time they added another goal, most commonly an affect or family goal.
- ◆ 15% of the time they substituted another goal, most commonly an affect or family goal.

Referral Reason vs. Treatment Goals — Academic Issues

Primary Referral Issue	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Academic	add 2	9	42	Add (25%)
Academic	add 3	2		
Academic	add 4	10		
Academic	add 4,5	3		
Academic	add 5	15		
Academic	add 6	1		
Academic	add 7	2		
Academic	same	104	104	Same (60%)
Academic	substitute 2	4	25	Substitute (15%)
Academic	substitute 2,7	1		
Academic	substitute 3	1		
Academic	substitute 4	10		
Academic	substitute 5	5		
Academic	substitute 6	1		
Academic	substitute 7	2		
Academic	substitute 99	1		
	Total	171		

The referral reason and treatment goal issues are:

- | | | | |
|--------------|----------------------------------|--------------|---------------|
| 1 = academic | 3 = alcohol, tobacco or drug use | 5 = family | 7 = health |
| 2 = behavior | 4 = affect | 6 = violence | 8 = sexuality |

- ◆ 73% of the time when people referred a student for a behavior issue, the counselor kept the issue as the treatment goal.
- ◆ 16% of the time they added another goal, most commonly an affect or family goal.
- ◆ 11% of the time they substituted another goal, most commonly an affect or affect goal.

Referral Reason vs. Treatment Goals — Behavior Issues

Primary Referral Reason Cluster	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Behavior	add 1,4	2	38	Add (16%)
Behavior	add 1,5	1		
Behavior	add 3	1		
Behavior	add 4	16		
Behavior	add 5	14		
Behavior	add 6	2		
Behavior	add 8	2		
Behavior	same	179	179	Same (73%)
Behavior	substitute 1	8	28	Substitute (11%)
Behavior	substitute 1,4,5	1		
Behavior	substitute 4	8		
Behavior	substitute 4,7	2		
Behavior	substitute 5	4		
Behavior	substitute 6	2		
Behavior	substitute 7	1		
Behavior	substitute 99	2		
	Total	245	245	

The referral reason and treatment goal issues are:

1 = academic 3 = alcohol, tobacco or drug use 5 = family 7 = health
2 = behavior 4 = affect 6 = violence 8 = sexuality

- ◆ 72% of the time when people referred a student for alcohol/drug issue, the counselor kept the issue as the treatment goal.
- ◆ 12% of the time they added another goal, most.
- ◆ 16% of the time they substituted other goals.

Referral Reason vs. Treatment Goals — Alcohol, Tobacco or Drug Use Issues

Primary Referral Reason Cluster	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
ATOD Use	add 2	1	3	Add (12%)
ATOD Use	add 4	2		
ATOD Use	same	18	18	Same (72%)
ATOD Use	substitute 1,4,5	1	4	Substitute (16%)
ATOD Use	substitute 1,5	1		
ATOD Use	substitute 4	1		
ATOD Use	substitute 5	1		
	Total	25	25	

The referral reason and treatment goal issues are:

1 = academic 3 = alcohol, tobacco or drug use 5 = family 7 = health
2 = behavior 4 = affect 6 = violence 8 = sexuality

- ◆ 54% of the time when people referred a student for an affect issue, the counselor kept the issue as the treatment goal.
- ◆ 40% of the time they added another goal, most commonly behavior.
- ◆ 6% of the time they substituted another goal.

Referral Reason vs. Treatment Goals — Affect Issues

Primary Referral Reason Cluster	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Affect	add 1	3	36	Add (40%)
Affect	add 1,2	1		
Affect	add 1,5	2		
Affect	add 2	13		
Affect	add 2,5	2		
Affect	add 2,7	1		
Affect	add 3	1		
Affect	add 3,7	1		
Affect	add 5	8		
Affect	add 5,6	2		
Affect	add 6	1		
Affect	add 7	1		
Affect	same	48		
Affect	substitute 1,2,6	1	5	Substitute (6%)
Affect	substitute 2	1		
Affect	substitute 2,5	1		
Affect	substitute 5	1		
Affect	substitute 99	1		
	Total	89	89	

- ◆ 47% of the time when people referred a student for a family issue, the counselor kept the issue as the treatment goal.
- ◆ 45% of the time they added another goal, most commonly behavior or affect.
- ◆ 9% of the time they substituted another goal.

Referral Reason vs. Treatment Goals — Family Issues

Primary Referral Reason Cluster	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Family	add 1	7	39	Add (45%)
Family	add 2	13		
Family	add 2,4	1		
Family	add 3	2		
Family	add 4	13		
Family	add 4,6	1		
Family	add 6	1		
Family	add 8	1		
Family	same	39	39	Same (47%)
Family	substitute 1	1	8	Substitute (9%)
Family	substitute 1,2,4	1		
Family	substitute 1,4	1		
Family	substitute 3,4	1		
Family	substitute 4	3		
Family	substitute 4,7	1		
Total		86	86	

The referral reason and treatment goal issues are:

1 = academic 3 = alcohol, tobacco or drug use 5 = family 7 = health
 2 = behavior 4 = affect 6 = violence 8 = sexuality

- ◆ In 3 of the 11 cases when people referred a student for a violence issue, the counselor kept the issue as the treatment goal.
- ◆ In 6 cases they added another goal.
- ◆ In 2 cases they substituted another goal.

Referral Reason vs. Treatment Goals — Violence & Crime Issues

Primary Referral Reason Cluster	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Violence / Crime	add 1	1	6	Add
Violence / Crime	add 2	2		
Violence / Crime	add 3	1		
Violence / Crime	add 4	1		
Violence / Crime	add 5	1		
Violence / Crime	same	3	3	Same
Violence / Crime	substitute 2,4	1	2	Substitute
Violence / Crime	substitute 3	1		
Total		11	11	

The referral reason and treatment goal issues are:

1 = academic 3 = alcohol, tobacco or drug use 5 = family 7 = health
 2 = behavior 4 = affect 6 = violence 8 = sexuality

- ◆ In one of 9 cases when people referred a student for a health issue, the counselor kept the issue as the treatment goal.
- ◆ In 3 cases they added another goal.
- ◆ In 5 cases they substituted another goal.

Referral Reason vs. Treatment Goals — Health Issues

Primary Referral Reason Cluster	Treatment plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Health	add 4	1	3	Add
Health	add 4,5	1		
Health	add 5	1		
Health	same	1	1	Same
Health	substitute 1,4	1	5	Substitute
Health	substitute 2,4	1		
Health	substitute 2,5	1		
Health	substitute 4	1		
Health	substitute 4,5	1		
Total		9	9	

The referral reason and treatment goal issues are:

1 = academic 3 = alcohol, tobacco or drug use 5 = family 7 = health
 2 = behavior 4 = affect 6 = violence 8 = sexuality

- ◆ In 2 of the 3 cases when people referred a student for a sexuality issue, the counselor kept the issue as the treatment goal.
- ◆ In one case they added another goal.

Referral Reason vs. Treatment Goals — Sexuality Issues

Primary Referral Reason Cluster	Treatment Plan Goals*	Number of Cases	Number of Cases	Change in Treatment Plan
Sexuality	add 5	1	1	Add
Sexuality	same	2	2	Same
	Total	3	3	

The referral reason and treatment goal issues are:

1 = academic 3 = alcohol, tobacco or drug use 5 = family 7 = health
2 = behavior 4 = affect 6 = violence 8 = sexuality

Descriptive Data by Program

The East Bay Program includes the Gateway counseling program and the Gateway Medi-Cal program.

Grade of Clients

The Marin and East Bay programs serve different age distributions, with Marin weighted much more heavily toward high school and the East Bay program weighted more toward middle and elementary schools, reflecting the origination and history of the programs.

Grade of Level Students in Counseling

Level	New Perspectives Marin	BACR East Bay
High School	38%	9%
Middle School	13%	27%
Elementary School	49%	64%
Total	100%	100%
	494	358

Modality

NP Marin clients were all seen individually, versus one-third of East Bay clients participating in group counseling.

Counseling Modality

Modality	New Perspectives Marin	BACR East Bay
Individual	100%	67%
Group	0%	33%
	100%	100%

Referral Sources

- ◆ The sources of counseling referrals are fairly similar across the programs, with some minor differences reflecting the types of schools served.
- ◆ 63% of referrals in both programs come from teachers and counselors, with more teachers involved in the East Bay which served more elementary schools.
- ◆ In Marin parents make more referrals than administrators, while the pattern is reversed in the East Bay, where elementary principals make more referrals.

Referral Sources

Source	New Perspectives Marin	BACR East Bay
Teacher	34%	45%
Counselor	29%	18%
Parent	15%	6%
Administrator	8%	16%
Self	7%	5%
Team / SST	4%	3%
Other	4%	8%
Total	100%	468
No. of clients	468	350

Reasons for Referral

The reasons for referrals are fairly similar, with Marin having fewer referrals for behavior reasons.

Reasons for Referral

Reason	New Perspectives Marin	BACR East Bay
Behavior at school or work	26%	36%
Affect	21%	20%
Family	21%	16%
Academic	19%	17%
Alcohol, drug or /tobacco use	6%	1%
Violence and crime	2%	2%
Health	2%	2%
Sexuality	1%	0%

Reasons for Referral (continued)

Reason	New Perspectives Marin	BACR East Bay
other	3%	6%
Total	100%	100%
No. of reasons	916	696

- ◆ The number of referrals reasons per client is somewhat similar, although Marin has more clients with a single reason for referral.
- ◆ Marin has more clients (6%) in which counselors did not record the referral reason on the form, versus 2% in East Bay.

Number of Referral Reasons

Number of Reasons	New Perspectives Marin	BACR East Bay
0	6%	2%
1	52%	43%
2	16%	31%
3	12%	14%
4	6%	7%
5-8	7.2%	3.3%
Total	100%	100%
No. of clients	494	358

Treatment Goals

The distribution of treatment goals into behavioral issues versus resiliency issues was similar for both programs.

Treatment Goals

Reason	New Perspectives Marin	BACR East Bay
Behavioral Issues	64%	60%
Internal Assets	28%	32%
External Assets	8%	%
Total	100%	100%
No. of goals	1,196	957

The distribution of treatment goals into the various behavioral and resiliency goals are fairly similar across the two programs.

Treatment Goals		
Reason	New Perspectives Marin	BACR East Bay
Behavioral Issues		
Behavior at school or work	19%	21%
Affect	16%	19%
Family	13%	9%
Academic	8%	4%
Alcohol, drug or /tobacco use	3%	1%
Violence and crime	1%	2%
Health	1%	1%
Sexuality	0.7%	0.2%
other	2%	3%
Internal Assets		
Social competencies	9%	15%
Positive identity	8%	9%
Commitment to learning	5%	5%
Positive values	4%	2%
Constructive use of time	2%	2%
External Assets		8%
Support and relationships	6%	
Empowerment	1%	1%
Boundaries and expectations	1%	0.2%
Total	100%	100%
No. of goals	1,196	957

The number of treatment goals was fairly similar, although the East Bay counselors had more cases in which they recorded 3 treatment goals.

Number of Treatment Goals		
Number of Reasons	New Perspectives Marin	BACR East Bay
0	4%	1%
1	11%	9%
2	29%	16%
3	54%	69%
4	3%	5%
5	0.6%	0.0%
Total	100%	100%
No. of clients	494	358

Conclusions and Recommendations

Conclusions

Most students showed positive change on multiple measures and using two methodologies for analyzing change.

The large majority of BACR counseling clients showed positive change on all five measures used in the evaluation:

- ◆ Children's Global Assessment Scale— 88% of clients had positive change.
- ◆ Stage of Change Scale— 80% of clients showed improvement.
- ◆ Goal Attainment Rating Scale— 61% of all clients approached or reached at least one of their counseling goals.
- ◆ Survey of school staff who referred students to counseling— School staff saw positive change in 77% of the behaviors they were concerned about.
- ◆ Client Survey— 82% of clients said counseling helped them.

A similar pattern of effectiveness was indicated by the average ratings for the five measures:

- ◆ Children's Global Assessment Scale— The average score increased from 56.9 at pre to 63.5 at post on a 100-point scale.
- ◆ Stage of Change Scale— The average score increased from 1.9 at pre (contemplation) to 3.1 at post (preparation).
- ◆ Goal Attainment Rating Scale— The average was 3.5— halfway between “interest in goal” (score of 3) and “takes some action toward the goal” (score of 4).
- ◆ Survey of school staff who referred students to counseling— The average rating was 4.0, indicating that schools staff who referred students to counseling saw, on average, small positive change in the students.
- ◆ Client Survey— Students rated counseling benefits on average as 4.2 on a 5-point scale, indicating that counseling helped them “a lot.”

Change was statistically significant for the two measures that utilized pre and post scores.

- ◆ Children's Global Assessment Scale— The average increase of 6.6 points on the 100-point scale was statistically significant ($p < .001$).
- ◆ Stage of Change Scale— The average increase of 1.2 points on the 5-point scale was statistically significant ($p < .001$).

The convergence of data from multiple sources lends credence to the findings.

- ◆ Counselors reported that 88% of clients had positive change on the Children's Global Assessment Scale and 80% of clients showed improvement on the Stage of Change Scale.
- ◆ School staff saw positive change in 77% of the behaviors that caused them to refer a student to counseling.
- ◆ 82% of clients said counseling helped them.

There were some important differences and similarities between the New Perspectives program and the East Bay program.

The key differences were:

- ◆ New Perspectives had noticeably higher ratings and greater change than the East Bay program for all the measures completed by counselors.
- ◆ New Perspectives had a higher percent of referral sources who saw positive change than the East Bay, 84% versus 69% respectively.

The fact that two sources reported these differences lends strength to the interpretation that there are significant differences between the counseling outcomes, possibly based on significant differences between the populations. The two programs served a different age distribution of youth. New Perspectives population was 38% high school, 13% middle school, and 49% elementary school. The East Bay program population was much younger: 9% high school, 27% middle school, and 64% elementary school. In addition, the East Bay programs serves a much higher proportion of economically disadvantaged students. It is, of course, also possible that the New Perspectives counselors own perceptions about rating student behavior and rating change may have been more positive than East Bay counselors and contributed to the differences.

The programs also had notable similarities:

- ◆ The pre-post gains for both programs were statistically significant.
- ◆ Both programs had similar ratings on the client survey.

Recommendations

The recommendations pertain to the data system rather than the counseling itself. First, it is recommended that New Perspective improve its system of quality control for treatment plans. New Perspectives counselors reported matching pre and post data for only 45% of clients, and they reported no outcome data at all for 7% of clients. For 48% of the cases, counselors reported pre-counseling data when they first completed a treatment plan, but no matching data. A system needs to be established to monitor submission of data and to follow up if counselors do not submit the proper outcome data.

Second, It is recommended that BACR create a system for supervisors to know when a treatment plan is supposed to be created. Counselors completed treatment plans for 852 clients. The policy

was that four or more counseling sessions for a student would trigger a treatment plan. However, no information is available on whether the 852 treatment plans represented all of the cases in which clients were seen four or more times. Given the low reporting of outcome data by New Perspectives counselors, it could be beneficial to have a system that triggers a report to supervisors for when a treatment plan should be created.

Appendix: Evaluation Instruments

BACR Treatment Plan form

TREATMENT PLAN — REVISED 10/23/07
[4 or more sessions]

Counselor _____ 1 NP Marin 2 Gateway
Client Name _____ School _____ Grade _____
Initial Treatment Plan Date _____ Termination Date _____
 1 Individual 2 Group CGAS Pre _____ CGAS Post _____

Referral Reason(s) for referral (see referral codes) _____ comments _____
Name of person making referral _____ Date of referral _____
Position: 1 team/SST 2 teacher 3 counselor 4 administrator 5 parent 6 self 7 other _____

Goal #1 (see treatment or resiliency goal codes; one code only) ___ Check if a resiliency goal
Goal Description _____
Step a:
Step b:
Step c:
Activities:
Progress: see codes: Stage of Change at Pre _____ Stage of Change at Post _____ GAR at Exit _____

Goal #2 (see treatment or resiliency goal codes; one code only) ___ Check if a resiliency goal
Goal Description _____
Step a:
Step b:
Step c:
Activities:
Progress: see codes: Stage of Change at Pre _____ Stage of Change at Post _____ GAR at Exit _____

Goal #3 (see treatment or resiliency goal codes; one code only) ___ Check if a resiliency goal

Goal Description _____

Step a:

Step b:

Step c:

Activities:

Progress: see codes: Stage of Change at Pre _____ Stage of Change at Post _____ GAR at Exit _____

Goal #4 (see treatment or resiliency goal codes; one code only) ___ Check if a resiliency goal

Goal Description _____

Step a:

Step b:

Step c:

Activities:

Progress: see codes: Stage of Change at Pre _____ Stage of Change at Post _____ GAR at Exit _____

Goal #5 (see treatment or resiliency goal codes; one code only) ___ Check if a resiliency goal

Goal Description _____

Step a:

Step b:

Step c:

Activities:

Progress: see codes: Stage of Change at Pre _____ Stage of Change at Post _____ GAR at Exit _____

Goal #6 (see treatment or resiliency goal codes; one code only) ___ Check if a resiliency goal

Goal Description _____

Step a:

Step b:

Step c:

Activities:

Progress: see codes: Stage of Change at Pre _____ Stage of Change at Post _____ GAR at Exit _____

WHITE copy goes to supervisor at initial treatment plan; YELLOW goes to supervisor at termination;
PINK to client file

REFERRAL CODES — AND — TREATMENT GOAL CODES

<p>Academic / employment</p> <ul style="list-style-type: none">11 low grades12 poor job performance13 poor attitude or motivation or lack of concentration14 tardy15 cutting or low attendance16 dropped out <p>Behavior at school or work</p> <ul style="list-style-type: none">21 peer relationships - arguing, fighting, harassment, bullying, no friends, excluding others/cliue22 adult relationships – defiant, resistant23 low social skills – e.g., unable to get along, follow rules, pick up social cues <p>Alcohol / drug / tobacco use – known or suspected</p> <ul style="list-style-type: none">31 alcohol use32 drug use33 tobacco use34 alcohol and drug use35 coping with alcohol and/or drug use of family or a friend36 DUI <p>Affect</p> <ul style="list-style-type: none">41 noticeable affect issue – sad, depressed, moody, angry, withdrawn, anxious42 disengaged / dissociated– noticeable or extreme separation43 anxiety or stress – due to ultra high expectations or over scheduled44 adjustment disorder – unable to handle change	<p>Family – known or suspected</p> <ul style="list-style-type: none">51 family dysfunction, conflict, disintegration52 domestic violence53 child abuse or neglect54 homeless55 grief and loss - divorce, death in family, loss of pet, loss of family job or income56 legal problems <p>Violence and crime</p> <ul style="list-style-type: none">61 victim of violence, crime or harassment62 death of family member or friend due to violence63 family member or close friend was a victim of crime64 criminal or violent behavior65 criminal justice involvement66 gang membership or pre-gang behavior <p>Health</p> <ul style="list-style-type: none">71 body image / obesity72 suicidality73 illness74 injury75 mental health issues e.g., medication, hospitalization76 self-mutilation <p>Sexuality</p> <ul style="list-style-type: none">81 pregnancy82 teen parent83 gender identity84 conflicts in intimate relationship85 inappropriate sexual behavior86 STD <p>Other:</p> <p>Use code “99” and explain in the goal description.</p>
---	---

RESILIENCY GOAL CODES

<p>Internal Assets</p> <p>Commitment to Learning</p> <p>101 Motivated to do well in school.</p> <p>102 Actively engaged in learning, especially at school.</p> <p>103 Does homework at least one hour every school day.</p> <p>104 Bonded to and cares about her or his school.</p> <p>105 Reads for pleasure regularly.</p> <p>Positive Values</p> <p>201 Highly values helping other people.</p> <p>202 Highly values equality and social justice.</p> <p>203 Acts on convictions and stand up for her or his beliefs.</p> <p>204 Is honest and tells the truth even when it is not easy.</p> <p>205 Accepts and takes personal responsibility.</p> <p>206 Exercises abstinence or restraint in sexual activity and use of alcohol/drugs.</p> <p>Social Competencies</p> <p>301 Knows how to set and achieve goals.</p> <p>302 Has empathy, sensitivity, and friendship skills.</p> <p>303 Has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</p> <p>304 Can resist negative peer pressure and dangerous situations.</p> <p>305 Seeks to resolve conflict nonviolently.</p> <p>306 Has a sense of growth and progress.</p> <p>307 Has an understanding of the greater community.</p> <p>308 Has a sense of being able to make an impact in their community.</p>	<p>Positive Identity</p> <p>401 Feels he or she has control over events in his or her life.</p> <p>402 Feels that he or she has a purpose in life.</p> <p>403 Is optimistic about his or her future.</p> <p>404 Feels a sense of belonging at school, in the community, or at home</p> <p>Constructive Use of Time</p> <p>501 Spends time regularly in creative activities such as music, theater, or other arts.</p> <p>502 Spends time regularly in sports, clubs, or organizations at school and/or in the community.</p> <p>503 Spends time regularly in activities in a religious institution.</p> <p>504 Provides service regularly to others.</p>
--	--

RESILIENCY GOAL CODES

<p>External Assets</p> <p>Support and relationships</p> <p>601 Family provides high levels of love and support.</p> <p>602 Family communicates positively, and young person is willing to seek advice and counsel from parents.</p> <p>603 At least one non-parent adult provides support, guidance and a positive role model.</p> <p>604 Has a positive relationship with responsible peers.</p> <p>605 Experiences caring neighbors.</p> <p>606 School provides a caring, encouraging environment.</p> <p>607 Parents are actively involved in helping succeed in school.</p> <p>608 Feels physically safe at home.</p> <p>609 Feels physically safe in the neighborhood.</p> <p>610 Feels physically safe at school.</p> <p>611 Feels emotionally safe at home.</p> <p>612 Feels emotionally safe in the neighborhood.</p> <p>613 Feels emotionally safe at school.</p>	<p>Empowerment</p> <p>701 Adults in the community value youth.</p> <p>702 Has opportunities for meaningful roles with responsibility.</p> <p>703 Has opportunities for challenging and interesting learning experiences.</p> <p>704 Has opportunities for meaningful input into decision-making at school, family, or community.</p> <p>705 Has opportunities for leadership.</p> <p>Boundaries and Expectations</p> <p>801 Family has clear boundaries, rules and consequences and monitors the young person's whereabouts.</p> <p>802 Is out unsupervised with friends with nothing special to do two or fewer nights per week.</p> <p>803 School provides clear boundaries, rules and consequences.</p> <p>804 Neighbors take responsibility for monitoring young people's behavior.</p> <p>805 Parents/guardians have high expectations and encourage the young person to do well.</p> <p>806 Teachers or school staff have high expectations and encourage the young person to do well.</p>
--	--

STAGE OF CHANGE CODES

<p>1 Pre-contemplation Not currently considering change Ignorance is bliss "Not a problem"</p> <p>2 Contemplation Ambivalent about change Sitting on the fence Not considering change within the next month "Yes, but..."</p> <p>3 Preparation Some experience with change and are trying to change Testing the waters Planning to act within 1 month "What do I do?"</p>	<p>4 Action Practicing new behavior for 1-6 months "I quit..."</p> <p>5 Maintenance Continued commitment to sustaining new behavior 6 months to 5 years after change "I don't do ... any more"</p> <p>6 Relapse Resumption of old behavior Fall from grace</p>
--	---

GOAL ATTAINMENT RATING CODES (GAR)

- 1 Client makes no change whatsoever. Remains psychologically and behaviorally entrenched in problematic behavior and/or attitudes related to goal.
- 2 Client's behavior or attitudes express small improvement toward goal; e.g., willingness to discuss the problem area.
- 3 Client expresses interest in goal, explores emotions, attitudes, or obstacles that would lead to goal attainment. And/or client reports initial change in behavior.
- 4 Client takes some action toward goal. Reports a shift in attitudes and/or behavior that is different from past, problematic behavior.
- 5 Client maintains shift in new behavior. Anticipates and weathers interpersonal or intrapersonal challenges that emerge as a result of change.
- 6 Client increases interest and commitment to achievement of goal. Develops and expresses beliefs, attitudes, and/or behaviors that reflect ability to make decisions thoughtfully rather than impulsively regarding the stated goal behavior.
- 7 Client achieves goal as stated. Client is accustomed to new behavior and shows sufficient adjustment to new behavior or attitude; expresses commitment and acceptance of this goal. Has developed alternative options and supportive strategies to competently maintain new goal attainment.

CHILDREN'S GLOBAL ASSESSMENT SCALE (CGAS)

Formerly called Children's Global Assessment of Functioning (CGAF)

- 91-100 Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc): likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
- 81-90 Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam. occasionally "blowups" with siblings parents, or peers).
- 71-80 No more than slight impairment In functioning at home, at school; or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 61-70 Some difficulty in a single area, but generally functioning pretty well (e.g. sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.

- 51-60 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 41-50 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
- 31-40 Major impairment in functioning in several areas and unable to function in one of these areas, e.g. disturbed at home, at school, with peers or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent: such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
- 21-30 Unable to function in almost all areas, e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
- 11-20 Needs considerable supervision to prevent hurting others or self (e.g. frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication (e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.).
- 0-10 Needs constant supervision (24-hr care) due to severely aggressive or destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Client Survey

Do NOT write your name on this survey. No one will know your answers, including the counselor. When you are finished, seal the survey in the envelope.

1. How much did you like the counselor?

- A whole lot
- A lot
- Sort of
- A little
- Not at all

2. Did you have a clear idea about your goals for counseling?

- A whole lot
- A lot
- Sort of
- A little
- Not at all

3. How much did the counseling help you?

- A. A whole lot
- B. A lot
- C. Sort of
- D. A little
- E. Not at all

3. If you answered A, B, or C —> What got better, or what did counseling help you with?
