

CAP: Children's Domestic Abuse Program

Evaluation report

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CAP: Children's domestic abuse program

*2000-2001 evaluation report
Wilder Foundation Programs*

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Summary

Background and program description

The mission of the Community Assistance Program (CAP) is to provide comprehensive violence prevention and intervention services to families, schools, and communities. Among the CAP subprograms is the Children's Domestic Abuse Program, which provides 12 weeks of group counseling to children, between the ages of 4 and 12, who have experienced or witnessed abuse. A parents' group also provides counseling and support to parents.

The CAP Children's Domestic Abuse Program has two major goals:

- Clients will demonstrate positive adjustment.
- Parents will indicate satisfaction with CAP services.

The CAP Children's Domestic Abuse Program served 66 children in 2000-01, providing an average of 9.1 hours of service per child. This represents a 33 percent decrease from the number of clients served in 1999-2000 and a 54 percent decrease from the number served in 1998-99. However, the average number of hours each client was served remained relatively constant over the three fiscal years (Figure 2). The number of full time equivalent staff increased from 1.84 to 2.02.

Half of the clients served during 2000-01 were female. Fifty-four percent were White and 23 percent were African American. Nearly two-thirds of the clients lived in single parent families. Their average age was eight years old. The reported median family income for clients served during 2000-01 was \$12,000. This is considerably less than the median family income of \$19,000, reported in 1999-2000, and just half the median family income reported in 1998-99. Correspondingly, the percentage of clients living below the poverty line showed an increase in both 1999-2000 and 2000-01. However, as information on family income and poverty status was available for less than one-third of the clients served during 2000-01, these figures should be interpreted with caution (Figure 3).

Client characteristics

Data describing characteristics of the clients, their parents, and their family situations are collected using the Wilder Client Characteristics Checklist (Figures 4 and 5). CAP staff complete the checklist at discharge, for all clients under the age of 18 year old who attended at least five program sessions. In 2000-01, 98 percent of clients for whom checklists were completed had exhibited between one and 30 characteristics, with an average of 16 characteristics observed per client. This represents a statistically significant increase from the average number of characteristics observed per client in 1999-2000.

As in previous years, the Client Characteristics data for 2000-01 highlight the role of violence and conflict in the lives of the program clients. Ninety-three percent of the children with complete checklists had witnessed violence between their parental figures. Ninety-one percent had experienced parental divorce or separation, and 88 percent lived in families that exhibited chronic unresolved conflict between parental figures. Half of the clients had themselves experienced probable or documented physical abuse.

A large majority of the clients and their families faced challenges in addition to those presented by conflict and violence. Eighty-eight percent of the clients had at least one parental figure who had engaged in probable or adjudicated criminal activity – a statistically significant increase since 1999-2000. Eighty-one percent lived in families that were currently, or had previously been, headed by a single parent. Seventy-one percent of the clients had a parental figure who currently abused chemicals or had a history of chemical abuse – also a statistically significant increase from the previous year – and 57 percent lived in families that had experienced chronic economic distress.

Six additional characteristics were observed by a statistically significant higher percentage of clients in 2000-01 than in 1999-2000. These characteristics were: “one or more parental figures has had previous mental illness treatment,” “child is easily distractible or has attentional deficits,” “child has experienced probable neglect by current or previous caregivers,” “family has a history of suicide (not client),” “child has a history of low academic performance,” and “child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or childcare setting.”

Several characteristics showed statistically significant variation on the basis of client gender or ethnicity (Figure 6). First, larger percentages of male than female clients had a history of temper tantrums, were often hyperactive, and were easily distractible or had attentional deficits. With regard to ethnicity, White clients were less likely than clients of other ethnic backgrounds to have a family history of suicide.

Research methods

The effectiveness of the CAP Children's Domestic Abuse Program is assessed through an ongoing evaluation conducted by the Wilder Research Center. The evaluation includes information collected from parents and program staff.

Children's positive adjustment is measured using the Behavior Assessment System for Children (BASC) Parent Rating Scale (see Appendix). Children are eligible for this part of the evaluation only if they completed the program and their parents attended the CAP parenting group. At the start of the group, parents complete a BASC for all children involved in the program. Five months after intake, Wilder Research Center staff contact the parents to complete a posttest BASC for up to two children (designated by program staff) per family.

Parent satisfaction is measured using the Program Evaluation Questionnaire. Parents are eligible to complete the questionnaire if they completed the CAP parenting group and their children completed the children's group. Wilder Research Center staff administer the survey over the telephone five months after the child's intake to the program.

Major findings

Children's positive adjustment

The service effectiveness goal of the Children's Domestic Abuse Program is to increase clients' positive adjustment. Improvement in this area is assessed using the following two measures (Figure 7):

- The percentage of children who were in the clinically significant or at-risk range on at least one BASC scale at intake and in the average or low range on at least one of the same scales five months later.
- The percentage of children with a decrease of at least 10 T-score points on the Behavioral Symptoms Index (BSI).

Thirty-eight clients from 28 families were eligible for this part of the evaluation in 2000-2001. Of these clients, six were not included in the analysis because their parents did not complete both pretest and posttest BASC forms. Another four clients were excluded

because their BASC results were invalid¹. Thus, the positive adjustment results for 2000-2001 are based on the BASC profiles of 28 clients.

Twenty-four of these 28 clients (86%) were in the clinical or at-risk range on at least one scale at pretest. Nineteen of the 24 (79%) improved to the average or better ranges on at least one of the same scales by posttest. There were no significant differences in improvement for this measure based on client gender, ethnicity, or number of client characteristics. On the other hand, there is some evidence that improvement varied based on client age (Figure 7b). Clients who moved from the clinical or at-risk range to the average or low range on at least one scale were on average 7 years old. Those who were in the clinical or at-risk range on at least one scale at pretest, but did not move into the average or low range on any of the same scales by posttest, had an average age of 10 years old.

Overall, 79 percent of the clients served during 2000-01 moved from the clinical or at-risk range at pretest to the average or low-risk range on at least one scale at posttest (Figure 7a). Just eight percent of the clients were in the clinical or at risk range on more scales at posttest than pretest.

The second measure of positive adjustment is the number of clients who show a decrease of at least 10 T-score points on the Behavioral Symptoms Index (BSI), a composite score that assesses the overall level of problem behaviors. Thirty-six percent of the clients served during 2000-01 improved on this measure, showing a decrease of 10 or more T-score points on the BSI from group start to five months later (see Figure 7a). Fourteen percent of the clients showed an increase of at least 10 T-score points over the same period, and half of the clients showed increases or decreases of less than 10 T-score points. There were no statistically significant differences in improvement on this measure based on client gender, ethnicity, age, or the number of client characteristics observed.

At pretest, clients were most likely to be in the clinical or at-risk ranges on the Behavior Symptoms Index, the Internalizing Problems Composite, and the Aggression, Anxiety, Depression, and Attention Problems scales. Clients were most likely to show improvement on many of the same measures, including the Behavior Symptoms Index, the Internalizing Problems Composite, and the Depression and Anxiety scales. Clients were also likely to show improvement on the Adaptive Skills Composite and the Somatization scale. Between 32 and 43 percent of clients improved on each measure listed (Figure 8).

¹ A number of factors may lead to invalid parent-rating scale scores, however they are generally due to inconsistency and/or extreme scores on the children that are not explained by the trend of all scores.

The average scores on all scales and composites improved from pretest to posttest. Furthermore, the average scores on seven measures showed statistically significant improvement. These measures were the Behavior Symptoms Index, the Internalizing Problems Composite, the Adaptive Skills Composite, and the Anxiety, Depression, Adaptability, and Social Skills scales (Figure 9).

Parent satisfaction

Parents' satisfaction with the Children's Domestic Abuse Program is assessed using the Program Evaluation Questionnaire, a survey addressing eight factors that influence satisfaction with services. These factors are satisfaction with: outcomes; the professional manner and skill of the parent's group counselor; the professional manner and skill of the children's group counselor; program procedures and other staff; program accessibility; the quality of the physical environment; the cultural competency of the program; and family strengths orientation. Parents use the following scale to rate items related to the seven factors: 1= terrible, 2= poor, 3= OK, 4= good, 5= very good, and 6=outstanding. Satisfaction data for 2000-01 are presented in Figures 10 and 11. It should be noted that rating "6" was changed from "Fantastic" to "outstanding" in 2000-01.

While average ratings for the satisfaction factors were slightly lower in 2000-01 than in 1999-2000, they remained very positive. All factors received average ratings of "good" or better. Parents expressed particular satisfaction with the staff of the Children's Domestic Abuse Program, including the parent and children's group counselors and the CAP office staff. The lowest-rated factors in 2000-01 still contained ratings between "good" and "very good."

The highest rated individual satisfaction items included:

- The parent group counselor's respect for the parent as an individual (5.3 average rating).
- The friendliness of the office staff (5.2 average rating).
- The caring and warmth of the parent group counselor (5.1 average rating).
- The knowledge and skills of the parent group counselor (5.1 average rating).
- The way the office staff answered the parent's questions (5.1 average rating).
- The overall benefit of the program (5.1 average rating).

Those with comparatively lower ratings included:

- The average length of time between group sessions (4.2 average rating).
- The convenience of the group times (4.2 average rating).
- The attractiveness of the facility (4.2 average rating).
- The amount of information the parent received from CAP about culturally relevant services (4.2 average rating).
- The child's progress in achieving her/his goals (4.3 average rating).

Due to the fact that the rating scale for the Program Evaluation Questionnaire was revised between 1999-2000 and 2000-01, it was not possible to conduct statistical tests comparing parent satisfaction levels across the two years. It was also not possible to test for variation based on client gender or ethnicity because parents completing the Program Evaluation Questionnaire may have had multiple children in the CAP children's group. Parents, even those associated with more than one client, completed the questionnaire only once. Thus, given that parents may have had children of different genders or ethnic backgrounds in the group, it was not possible to link their responses to a single gender or ethnicity.

Open-ended comments

When asked what they would change about the Children's Domestic Abuse Program, parents most often expressed a desire for longer group sessions or an extended program. Appeals for more time in the group were also common in 1998-99 and 1999-2000. In 2000-01, several parents also suggested improvements to the staff's approach. Others said that they would not change anything about the program.

When asked to identify the most positive aspect of the services they received, parents most often mentioned the support that they received from the group and the opportunity to meet others in similar situations. A number of parents felt that the group had helped them to better understand their children and several noted improvements in their children's self-expression and coping skills. Finally, some parents reiterated their satisfaction with the professional manner and skill of the parent and children's group counselors.

A large majority of the parents who completed the Program Evaluation Questionnaire said that the services they received had met their expectations. When asked why their expectations had been met, several parents indicated that their children had shown improvement. Some felt that their understanding of, or relationships with, their children had improved and others pointed to the caring and warmth of the staff. The remaining

parents had received helpful information, appreciated the group's focus on important issues, or enjoyed the positive communication within the group. Clients who reported that the program's services did not meet their expectations – just 3 of the 23 who responded – stated that their children had not shown improvement or had not felt comfortable opening up in the group.

When asked if they would recommend the Children's Domestic Abuse Program to other people who might need similar services, all but two of the parents who responded said that they would. Parents explained that they would recommend the program because they had benefited from the support of others in the group, felt less isolated, had the opportunity to change their own or their children's behavior, felt comfortable in the group, or learned of other resources available to them. On the other hand, one of the parents who would not recommend the group said that discussion of certain issues had been discouraged; the other did not believe that the program had helped her child.

Conclusions and recommendations

Client demographics and characteristics

The number of clients served by the Children's Domestic Abuse Program has decreased considerably over the last two fiscal years. At the same time, program clients have exhibited increasing numbers of characteristics on the Wilder Client Characteristics Checklist. The average number of characteristics observed per client showed an increase in both 1999-2000 and 2000-01, with the most recent increase reaching a statistically significant level. In addition, in each of the two years, several characteristics were exhibited by statistically significantly higher percentages of clients than had been exhibited the year before. Only one characteristic showed a statistically significant decrease during the whole two-year period. Assuming that staff's access to information about program clients hasn't changed, and that their reporting of this information has been generally consistent, the increasing prevalence of client characteristics suggests that the average client today faces more challenges than the average client faced several years ago. Staff are encouraged to examine these changes and any implications that they may have for effective service provision.

Behavioral improvement

Over three-quarters of the clients who were in the clinical or at-risk range on at least one scale at pretest moved into the low or average range on one of the same scales by posttest. Seventy-nine percent of all clients showed a net decrease in the number of scales on which they were in the clinical or at-risk range. Just over one-third of the clients showed a decrease of 10 or more T-score points on the Behavior Symptoms Index

from pretest to posttest. These results are similar to the BASC results from 1999-2000 and indicate that a majority of the clients showed improvement on at least one behavioral measure.

There is some indication that clients who moved from the clinical or at-risk range to the low or average range on at least one scale were, on average, younger. Staff may wish to discuss this finding.

Satisfaction

Parents reported high levels of satisfaction with the Children's Domestic Abuse Program. All of the satisfaction factors and individual items on the Program Evaluation Questionnaire received average ratings of "good" or better. While staff are advised to note the highest- and lowest-rated factors and items, no major areas of concern emerged from this data.

A frequent theme in parent's open-ended comments over the last three years has been the desire for more time in the program. Many parents wished that the group sessions had been longer or more frequent, or that the program had been extended. In this context, it is noteworthy that the average length of time between group sessions was among the lowest-rated satisfaction items in 2000-01. CAP staff have likely discussed the issues of session length, frequency, and number in the past. It may not be possible, given program constraints, to make major changes in response to parents' concerns. However, staff are encouraged to remain cognizant of the issue.

Another theme in the open-ended comments involved the sensitivity and understanding of staff. Some respondents expressed concern about the staff using an approach that was learned by a textbook, instead of being able to relate to the clients because they have children or have experienced a similar experience. Some clients felt counselors cared but did not feel the counselors could relate to them. Staff may want to discuss these issues further.

It should also be noted that, in expressing their desire for more time in the program, parents implied that they felt the group sessions were beneficial. Indeed, parents' open-ended comments generally reflected their satisfaction with the program. When asked to identify the most positive aspect of the services they had received, parents pointed to a wide range of benefits. A central theme was that parents felt support from everyone in the group because they were coming from similar experiences. A large majority of parents also stated that the services had met their expectations, provided a variety of useful tools and that they would recommend the program to others.

Background

Service information and client demographics

1. Staff and volunteer information

| Fiscal year | 1999-2000 | 2000-01 |
|-----------------------------------|------------------|----------------|
| Staff FTEs | 1.84 | 2.02 |
| Number of Volunteers ¹ | 5 | 10 |
| Volunteers Hours ¹ | 1844 | 1406.50 |

¹ Volunteer data include all CAP programs.

2. Service information

| Fiscal year | 1999-2000 | 2000-01 |
|--|------------------|----------------|
| Number of clients served | 99 | 66 |
| Total hours of direct service for all clients | 987 | 601 |
| Average number of hours of direct service per client | 9.7 | 9.1 |

3. Client demographics

| Fiscal year | 1999-2000 | 2000-01 |
|--|------------------|----------------|
| Gender | | |
| Female clients | 61% | 50% |
| Male clients | 39% | 50% |
| Ethnicity | | |
| White clients | 64% | 54% |
| Clients of ethnic backgrounds other than white | 36% | 46% |
| African-American clients | 22% | 23% |
| Asian clients | 5% | 7% |
| Native American clients | 1% | 0% |
| Other clients | 8% | 16% |
| Hispanic/Latino clients | 0% | 0% |

3. Client demographics (continued)

| Fiscal year | 1999-2000 | 2000-01 |
|--|------------------|----------------|
| Average age of clients | 8 | 8 |
| Clients from single parent families | 64% | 65% |
| Clients in 4 county service area (Ramsey, Dakota, Anoka, Washington) | 96% | 100% |
| Clients living in Central Urban Focus Area | 76% | 77% |
| Clients below 100% poverty level [†] | 43% | 59% |
| Clients below 125% of poverty level [†] | 57% | 65% |
| Median family income [†] | \$19,001 | \$12,001 |

† Information about family income and poverty status was available for just 18 of the 66 clients served during 1999-2000.

Client characteristics form

4. Total number of observed client characteristics (revised version)

| Total number of observed characteristics | 1999-2000 (N=56) | 2000-01 (N=42) |
|---|-----------------------------|---------------------------|
| 0 | 0% | 0% |
| 1-10 | 39% | 26% |
| 11-20 | 52% | 55% |
| 21-30 | 9% | 17% |
| 31-40 | 0% | 2% |
| 41-50 | 0% | 0% |
| 51-60 | 0% | 0% |
| Average | 13 | 16* |

* Averages for 1999-2000 and 2000-01 were statistically significantly different, $p < .05$.

5. Frequency of client characteristics

| Parent, child, and family characteristics | 1999-2000 (N=59) | 2000-01 (N=42) |
|--|-----------------------------|---------------------------|
| Child has witnessed violence between parental figures | 97% | 93% |
| Child has experienced parental divorce or separation | 93% | 91% |
| Family exhibits chronic unresolved conflict between parental figures | 85% | 88% |
| One or more parental figures has engaged in probable or adjudicated criminal activity | 32% | 88%*** |
| Family is or has been headed by a single parent | 93% | 81% |
| One or more parental figures has a history of chemical abuse or is currently abusing chemicals | 53% | 71%* |
| Family has experienced chronic economic distress | 47% | 57% |
| Child has experienced probable or documented physical abuse | 49% | 50% |
| One or more parental figures has had previous mental illness treatment | 25% | 50%** |
| Child is easily distractible or has attentional deficits | 20% | 50%** |
| Family exhibits frequent unresolved conflicts between parental figures and child | 56% | 48% |
| Family has had serial changes of parental figures | 37% | 48% |
| Parents exhibit poor or inconsistent monitoring of child's behavior | 31% | 48% |
| Child has experienced probable neglect by current or previous caregivers | 24% | 48%* |
| Family has a history of suicide (not client) | 19% | 48%** |
| Parental figures have been involved with social service agencies for two or more years | 51% | 45% |
| Child exhibits poor or insecure attachment to parents | 41% | 41% |
| Child has a history of isolative or withdrawn behavior | 29% | 38% |
| Child exhibits pattern of impulsivity | 29% | 36% |
| Child is assaultive or physically attacks others | 25% | 31% |
| Child has been the recipient of one or more previous outpatient intervention efforts | 34% | 29% |
| Family has had frequent changes in residence (3 or more times in previous five years) | 31% | 26% |
| Child is often hyperactive | 24% | 26% |
| Child exhibits separation anxiety | 15% | 26% |
| Child has a history of temper tantrums | 32% | 21% |
| Child is often irritable | 14% | 19% |

5. Frequency of client characteristics (continued)

| Parent, child, and family characteristics | 1999-2000 (N=59) | 2000-01 (N=42) |
|--|-----------------------------|---------------------------|
| Child has been in previous out-of-home placements | 12% | 19% |
| Child does not participate in organized religious activities | 9% | 19% |
| Child is the recipient of special education services | 7% | 19% |
| Child threatens or intimidates others | 19% | 17% |
| Child has a history of low academic performance | 3% | 17%* |
| Child does not participate in organized social activities | 17% | 14% |
| Child has experienced probable or documented sexual abuse | 10% | 14% |
| Parental figure or sibling has serious chronic physical illness or handicap | 10% | 14% |
| Child does not have strong positive relationships with any unrelated adults | 3% | 14% |
| Child has a history of feeding and/or sleeping problems | 9% | 12% |
| Mother was under 18 when child was born | 9% | 10% |
| Child does not have strong connections to extended family | 5% | 10% |
| Child exhibits sedentary lifestyle or does not exercise regularly | 2% | 10% |
| Child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or childcare setting. | 0% | 10%* |
| Child experienced prenatal exposure to drugs or alcohol | 7% | 7% |
| Child has a history of self injurious behavior, e.g., scratching, biting, hair pulling, suicide gestures | 3% | 7% |
| Biological or adoptive parents terminated rights on child | 7% | 5% |
| Child exhibits unhealthy eating habits | 3% | 5% |
| Child has chronic illness or health problems | 3% | 5% |
| Child has had multiple episodes of running away | 0% | 5% |
| One or more parental figures has less than a high school education | 9% | 2% |
| Child is preoccupied with and/or inappropriately plays with fire | 3% | 2% |
| Child has engaged in multiple acts of vandalism | 1% | 2% |
| Child exhibits probable chemical abuse or has been diagnosed as chemically dependent | 0% | 2% |
| Child had made a suicide attempt | 0% | 2% |
| Child is an adjudicated delinquent | 0% | 2% |
| Parental figure or sibling of child had died (not suicide) | 0% | 2% |

5. Frequency of client characteristics (continued)

| Parent, child, and family characteristics | 1999-2000 (N=59) | 2000-01 (N=42) |
|--|-----------------------------|---------------------------|
| Child has dropped out or stopped attending school | 0% | 0% |
| Child has exhibited physical cruelty to animals | 0% | 0% |
| Child has had at least one pregnancy or has fathered a child | 0% | 0% |
| Child has had multiple episodes of truancy | 0% | 0% |
| Child smokes cigarettes | 0% | 0% |
| Child was born prematurely | 0% | 0% |

Note. Percentages for 1999-2000 and 2000-01 were statistically significantly different; *p .05, **p .01, ***p .001.

6. Statistically significant variation in client characteristics by client gender and ethnicity

| Parent, child, and family characteristics | Gender | | Ethnicity | |
|--|---------------|---------------|------------------|--------------|
| | Male | Female | White | Other |
| Child has a history of temper tantrums | 35% | 5%* | - | - |
| Child is often hyperactive | 44% | 5%** | - | - |
| Child is easily distractible or has attentional deficits | 65% | 32%* | - | - |
| Family has a history of suicide (not client) | - | - | 29% | 81%** |

Note. Percentages were statistically significantly different; *p .05, **p .01.

Service outcomes

Behavioral improvement

7a. Improvement in BASC and BSI Scores, 2000-01

| Measures | 1999-2000 | | 2000-01 | |
|--|---|--------------------|---------|--------------------|
| | Children who were in the clinically significant or at-risk range on at least one BASC scale at intake and in the average or low range on at least one of the same scales five months later. | 19/26 [†] | 73% | 19/24 [†] |
| Children with a decrease (improvement) of at least 10 T Score points on the Behavioral Symptoms Index (BSI). | 11/31 | 36% | 10/28 | 36% |

[†] Base numbers include only children who were in the clinically significant or at-risk range on at least one scale at intake. Five children in 1999-2000 and four children in 2000-01 were not in the clinically significant or at-risk range on any scale when they entered the program.

7b. Improvement in BASC Scores by age, 2000-01

| Measures | Mean age N=24 | |
|---|------------------|----|
| | Yes | No |
| Children who were in the clinically significant or at-risk range on at least one BASC scale at intake and in the average or low range on at least one of the same scales five months later. | 7 | 10 |

Note. Mean ages were statistically significantly different; *p .05

8. Pretest to posttest change on BASC individual scales and composites, 2000-01

| Scale | Rating at pretest | N | Direction of change from pretest to posttest | | |
|--|-------------------|----|--|------------|----------|
| | | | Improved | Maintained | Declined |
| Behavior Symptoms Index | Low | 1 | 0 | 0 | 1 |
| | Average | 17 | 4 | 10 | 3 |
| | At-Risk | 4 | 3 | 1 | 0 |
| | Clinical | 6 | 5 | 1 | 0 |
| Externalizing Composite | Low | 5 | 0 | 3 | 2 |
| | Average | 17 | 2 | 13 | 2 |
| | At-Risk | 6 | 3 | 3 | 0 |
| | Clinical | 0 | 0 | 0 | 0 |
| Internalizing Problems Composite | Low | 4 | 0 | 2 | 2 |
| | Average | 13 | 1 | 12 | 0 |
| | At-Risk | 7 | 7 | 0 | 0 |
| | Clinical | 4 | 2 | 2 | 0 |
| Adaptive Skills ¹ Composite | Very High | 0 | 0 | 0 | 0 |
| | High | 3 | 0 | 3 | 0 |
| | Average | 16 | 1 | 15 | 0 |
| | At-Risk | 8 | 7 | 1 | 0 |
| | Clinical | 1 | 1 | 0 | 0 |
| Hyperactivity | Low | 5 | 0 | 3 | 2 |
| | Average | 20 | 5 | 12 | 3 |
| | At-Risk | 3 | 0 | 1 | 2 |
| | Clinical | 0 | 0 | 0 | 0 |
| Aggression | Very Low | 0 | 0 | 0 | 0 |
| | Low | 4 | 0 | 2 | 2 |
| | Average | 13 | 0 | 12 | 1 |
| | At-Risk | 11 | 0 | 0 | 11 |
| | Clinical | 0 | 0 | 0 | 0 |

8. Pretest to posttest change on BASC individual scales and composites, 2000-01 (continued)

| Scale | Rating at pretest | N | Direction of change from pretest to posttest | | |
|--------------------|-------------------|----|--|------------|----------|
| | | | Improved | Maintained | Declined |
| Conduct Problems | Low | 4 | 0 | 3 | 1 |
| | Average | 10 | 2 | 5 | 3 |
| | At-Risk | 6 | 3 | 2 | 1 |
| | Clinical | 2 | 2 | 0 | 0 |
| Anxiety | Low | 5 | 0 | 2 | 3 |
| | Average | 12 | 0 | 11 | 1 |
| | At-Risk | 4 | 3 | 0 | 1 |
| | Clinical | 7 | 6 | 1 | 0 |
| Depression | Low | 2 | 0 | 0 | 2 |
| | Average | 15 | 3 | 11 | 1 |
| | At-Risk | 8 | 7 | 0 | 1 |
| | Clinical | 3 | 2 | 1 | 0 |
| Somatization | Low | 9 | 0 | 3 | 6 |
| | Average | 15 | 5 | 9 | 1 |
| | At-Risk | 2 | 2 | 0 | 0 |
| | Clinical | 2 | 2 | 0 | 0 |
| Attention Problems | Low | 3 | 0 | 2 | 1 |
| | Average | 15 | 0 | 13 | 2 |
| | At-Risk | 8 | 6 | 2 | 0 |
| | Clinical | 2 | 2 | 0 | 0 |
| Atypicality | Low | 5 | 0 | 1 | 4 |
| | Average | 15 | 3 | 12 | 0 |
| | At-Risk | 4 | 3 | 1 | 0 |
| | Clinical | 4 | 2 | 2 | 0 |
| Withdrawal | Very Low | 0 | 0 | 0 | 0 |
| | Low | 5 | 0 | 4 | 1 |
| | Average | 18 | 3 | 13 | 2 |
| | At-Risk | 5 | 5 | 0 | 0 |
| | Clinical | 0 | 0 | 0 | 0 |

8. Pretest to posttest change on BASC individual scales and composites, 2000-01 (continued)

| Scale | Rating at pretest | N | Direction of change from pretest to posttest | | |
|----------------------------|-------------------|----|--|------------|----------|
| | | | Improved | Maintained | Declined |
| Adaptability ¹ | High | 2 | 0 | 1 | 1 |
| | Average | 16 | 0 | 14 | 2 |
| | At-Risk | 6 | 5 | 1 | 0 |
| | Clinical | 2 | 2 | 0 | 0 |
| Social Skills ¹ | Very High | 1 | 0 | 0 | 1 |
| | High | 4 | 0 | 3 | 1 |
| | Average | 16 | 0 | 15 | 1 |
| | At-Risk | 6 | 5 | 1 | 0 |
| | Clinical | 1 | 1 | 0 | 0 |
| Leadership ¹ | Very High | 1 | 0 | 0 | 1 |
| | High | 4 | 1 | 2 | 1 |
| | Average | 12 | 2 | 10 | 0 |
| | At-Risk | 4 | 2 | 2 | 0 |
| | Clinical | 1 | 1 | 0 | 0 |

¹ For the Adaptive Skills composite and scales, clients improve to high ranges.

9. Pretest to posttest mean scores on BASC individual scales and composites, 2000-01

| Scale | 1999-2000 | | 2000-01 | |
|----------------------------------|-----------|----------|---------|----------|
| | Pretest | Posttest | Pretest | Posttest |
| Behavior Symptoms Index | 60.3 | 51.2** | 56.1 | 50.9* |
| Externalizing Composite | 58.8 | 50.5** | 52.5 | 50.5 |
| Internalizing Problems Composite | 60.6 | 51.0** | 55.2 | 49.5* |
| Adaptive Skills Composite | 47.5 | 52.6** | 46.6 | 51.5** |
| Hyperactivity | 56.8 | 49.5** | 49.4 | 47.4 |
| Aggression | 58.8 | 52.3* | 54.0 | 51.9 |
| Conduct Problems | 57.5 | 50.0* | 53.1 | 52.0 |
| Anxiety | 57.5 | 50.9** | 57.8 | 51.7* |
| Depression | 62.4 | 53.6** | 56.1 | 51.6* |
| Somatization | 54.7 | 47.3** | 48.3 | 45.5 |
| Attention Problems | 56.3 | 50.2*** | 54.5 | 51.6 |
| Atypicality | 51.4 | 48.2 | 53.6 | 49.7 |
| Withdrawal | 51.8 | 49.1* | 50.6 | 47.8 |
| Adaptability | 44.5 | 47.7* | 45.0 | 49.2* |
| Social Skills | 47.8 | 54.0*** | 48.9 | 51.8* |
| Leadership | 50.9 | 54.8* | 49.7 | 53.0 |

Note. Percentages were statistically significantly different. * p<.05, ** p<.01, *** p<.001.

Parent satisfaction

10. Parent satisfaction factor ratings, 2000-01

| | Parents Responding OK or better | | | | Parents Responding Good or better | | | | 1999-2000 Mean Rating | 2000-01 Mean Rating |
|---|---------------------------------|---------|---------|---------|-----------------------------------|---------|---------|---------|-----------------------|---------------------|
| | 1999-2000 | | 2000-01 | | 1999-2000 | | 2000-01 | | | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | | |
| Professional Manner and Skill of Parent Group Counselor | 20/20 | 100% | 25/26 | 96% | 19/20 | 95% | 22/26 | 85% | 5.2 | 5.0 |
| Professional Manner and Skill of Children's Group Counselor | 21/21 | 100% | 25/27 | 93% | 21/21 | 100% | 22/27 | 82% | 5.4 | 4.9 |
| Program Procedures and Other Staff | 21/21 | 100% | 26/27 | 96% | 19/21 | 91% | 23/27 | 85% | 4.9 | 4.9 |
| Cultural Competency of the Program | 20/21 | 95% | 26/27 | 96% | 19/21 | 91% | 22/27 | 82% | 4.8 | 4.8 |
| Family Strengths Orientation | 21/21 | 100% | 25/27 | 93% | 20/21 | 95% | 21/27 | 78% | 5.0 | 4.6 |
| Program Accessibility | 21/21 | 100% | 25/27 | 93% | 21/21 | 100% | 20/27 | 74% | 4.9 | 4.6 |
| Outcomes | 21/21 | 100% | 25/27 | 93% | 18/21 | 86% | 21/27 | 78% | 4.8 | 4.4 |
| Quality of Physical Environment | 21/21 | 100% | 27/27 | 100% | 17/21 | 81% | 19/27 | 70% | 4.5 | 4.4 |

Note. Rating scale for 2000-01 was 1=terrible, 2=poor, 3=OK, 4=good, 5=very good, **6=outstanding**.
 Rating scale for 1999-2000 was 1=terrible, 2=poor, 3=OK, 4=good, 5=very good, **6=fantastic**.

11. Parent satisfaction ratings by question, 2000-01

| Question | N | SATISFACTION RATINGS | | | | | | 1999-2000 Mean ¹ | 2000-01 Mean |
|---|----|----------------------|--------|------|--------|-------------|----------------|-----------------------------|--------------|
| | | Terrible 1 | Poor 2 | OK 3 | Good 4 | Very good 5 | Out-standing 6 | | |
| SATISFACTION WITH OUTCOMES | | | | | | | | | |
| How do you feel about the results of the services you received? ² | 26 | 4% | 0% | 12% | 15% | 42% | 27% | 5.1 | 4.7 |
| How do you feel about your progress in achieving your goals? ² | 26 | 4% | 4% | 15% | 19% | 31% | 27% | 4.8 | 4.5 |
| How do you rate your ability to cope with your child's issues now? ² | 25 | 0% | 0% | 20% | 20% | 56% | 4% | 4.7 | 4.4 |
| How do you feel about your child's progress in achieving her/his goals? ² | 26 | 0% | 4% | 23% | 27% | 31% | 15% | 4.9 | 4.3 |
| SATISFACTION WITH PROFESSIONAL MANNER AND SKILL OF THE PARENT GROUP COUNSELOR | | | | | | | | | |
| How would you rate the parent group counselor's respect for you as an individual? ² | 26 | 4% | 0% | 4% | 4% | 35% | 54% | 5.4 | 5.3 |
| How would you rate the caring and warmth of your parent group counselor? | 25 | 0% | 0% | 8% | 12% | 40% | 40% | 5.3 | 5.1 |
| How would you rate the knowledge and skills of the parent group counselor? | 26 | 0% | 0% | 12% | 8% | 42% | 39% | 5.3 | 5.1 |
| How would you rate the parent group counselor's ability to understand your problems? ² | 26 | 4% | 4% | 4% | 8% | 42% | 39% | 5.2 | 5.0 |
| How would you rate the parent group counselor's ability to communicate in an understandable fashion? ² | 26 | 0% | 4% | 8% | 12% | 42% | 35% | 5.1 | 5.0 |
| How would you rate the usefulness of the parent group counselor's suggestions and recommendations? | 26 | 0% | 8% | 8% | 19% | 35% | 31% | 4.8 | 4.7 |
| How do you feel about your level of participation in the services you received? | 26 | 0% | 0% | 12% | 39% | 23% | 27% | 4.4 | 4.7 |

11. Parent satisfaction ratings by question, 2000-01 (continued)

| Question | SATISFACTION RATINGS | | | | | | | 1999-2000 Mean | 2000-01 Mean |
|---|----------------------|------------|--------|------|--------|-------------|----------------|----------------|--------------|
| | N | Terrible 1 | Poor 2 | OK 3 | Good 4 | Very good 5 | Out-standing 6 | | |
| SATISFACTION WITH PROFESSIONAL MANNER AND SKILL OF THE CHILDREN'S GROUP COUNSELOR | | | | | | | | | |
| How would you rate the caring and warmth of the children's group counselor? | 27 | 0% | 7% | 4% | 15% | 33% | 41% | 5.7 | 5.0 |
| How would you rate the children's group counselor's ability to communicate in an understandable fashion? ² | 27 | 0% | 4% | 7% | 22% | 26% | 41% | 5.2 | 4.9 |
| How would you rate the knowledge and skills of the children's group counselor? | 27 | 0% | 0% | 11% | 30% | 26% | 33% | 5.3 | 4.8 |
| How would you rate the children's group counselor's ability to understand your child's situation? ² | 26 | 0% | 12% | 8% | 12% | 35% | 35% | 5.3 | 4.7 |
| SATISFACTION WITH PROGRAM PROCEDURES AND OTHER STAFF | | | | | | | | | |
| How would you rate the friendliness of the office staff? ² | 26 | 0% | 4% | 4% | 15% | 19% | 58% | 5.1 | 5.2 |
| How would you rate the way the office staff answered your questions? | 25 | 0% | 4% | 4% | 16% | 28% | 48% | 4.7 | 5.1 |
| How would you rate the way financial responsibility was explained to you? ² | 25 | 0% | 4% | 0% | 24% | 36% | 36% | 5.1 | 5.0 |
| How would you rate the amount of paperwork you had to do? | 27 | 0% | 0% | 22% | 22% | 41% | 15% | 4.6 | 4.5 |

11. Parent satisfaction ratings by question, 2000-01 (continued)

| Question | N | SATISFACTION RATINGS | | | | | | 1999-2000 Mean | 2000-01 Mean |
|--|----|----------------------|--------|------|--------|-------------|----------------|----------------|--------------|
| | | Terrible 1 | Poor 2 | OK 3 | Good 4 | Very good 5 | Out-standing 6 | | |
| SATISFACTION WITH ACCESSIBILITY | | | | | | | | | |
| How would you rate the responsiveness of staff to your telephone calls? ³ | 24 | 0% | 8% | 0% | 21% | 29% | 42% | NA | 5.0 |
| How would you rate the amount of time you had to wait between your first phone call to the program and your intake appointment? ⁴ | 26 | 0% | 4% | 8% | 19% | 27% | 42% | 5.2 | 5.0 |
| How would you rate the ease of arranging your intake appointment? | 27 | 0% | 0% | 4% | 30% | 26% | 41% | 5.0 | 5.0 |
| How do you rate the ease of contacting program staff? ³ | 26 | 0% | 0% | 19% | 8% | 42% | 31% | NA | 4.9 |
| How convenient was the location of the program? ⁵ | 27 | 0% | 11% | 19% | 19% | 22% | 30% | 4.9 | 4.4 |
| How would you rate the average length of time between group sessions? ^{3,6} | 26 | 0% | 0% | 31% | 31% | 27% | 12% | NA | 4.2 |
| How convenient were the group times? | 27 | 4% | 7% | 22% | 22% | 19% | 26% | 4.4 | 4.2 |
| SATISFACTION WITH THE QUALITY OF THE PHYSICAL ENVIRONMENT | | | | | | | | | |
| How would you rate the comfort of the facility? ² | 27 | 0% | 4% | 7% | 30% | 44% | 15% | 4.7 | 4.6 |
| How would you rate the attractiveness of the facility? ² | 27 | 0% | 0% | 37% | 15% | 37% | 11% | 4.4 | 4.2 |
| CULTURAL COMPETENCY OF THE PROGRAM | | | | | | | | | |
| How would you rate the staff's sensitivity to cultural issues? | 26 | 0% | 0% | 8% | 23% | 27% | 42% | 5.0 | 5.0 |
| How would you rate CAP's reputation for providing services to children from your cultural group? ² | 26 | 0% | 0% | 8% | 27% | 31% | 35% | 4.9 | 4.9 |
| How would you rate the staff's ability to relate to your cultural background? | 27 | 0% | 0% | 7% | 22% | 41% | 30% | 4.9 | 4.9 |
| How would you rate the amount of information you received from CAP about culturally relevant services? | 25 | 0% | 8% | 24% | 24% | 24% | 20% | 4.5 | 4.2 |

11. Parent satisfaction ratings by question, 2000-2001 (continued)

| Question | N | SATISFACTION RATINGS | | | | | | 1999-2000 Mean | 2000-01 Mean |
|---|----|----------------------|--------|------|--------|-------------|----------------|----------------|--------------|
| | | Terrible 1 | Poor 2 | OK 3 | Good 4 | Very good 5 | Out-standing 6 | | |
| FAMILY STRENGTHS ORIENTATION | | | | | | | | | |
| How would you rate the parent group counselor's ability to help you identify your strengths, such as coping skills, support systems, and existing parenting skills? | 26 | 4% | 0% | 8% | 27% | 35% | 27% | 5.3 | 4.7 |
| How would you rate the way in which you used these strengths to address your problems? | 25 | 0% | 0% | 20% | 32% | 36% | 12% | 4.7 | 4.4 |
| OTHER SATISFACTION ITEMS | | | | | | | | | |
| Finally, how would you rate the overall benefit of the program? ³ | 27 | 0% | 4% | 7% | 7% | 37% | 44% | NA | 5.1 |
| How would you rate the amount of information you received from staff about your child? ³ | 27 | 0% | 15% | 0% | 30% | 22% | 33% | NA | 4.6 |
| How would you rate the staff's ability to refer you to other community resources? ³ | 25 | 0% | 12% | 12% | 24% | 28% | 24% | NA | 4.4 |

The family strengths satisfaction factor also includes the following questions:

How would you rate the parent group counselor's ability to listen and understand your problems?
(Listed under "satisfaction with professional manner and skill of the parent group counselor")

How would you rate the children's group counselor's ability to listen and understand your child's problems?
(Listed under "satisfaction with professional manner and skill of the children's group counselor")

How do you feel about the progress you made in achieving your goals?
(Listed under "satisfaction with outcomes")

How do you feel about the progress your child made in achieving his/her goals?
(Listed under "satisfaction with outcomes")

- 1 Means for 1999-2000 are based on the following rating scale: 1=terrible, 2=poor, 3=OK, 4=good, 5=very good, **6=fantastic**.
- 2 Item wording was changed slightly from the 1999-2000 evaluation.
- 3 Item was new in 2000-01.
- 4 On average, parents waited 16 days between their first phone call to CAP and their intake appointment. However, the median number of days waited was just two, and 90 percent of parents waited one week or less.
- 5 On average, it took parents 25 minutes to get to CAP.
- 6 Twenty-five of 27 parents reported that it was seven days between program sessions.

Open-ended responses²

If you could change one thing about the services you received, what would it be?

Longer sessions, more sessions

It would be better if the meetings were longer – like two hours.

I would have liked it if there had been more sessions.

That the sessions go longer – the program in general, sometimes 14 weeks isn't long enough.

Longer session time.

That it lasted a little longer, the number of weeks.

I think that the program was too short and it would have been better had it gone longer.

I think for the sessions to be longer than they were. When we started to get to know each other and got started into interesting topics, it seemed that the sessions were ending. A period of six months would have been more beneficial to my girls.

The only thing would be extending the group. It was only an hour and a half; the parents could have used longer or decreased the size of the group. Everyone got a chance to speak but you really had to come to the point quickly.

I'd like it to be a little bit longer – the time that we have the sessions, we go through so much that it feels like we're cutting things short. Have it for two hours.

Probably have more than one section a year like spring, summer, fall or something.

Professional manner and skill of the counselor

I guess – not that the counselor was not knowledgeable in the sense of book-learning – and it's true that she had useful things to say in our discussions, but she never experienced the real life situation of having children. She only has pets. She went to school, but I would feel even more comfortable if the counselor had had the experience of parenting themselves.

The counselors need to be more caring and understanding. I thought that they were cold and went too much by the book.

The one thing I didn't like was that one of my children's counselors put information into the final document at the end that we had not discussed. I guess I believe there should be no surprises in written documents.

² Some of the open-ended responses have been rephrased.

I think that they're not adequately addressing people who live in fear from long-term abuse. Discussing a united family system doesn't work when you're talking about a divided family system. The program talked too much about theory, and not enough on feelings of victimization, injustice, and repercussions of ongoing abuse. I didn't feel that the counselors had enough mental health training. They also didn't address sexual abuse. They said "Let's learn different communication, different ways you're being abused." People who are abused know how they're abused because it's happening to them first hand. The parents' group didn't heal anything for me. There are several issues that I feel the program did not address: What can you do if the system isn't helping you? They didn't let you talk about if your ex is a sociopath or a psychopath. They didn't address safety concerns or fear... if your ex keeps breaking court orders and the police don't really do anything about it. They didn't discuss disassociation in our kids, from being abused over and over and over. They also didn't discuss spirituality and prayer... or get help for women who said they couldn't get out of bed. Most of the plays that they showed were based on a united family system where the parents are separated but still together, and that didn't exist for 90 percent of the women. My kids were also afraid to talk in a group setting. I think the counselors may have been caring but they don't want to get involved.

Later group times

The time of day – if it could be a little later. It was hard having to cut work hours to get to the program. For me the ideal start time would be 5:30 p.m. For people with limited income, we can't afford to lose work hours. And many of us must come by bus, which takes much longer.

Maybe the time of day. Should be a little later. Many of the people are not so wealthy and may need to stay at work longer, rather than needing to cut out part of a day of work. Probably 5:30 p.m. would be good. Also many poorer people need to come by bus as I did.

Other

That they would be closer to the kids' school.

They should provide more information on how to deal with my son's anger when his brother picks on him.

The only thing is to expand the age group; my older son was too old to attend and my insurance wasn't able to cover the groups he could attend. Son was 14 at the time.

That they offered a program for the fathers to interact on a weekly basis. Like a program that would coincide with what the child is doing at each session. So each week while the children were in their sessions, the parents would meet and discuss the issues that the children were working on, as well as interact among the parents. The parent group was closed to fathers.

I feel like more information could have been a teaching/learning experience. There were a lot of people who needed individual counseling and them talking about it took away from the main goal/theme. Not less group participation but stick to the agenda and the theme. Sometimes it takes over the topic at hand. Sometimes it was hard for people to understand group rules.

Nothing, don't know

Nothing.

Probably nothing.

I can't honestly think of anything right now.

I don't know; I thought it was pretty good.

I don't know.

I really don't know.

What was the most positive aspect of the services that you received?

Meeting others in group, less isolation

I met a lot of nice people who were going through similar problems.

Just to be around people who were like me, felt good to know that I wasn't alone.

My daughter enjoyed the arts and crafts and I enjoyed talking to the other women there.

I think probably that not only was the staff there to support and understand what my girls were going through, but there were others who had gone through this. So you don't feel so alone.

It helped the kids to realize that they weren't alone in their issues.

Just meeting new people and that I'm not alone with my problems.

The only thing that was good was that you were around people who were victimized or traumatized and they probably understood more than counselors. And my kids felt that the other kids were also being hurt but they didn't even talk about it.

The group experience – both parents and kids' groups.

I didn't feel alone with my situation. It was helpful that there was a service that gave me tools and insight into my situation.

Helped parent to understand child

Kind of helped me and my son get closer – I understand a bit more now about my son and his anger.

They gave me lots of good information to help my child.

Understanding my child more.

Understanding what was happening between me and my children in the home life.

Child discussed issues, learned coping skills

That my child had a breakthrough. He started talking about it. I'm sorry he couldn't continue with the same counselor, but she moved on. Hopefully he will form a bond with his new counselor.

Just the weeks she (client) came out of the group asking questions and expressing herself about what they had been discussing in the group. She tested out her feelings and ideas on me. So they kind of taught her to express herself.

Teaching the children alternative, better ways to cope and respond.

Everybody had input and we could learn from each other. The facilitators were excellent with that too. I also loved watching what my daughter learned. That was really the best part – a goal that was met. Watching her learn how to cope better in school and not become so angry.

Professional manner and skill of the children's group counselors

I liked the way they encouraged her to have self-esteem; they brought that out. She was kind of shy, and they were very good about bringing it out.

The teachers were very helpful and good at helping him to know he wasn't the only one who was angry and that it was okay to be angry about what was going on and to talk about it. It opened up communication between us and it was helpful to have other kids in the group.

The amount of understanding. The amount of time the counselors took and the amount of time they took with my son to understand his problems. I thought it was just wonderful.

I think it was just the counselors. I thought they were awesome, they're creative, real caring and understanding. The ones that were with the kids were excellent. They didn't make it threatening. They made it fun for them.

Professional manner and skill of the parent group counselors

The parent counselor was so caring. She even visited my son while he was in the hospital.

I think the counselor was really respectful to each parent. She listened carefully to the actual parents and took into account that the parents had knowledge and experience that she had not had a chance to get because she was not a parent herself. So she was really open to hearing what the parents had to say.

Other

Client wanted to go back again.

I liked how the information that was given was not specific to anyone or any specific situation; it could be applied to anyone. It's a comfortable place to go and I liked the confidentiality.

They helped me to get through so much. I feel like I've grown so much – been able to stand up and fight more.

They helped a lot, they were wonderful; they were just there and it was great.

Did the services you received meet your expectations? Why or why not?

Positive responses

Child showed improvement

Yes. He did have a breakthrough; he did start talking about it. We're going into a new group so he can keep talking about it. It was good. That was a step forward for us.

Yes. I was hoping client would open up more to me and I was afraid that he thought he was the only kid going through it and he wasn't. Being able to talk about it, not being ashamed, not feeling like it's his fault. He's grown and developed so much.

Yes, I liked it because it made her more aware of being shy, and sometimes she had terrible attitude problems, manners and it brought her down from that.

Yes, because client showed improvement. It was like she trusted the counselors. She knew she had some problems to work through and she wanted to go back and work on them.

Yes, my main reason for calling was because he was acting out in school. My expectation was to help him deal with the anger towards our separation – mine and his father's – and they did that and gave helpful parenting information.

Parent's understanding of / relationship with child improved

That and then some. I guess just the way they explained things. That what he was going through was what I was going through; but he was so young.

Oh yeah, very much so. Because my son and I somehow lost our ability to communicate. They showed us how to understand each other better. It made me a better parent somehow. I learned how to understand my son.

Yes. I went in there to get services for my youngest daughter. She had anger management issues at school. I got more out of it than I expected because I also learned, not only what my youngest daughter's issues were, but what was going on with my oldest daughter – causes and consequences.

Absolutely, it provided the tools that I could use to relate to my children better and it gave me an idea of where they're coming from.

Exceeded; I figured if I was able to go and learn to control some of my emotions and my children then that would be great. That group helped me to understand that control was not the issue at all, it was understanding.

Caring and warmth of staff

Yes, they went above meeting my expectations. I was expecting to get some resources and the staff was really good about telling me that it wasn't something I should be ashamed of – when I went I was ashamed when I left not so much.

Yes, I guess I could call anytime if I had questions and they'd try to help the best they could.

Yes, I got involved and they listened to my opinion.

Yes. I was going into it as somewhat concerned that it would be somewhat confrontational to my kids, and it wasn't. It was child-friendly.

Parent learned, received helpful information

Yes, because they answered all my questions and gave me tons of good information.

Yes, I guess. I didn't have any expectations except that I was going to learn something and I did.

Yes, because we've been able to improve actions and figure out alternative ways of doing things; better ways of dealing with negative issues.

Group focused on important issues

Yes. We went in talking about respect and cultural issues and getting along issues, and I think they were very good at that.

Yes, they stayed focused on the primary issues.

Positive communication within the group

Yes, sort of. As well as could be expected. We were able to talk, to brainstorm with other parents. We were able to assure each other where we were uncertain. So we helped each other gain some assurance, which helped us be confident being the parent.

Yes. I just feel that there was a communication there that was helpful.

Other

My expectations were that the experience I endured; I mean there were tools to deal with, find solutions, but I thought there'd be more about understanding self and tying in with dependency issues. I picked up on the dependency issues from conversations.

I thought it would help to assess ourselves, understand ourselves; if we touched on strengths and weaknesses in ourselves, maybe worked on goals.

Yes. It was what it was explained to me as, and it was great.

Negative responses

No, because I thought my son would get some help with dealing with his anger when his abusive older brother is aggressive to him. But client felt his older brother should get the counseling. Since the program, client still is unable to control his anger when his older brother picks on him.

No because my kids didn't feel, based on the way information was presented, that they could talk about the abuse and the death threats. They didn't feel comfortable talking about it, like it's better to keep quiet because it's not deep therapy.

I didn't need them so I didn't have any expectations.

Would you recommend this program to other people who might need similar services? Why or why not?

Positive responses

Support from other parents, less isolation

Yes, because parents get a lot of support from other parents in the program and kids get to see that there are kids with the same kind of problem that they have.

Yes. Well hopefully I guess they would be able to get the support out of it from the other parents. So they could get some nice little support from a circle of parents that they could talk to.

Yes, because it was helpful, even if you're not in the same situation, to have other women to talk to and to know you're not the only one going through it.

Definitely, just that they've helped me so much, because you develop friendships and client still plays with the kids and I meet the moms still. Just having someone to talk to because sometimes that's all you need.

Yes, because there are so many caring people there.

Oh yes. Just because then you don't feel so alone. It was just a great program I thought.

Yes. Because I think it's very helpful to have someone to talk to. And if they can't help you, they have other programs they'll advise you to.

Yes in a heartbeat because I got so much out of it. I wasn't alone; you know you're not alone but some things don't become clear until you hear someone else say it. I learned a lot. If I knew anyone who was in any type of abuse I would tell them to go because it's not like any group I thought it would be.

Opportunity to change behavior and learn new skills

Yes, it's good for the parents and kids. If we'd been able to attend more, it would encourage her attitude problem and respecting other kids – it would have brought that out.

Yes, because if they're willing to face the problems they're encountering, and get help, the help is available and you can turn around negative behaviors.

Yes. That they'd go to the group, it helped my son a lot.

Definitely. If they're willing to learn, there are other ways to cope with people who may be coming at them with negative actions. There are ways of handling that without it leading to confrontation.

Yes. I believe that they and their children would benefit from it. It teaches beneficial skills.

Program is comfortable place to be

Yes, because it wasn't threatening. The confidentiality was assured and important. And the staff was there for you. This support is very welcome when you're going through something difficult. And attending the program was actually fun. I enjoyed being there.

Absolutely, I would recommend it to other people because the children enjoy it, it's a fun place to be. I encouraged good mental health in children – I got a lot of positive and good information.

Oh definitely. Just the staff is so understanding and so accommodating to each person's individual abilities and needs. My son is not the smartest kid, and they were so patient in taking time to explain things in a way he could really understand that the things his father had done weren't right.

Yes. I got a lot out of it. It's a very supportive program. If a child is having problems, the program helps the entire family – the siblings and parents too. They make it playful too for the kids. They weren't too happy at first, but they made it a pleasurable experience for them.

Recommended other resources

Yes. I think they had a lot to offer and they had a lot of places for referrals so I think it would be a good place to start.

Definitely, the support it gave me. Mostly I'd recommend the resources they give you outside of their services and the knowledge they give about the whole domestic abuse thing.

Would recommend program, but would like to see improvements

Yes. It is a great program but I wish they had a program like it for older kids.

Yes, with some suggestions for improvement. We need to process the information and we couldn't because of people's sharing and not sticking to the agenda. What we had in common was the experience but what we needed was the teaching process. Understanding the past, co-dependency issues, the conditioning process about this is why I act the way I do.

Other

Yes, they're willing to help if you're asking for help I guess.

Yes, the support and education.

Yes. I saw the positive benefits of it first hand.

Yes, it can't hurt.

Negative responses

Never because of the way they treated me and my kids. In the women's group (different group³) they literally told me that I shouldn't talk about what's going on with my kids because it might bother the others. I got a sense that I shouldn't talk about it and I couldn't even cry.

No, because it didn't really help my son. He still needs help and even though I asked, this program could not refer me to a source of help.

³ The respondent is referring to another program at CAP (Women's Domestic Abuse), which she attended prior to entering the Children's Domestic Abuse program.

Appendices

Primary indicator data for five years

Wilder client characteristics checklist

Program evaluation questionnaire

Behavior Assessment System for Children (BASC)

Primary indicator data for five years

| Indicator | 1996-97 | 1997-98 | 1998-99 | 1999-2000 | 2000-2001 |
|---|----------------|-------------|------------------------------|-------------|-------------|
| Service and demographic information | | | | | |
| Number of clients | 88 | 110 | 142 | 99 | 66 |
| Average number of hours of direct service per client | 9.0 | 9.7 | 9.1 | 10 | 9.1 |
| Clients of ethnic background other than white | 48% | 38% | 33% | 36% | 46% |
| Male clients | 60% | 54% | 49% | 39% | 50% |
| Clients from single parent families | 69% | 57% | 51% | 64% | 65% |
| Clients below 125% of poverty level | 74% | 56% | 46% | 57% | 65% |
| Average number of "observed" Client Characteristics Form items per child | 12 | 8 | 8 (original) 10 (revised) | 13 | 16 |
| Service outcomes | | | | | |
| Children who were in the clinically significant or at-risk range on at least one BASC scale at intake and in the average or low range on at least one of the same scales five months later. | 13/23 57% | 19/32 59% | 13/26 50% | 19/26 73% | 19/24 79% |
| Children with a decrease (improvement) of at least 10 T Score points on the Behavioral Symptoms Index (BSI). | 6/25 24% | 10/37 27% | 6/35 17% | 11/31 36% | 10/28 36% |
| Parent satisfaction | | | | | |
| Percent of parents who report scores of ≥ 4 (good) on the following subscales: | N=14,24 | N=27 | N=30 | N=21 | N=27 |
| Satisfaction with Outcomes | 79% | 89% | 87% | 86% | 78% |
| Satisfaction with the Professional Manner and Skill of Parent Group Counselor | 96% | 89% | 97% | 95% | 85% |
| Satisfaction with the Professional Manner and Skill of the Children's Group Counselor | 86% | 96% | 93% | 100% | 82% |
| Satisfaction with Program Procedures and Other Staff | 92% | 89% | 90% | 91% | 85% |
| Satisfaction with the Quality of the Physical Environment | 75% | 89% | 79% | 81% | 70% |
| Satisfaction with Program Accessibility | 83% | 78% | 87% | 100% | 74% |
| Satisfaction with the Cultural Competency of the Program | 86% | 85% | 83% | 91% | 82% |
| Satisfaction with Family Strengths Orientation | 93% | 89% | 80% | 95% | 78% |

WILDER CLIENT CHARACTERISTICS CHECKLIST

CAP: Children's Domestic Abuse Program

Program Number _____ Client Initials _____ Client Number _____
 Date of Last Group Session _____ Date Form Completed _____
 Worker Last Name _____ Worker Number _____

This form is completed after the last group session for clients who attended at least five sessions. A characteristic is regarded as "observed" if documenting information has been obtained by the worker through direct observation, case records or interviews with the client or family members. An "observed" behavior or characteristic is one that occurred prior to or during the treatment or intervention episode. When there is no evidence to indicate the presence of a particular behavior or characteristic, the category "not observed" should be circled. All ratings should be based on what has been "observed" as of the time the form is completed. If behaviors or characteristics that were present when services began are no longer present at the time the form is completed, the observed category should still be circled.

The form is not intended to measure treatment effectiveness. It is intended only to describe the behaviors and characteristics of children and families who become program clients.

| | Observed | Not Observed |
|---|-----------------|---------------------|
| 1. Family has experienced chronic economic distress..... | 1 | 2 |
| 2. Family is or has been headed by a single parent | 1 | 2 |
| 3. Child has experienced parental divorce or separation | 1 | 2 |
| 4. Family has had frequent changes in residence (3 or more times in previous 5 years) | 1 | 2 |
| 5. Family has had serial changes in parental figures (e.g., foster placements, reunifications with parents, living with relatives, parental figures/partners moving in and out of household)..... | 1 | 2 |
| 6. Biological or adoptive parents terminated rights on the child..... | 1 | 2 |
| 7. Parental figures have been involved with social service agencies for two or more years | 1 | 2 |
| 8. Family has a history of suicide (<u>not</u> client) | 1 | 2 |
| 9. Parental figure or sibling has a chronic illness or handicap | 1 | 2 |
| 10. Parental figure or sibling of child has died (<u>not</u> suicide) | 1 | 2 |
| 11. Mother was under 18 when child was born | 1 | 2 |
| 12. One or more parental figures has less than a high school education | 1 | 2 |
| 13. One or more parental figures has had previous mental illness treatment | 1 | 2 |
| 14. One or more parental figures has a history of chemical abuse or is currently exhibiting chemical abuse | 1 | 2 |
| 15. One or more parental figures has engaged in probable or adjudicated criminal activity | 1 | 2 |
| 16. Family exhibits chronic unresolved conflicts between parental figures | 1 | 2 |
| 17. Child has witnessed violence between parental figures | 1 | 2 |
| 18. Family exhibits frequent unresolved conflicts between parental figure(s) and child | 1 | 2 |
| 19. Child has experienced probable or documented physical abuse | 1 | 2 |
| 20. Child has experienced probable or documented sexual abuse..... | 1 | 2 |
| 21. Child has experienced probable neglect by current or previous caregivers | 1 | 2 |
| 22. Parents exhibit poor or inconsistent monitoring of child's behavior (e.g., children often unsupervised, inconsistent discipline) | 1 | 2 |
| 23. Child exhibits poor or insecure attachment to parents (e.g., indifference, avoidance, hostility)..... | 1 | 2 |

-OVER-

| | Observed | Not Observed |
|--|-----------------|---------------------|
| 24. Child exhibits separation anxiety | 1 | 2 |
| 25. Child has been in previous out-of-home placements | 1 | 2 |
| 26. Child has been the recipient of one or more previous outpatient intervention efforts..... | 1 | 2 |
| 27. Child has chronic illness or health problems..... | 1 | 2 |
| 28. Child experienced prenatal exposure to drugs or alcohol | 1 | 2 |
| 29. Child was born prematurely | 1 | 2 |
| 30. Child has a history of feeding and/or sleeping problems | 1 | 2 |
| 31. Child has a history of temper tantrums | 1 | 2 |
| 32. Child's behavior endangers self or others (e.g., fast driving, playing with firearms, jumping from high places)..... | 1 | 2 |
| 33. Child has had at least one pregnancy or has fathered a child | 1 | 2 |
| 34. Child has had multiple episodes of running away | 1 | 2 |
| 35. Child has engaged in multiple acts of vandalism..... | 1 | 2 |
| 36. Child is an adjudicated delinquent | 1 | 2 |
| 37. Child threatens or intimidates others | 1 | 2 |
| 38. Child is assaultive or physically attacks others | 1 | 2 |
| 39. Child has made a suicide attempt..... | 1 | 2 |
| 40. Child has a history of self-injurious behavior (e.g., scratching, cutting, biting, hair pulling) | 1 | 2 |
| 41. Child has a history of isolative or withdrawn behavior | 1 | 2 |
| 42. Child is preoccupied with and/or inappropriately plays with fire..... | 1 | 2 |
| 43. Child has exhibited physical cruelty to animals | 1 | 2 |
| 44. Child has had multiple episodes of truancy | 1 | 2 |
| 45. Child is the recipient of special education services..... | 1 | 2 |
| 46. Child has dropped out or stopped attending school | 1 | 2 |
| 47. Child has a history of low academic performance (e.g., failing grades, repeated a grade)..... | 1 | 2 |
| 48. Child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or child care setting..... | 1 | 2 |
| 49. Child exhibits probable chemical abuse or has been diagnosed as chemically dependent..... | 1 | 2 |
| 50. Child is often hyperactive | 1 | 2 |
| 51. Child exhibits pattern of impulsivity | 1 | 2 |
| 52. Child is easily distractible or has attentional deficits | 1 | 2 |
| 53. Child is often irritable | 1 | 2 |
| 54. Child does <u>not</u> have strong connections to extended family (e.g., grandparents, aunts, uncles)..... | 1 | 2 |
| 55. Child does <u>not</u> have strong positive relationships with any unrelated adults (e.g., mentors, counselors, neighbors)..... | 1 | 2 |
| 56. Child does <u>not</u> participate in organized social activities (e.g., sports, school or recreational activities, clubs, scouts)..... | 1 | 2 |
| 57. Child does <u>not</u> participate in organized religious activities | 1 | 2 |
| 58. Child exhibits unhealthy eating habits | 1 | 2 |
| 59. Child smokes cigarettes | 1 | 2 |
| 60. Child exhibits sedentary lifestyle or does <u>not</u> exercise regularly | 1 | 2 |

| | (WOULD YOU SAY ...) | | | | | | | | |
|---|---------------------|-------------|-----------|-------------|------------------|--------------------------|------------|-----------|-----------|
| | Terrible | Poor | OK | Good | Very Good | Outstand- ing | Ref | DK | NA |
| 27. How would you rate the <u>ease</u> of arranging your <u>intake</u> appointment? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 28. How <u>convenient</u> was the <u>location</u> of the program? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

INTERVIEWER: Convert Hours to Minutes.

29. On average, how long did it take you to travel to the program location? ____ (minutes) -7. Refused -8. DK -9. NA

| | (WOULD YOU SAY ...) | | | | | | | | |
|--|---------------------|-------------|-----------|-------------|------------------|--------------------------|------------|-----------|-----------|
| | Terrible | Poor | OK | Good | Very Good | Outstand- ing | Ref | DK | NA |
| 30. How would you rate the <u>comfort</u> of the <u>facility</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 31. How would you rate the <u>attractiveness</u> of the <u>facility</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 32. How would you rate the way the <u>financial responsibility</u> was explained to you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 33. How would you rate the <u>amount of paperwork</u> you had to do? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 34. How would you rate the way the <u>office staff answered</u> your questions? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 35. How would you rate the <u>friendliness</u> of the <u>office staff</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 36. How would you rate the <u>ease of finding out</u> about the <u>services offered by the program</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

TRANSITION: “The next questions are about the cultural competency of the program. Culture could be your ethnic/racial background, sexual orientation, or religious heritage.”

| | (WOULD YOU SAY ...) | | | | | | | | |
|--|---------------------|------|----|------|-----------|-------------|-----|----|----|
| | Terrible | Poor | OK | Good | Very Good | Outstanding | Ref | DK | NA |
| 37. How would you rate the staff's ability to <u>relate to your cultural background</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 38. How would you rate the staff's <u>sensitivity to cultural issues</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 39. How would you rate <u>CAP's reputation for providing services to children from your cultural group</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 40. How would you rate <u>the staff's knowledge of culturally relevant community resources</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 41. How would you rate the <u>staff's awareness of your child's cultural values</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 42. Finally, how would you rate the <u>overall benefit of the program</u> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

43A. Did you feel that your child got the right amount of service to meet his or her needs?

Yes..... (GO TO Q. 44A)..... 1
 No..... (GO TO Q. 43B)..... 2

43B. Did you feel that your child needed more or less service?

More 1
 Less..... 2

44A. Did you feel that your child got the right kinds of service to meet his or her needs?

Yes..... (GO TO Q. 45)..... 1
 No..... (GO TO Q. 44B)..... 2

44B. What type of service do you think was needed?

45. If you could change one thing about the services you received, what would that be?

46. What was the most positive aspect of the services you received?

47. Did the services you received meet your expectations? Why or why not?

48. Would you recommend this program to other people who might need similar services? Why or why not?

INTERVIEWER: READ ONLY IF BASC IS ATTACHED

"Now I am going to read you a series of questions about your child's/children's behavior. You may remember answering these questions on the BASC Parent Rating Scale when you first brought your child/children to CAP. We are interested in seeing if your child/children has/have shown a change in these important behaviors. We will use this information to help CAP improve its services."

IF NO BASC IS ATTACHED

"Thank you for taking the time to answer the questions. Your answers will help the CAP Children's Domestic Abuse Program improve its services. Goodbye."

| | | | | | |
|--|------------------|-----------|--|-------------------------------|------|
| Child's name _____ | | | Your name _____ | | |
| First | Middle | Last | First | Middle | Last |
| Date _____ | Birth date _____ | Age _____ | Sex: <input type="checkbox"/> Female | <input type="checkbox"/> Male | |
| Month | Day | Year | Month | Day | Year |
| School _____ | | | Grade _____ | | |
| Relationship to child: <input type="checkbox"/> Mother | | | <input type="checkbox"/> Father | | |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | Other data _____ | | |
| | | | <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ | | |

Instructions

On both sides of this form are phrases that describe how children may act. Please read each phrase and mark the response that describes how this child has acted over the last **six months**. If the child's behavior has changed a great deal during this period, describe the child's recent behavior.

Please mark every item. If you don't know or are unsure, give your best estimate.

Before starting, please provide the information requested in the box at the top of the page.

How to Mark Your Responses

Be certain to **circle** completely the letter you choose, like this: N **(S)** O A

If you wish to change a response, mark an X through it and circle your new choice, like this: N ~~(S)~~ **(O)** A

Circle **N** if the behavior **never** occurs.
 Circle **S** if the behavior **sometimes** occurs.
 Circle **O** if the behavior **often** occurs.
 Circle **A** if the behavior **almost always** occurs.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Adjusts well to new teachers N ! O A 2. Threatens to hurt others N ! O A 3. Worries N ! O A 4. Listens to directions N ! O A 5. Rocks back and forth for long periods of time N ! O A 6. Runs away from home N ! O A 7. Says, "I don't have any friends." N ! O A 8. Cannot wait to take turn N ! O A 9. Attends after-school activities N ! O A 10. Says, "please" and "thank you" N ! O A 11. Complains of shortness of breath N ! O A 12. Readily starts up conversations with new people N ! O A 13. Plays with fire N ! O A 14. "Shows off" N ! O A 15. Is too serious <u>N ! O A</u> 16. Wets bed N ! O A 17. Tries to hurt self N ! O A 18. Has friends who are in trouble N ! O A 19. Says, "I want to kill myself." N ! O A 20. Leaves seat during meals N ! O A 21. Joins clubs or social groups N ! O A 22. Encourages others to do their best N ! O A 23. Complains of dizziness N S O A 24. Will change direction to avoid having to greet someone N S O A | <ol style="list-style-type: none"> 25. Dares other children to do things N S O A 26. Stutters N S O A 27. Says, "I'm afraid I'll hurt someone." .. N S O A 28. Is in trouble with the police N S O A 29. Cries easily N S O A 30. Throws tantrums <u>N S O A</u> 31. Uses medication N S O A 32. Congratulates others when good things happen to them N ! O A 33. Complains of being cold N ! O A 34. Hits other children N ! O A 35. Has eye problems N ! O A 36. Is easily soothed when angry N ! O A 37. Teases others N ! O A 38. Worries about what parents think N ! O A 39. Forgets things N ! O A 40. Repeats one activity over and over ... N ! O A 41. Uses foul language N ! O A 42. Says, "Nobody understands me." N ! O A 43. Needs too much supervision N ! O A 44. Is a "self-starter" N ! O A 45. Has a sense of humor N ! O A 46. Complains of pain N S O A 47. Avoids competing with other children ... N S O A 48. Gets upset when plans are changed N S O A 49. Argues with parents N S O A |
|---|---|

Continue on the back

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| Says, "I get nervous during tests" or "Tests make me nervous." | N | S | O | A | 93. Has allergic reactions | N | S | O | A |
| 51. Is easily distracted | N | S | O | A | 94. Shows fear of strangers | N | S | O | A |
| 52. Picks at things like own hair, nails, or clothing | N | S | O | A | 95. Breaks other children's things | N | S | O | A |
| Shows a lack of concern for others' feelings | N | S | O | A | 96. Worries about what teachers think | N | S | O | A |
| 54. Is easily frustrated | N | S | O | A | 97. Complains about being unable to block out unwanted thoughts | N | S | O | A |
| 55. Is restless during movies | N | S | O | A | 98. Gets in trouble | N | S | O | A |
| 56. Has lots of ideas | N | S | O | A | 99. Says, "I want to die" or "I wish I were dead." | N | S | O | A |
| 57. Volunteers to help with things | N | S | O | A | 100. Has seizures | N | S | O | A |
| 58. Vomits | N | S | O | A | 101. Is usually chosen as a leader | N | S | O | A |
| 59. Is shy with other children | N | S | O | A | 102. Compliments others | N | S | O | A |
| 60. Is a "sore loser" | N | S | O | A | 103. Gets sick | N | S | O | A |
| 61. Tries too hard to please others | N | S | O | A | 104. Begins conversations appropriately | N | S | O | A |
| 62. Daydreams | N | S | O | A | 105. Is a "good sport" | N | S | O | A |
| 63. Has to stay after school for punishment | N | S | O | A | 106. Calls other children names | N | S | O | A |
| 64. Is easily upset | N | S | O | A | 107. Says, "I'm afraid I will make a mistake." | N | S | O | A |
| 65. Fiddles with things while at meals | N | S | O | A | 108. Completes work on time | N | S | O | A |
| 66. Is good at getting people to work together | N | S | O | A | 109. Plays in toilet | N | S | O | A |
| 67. Uses appropriate table manners | N | S | O | A | 110. Has been suspended from school | N | S | O | A |
| 68. Has ear infections | N | S | O | A | 111. Says, "Nobody likes me." | N | S | O | A |
| 69. Has toileting accidents | N | S | O | A | 112. Makes loud noises when playing | N | S | O | A |
| 70. Makes frequent visits to the doctor | N | S | O | A | 113. Will speak up if the situation calls for it | N | S | O | A |
| Adjusts well to changes in routine | N | S | O | A | 114. Responds when spoken to | N | S | O | A |
| 72. Is critical of others | N | S | O | A | 115. Has difficulty breathing | N | S | O | A |
| 73. Is afraid of dying | N | S | O | A | 116. Avoids other children | N | S | O | A |
| 74. Gives up easily when learning something new | N | S | O | A | 117. Adjusts well to changes in family plans | N | S | O | A |
| 75. Seems out of touch with reality | N | S | O | A | 118. Argues when denied own way | N | S | O | A |
| 76. Lies to get out of trouble | N | S | O | A | 119. Says, "I'm not very good at this." | N | S | O | A |
| Complains about not having friends | N | S | O | A | 120. Listens attentively | N | S | O | A |
| 78. Interrupts others when they are speaking | N | S | O | A | 121. Hears sounds that are not there | N | S | O | A |
| 79. Is creative | N | S | O | A | 122. Lies | N | S | O | A |
| 80. Makes suggestions without offending others | N | S | O | A | 123. Is sad | N | S | O | A |
| 81. Has headaches | N | S | O | A | 124. Climbs on things | N | S | O | A |
| 82. Refuses to join group activities | N | S | O | A | 125. Makes decisions easily | N | S | O | A |
| 83. Shares toys or possessions with other children | N | S | O | A | 126. Tries to bring out the best in other people | N | S | O | A |
| 84. Complains about rules | N | S | O | A | 127. Complains of heart beating too fast | N | S | O | A |
| 85. Worries about things that cannot be changed | N | S | O | A | 128. Clings to parent in strange surroundings | N | S | O | A |
| 86. Completes homework from start to finish without taking a break | N | S | O | A | 129. Is cruel to animals | N | S | O | A |
| 87. Eats things that are not food | N | S | O | A | 130. Worries about schoolwork | N | S | O | A |
| 88. Gets into trouble in the neighborhood | N | S | O | A | 131. Sees things that are not there | N | S | O | A |
| 89. Changes mood quickly | N | S | O | A | 132. Sleeps with parents | N | S | O | A |
| 90. Is overly active | N | S | O | A | 133. Says, "I'm so ugly." | N | S | O | A |
| 91. Gives good suggestions for solving problems | N | S | O | A | 134. Has a hearing problem | N | S | O | A |
| 92. Politely asks for help | N | S | O | A | 135. Is energetic | N | S | O | A |
| | | | | | 136. Shows interest in others' ideas | N | S | O | A |
| | | | | | 137. Has stomach problems | N | S | O | A |
| | | | | | 138. Offers help to other children | N | S | O | A |

If this form is not printed with green ink on white paper,