

# OUTCOME MEASURES



# **Understanding “The IMPACT Client”**

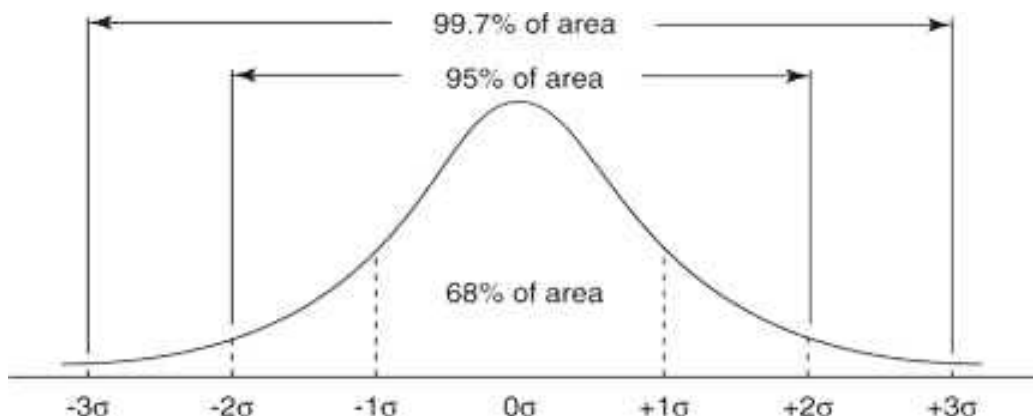
## **2008 Outcomes for All Youth In Care Dependent and Delinquent**

The “IMPACT Client” is often very different from your typical adolescent in many areas. They have often come from multiple placements and do not always have a

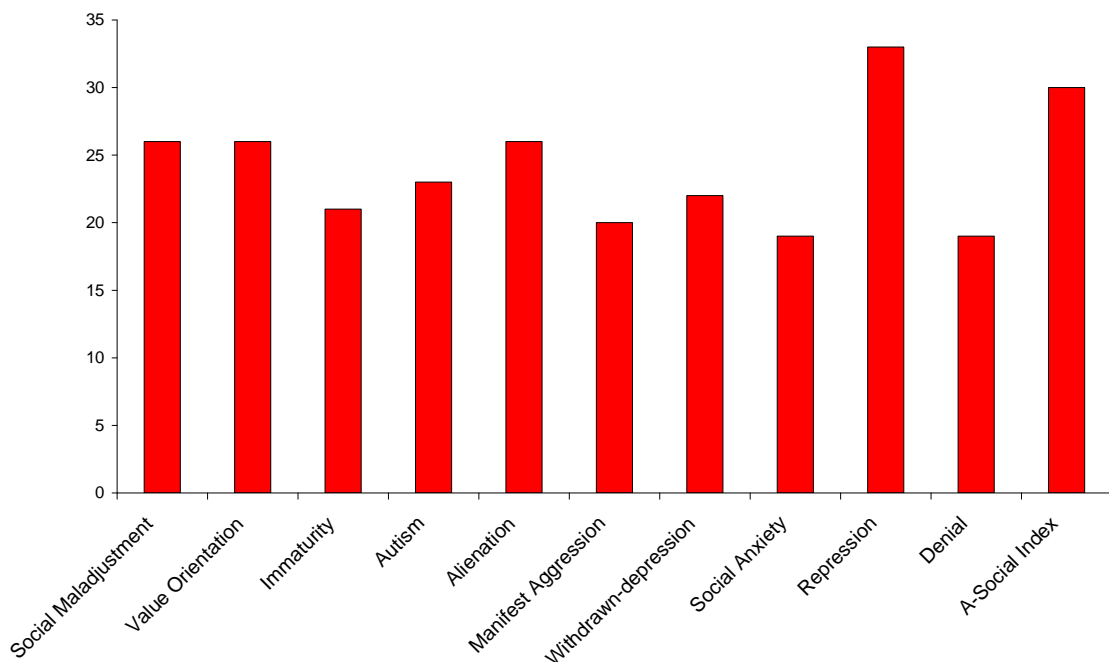
return resource. They are more than likely from single parent homes and have had a disadvantaged education. However, this is the type of kid with whom we have built our reputation. They are our “niche” and despite their difficult nature, we can achieve both large and small successes with many of them throughout their placement with IMPACT. Therefore, this information serves to not only illustrate the type of client most often admitted to IMPACT, but also to show and explain our Outcome Measures.

To better understand some of the illustrations provided within the section, we have presented an example of the Normal/Bell Shaped Curve below. The Normal Curve is an illustration of how evenly things fall in nature. It can be applied to everything from popcorn kernels in the microwave with some popping quickly, many more in the middle and those last few that are always left in the bag, to scores on tests where some individuals score below the mean, many more around the mean and a few above the mean.

IMPACT uses the Normal Curve when looking at individuals’ scores on tests of self-concept, psychopathology and IQ. Those that fall significantly outside of the mean (one standard deviation) are notable. In the example below it is the clients with scores that are falling outside the 68% area that we most often have in our program. Specifically, we often see clients whose scores on psychopathology put them in the top 16% and whose scores on self-concept put them in the bottom 16% of the population.



### Elevated Psychopathology Scores



This chart shows the number of youth who scored at least one standard deviation above the mean on the Jesness Inventory. This means they scored well outside of the average range on the normal curve or in the upper 16<sup>th</sup> percentile. The test was created using a deviant population as the normed reference group, so clients who have elevated scores are usually more difficult to treat. The lowest number of individuals scoring significantly above the mean can be found on the social anxiety scale with the highest number of individuals scoring above the mean occurring on the repression scale. It is on this scale where more than 40% of IMPACT kids score higher than the “standard” deviant population. The following pages further detail each of the scales, providing an explanation of what they measure.

## The Jesness Inventory – Revised Scaled Scores

### Psychological Scaled Scores

- Social Maladjustment
- Value Orientation
- Immaturity
- Autism
- Alienation
- Manifest Aggression
- Withdrawal-Depression
- Social Anxiety
- Repression
- Denial
- Asocial Index (A Composite Score using all the above scales)

#### **Social Maladjustment (SM)** T-score > 60

Social Maladjustment is defined as the extent to which the individual shares attitudes expressed by persons who do not meet, in socially approved ways, the demands of living. High scores in Social Maladjustment are usually associated with negative self-concept and sensitivity to criticism. Frequently these individuals feel misunderstood, unhappy, worried and hostile. They are prone to distrust authority and tend to blame others for their problems. Most importantly, they view many behaviors that are generally regarded as antisocial to be acceptable.

#### **Value Orientation (VO)** T-score > 60

Persons scoring high in Value Orientation tend to share the attitude of persons who value "toughness," tend to blame failure on bad luck, seek thrills and are inclined to be gang-oriented. For these individuals, who are frequently from lower socio-economic strata, internal tension and anxiety tend to manifest themselves in concrete external symptoms. They frequently have the attitude of "protect yourself first at all costs" and "its ok to take from those that have too much."

#### **Immaturity (Imm)** T-score > 60

This scale measures the tendency to display attitudes and perceptions of self and others which are most typically held by persons of a younger age. Note that this scale pertains to attitudinal immaturity, not physical immaturity. Youth with an elevated T-score will inaccurately evaluate peoples' motivations (including their own). They are inclined to repress or suppress problems and tend to be naive and rigid. For these individuals, anxiety sometimes manifests itself in somatic symptoms. They also have a tendency to act without thinking. In essence, they are responders to environmental stimuli and do not generally use their cognitions to mitigate behaviors.

**Autism (Au) T-score > 60**

Individuals scoring high on the Au scale tend to have their thinking unduly regulated by personal needs and are absorbed in self-centered, subjective mental activity. Commonly, they also have unusual perceptions and make plans that are unrealistic. Such individuals have difficulty clearly distinguishing the "self" from the "non-self" or from objective reality. Some adolescents with high Au scores tend (usually unrealistically) to think they are smart, good-looking, and tough. Others admit to hearing things, daydreaming, and/or feeling that there is something wrong with their mind. In addition, individuals with high scores on the Au scale may be easily perturbed and may become hostile or aggressive. When under greater stress than they are capable of handling, they retreat to an almost exclusive and self-centered method of thinking (autistic-like because they care little at that point about the impact of their actions on others). They will do whatever necessary to reduce the stress to manageable levels, including socially unacceptable or delinquent behaviors.

**Alienation (Al) T-score > 60**

Alienation measures the presence of distrust and estrangement in the person's attitude toward others, especially those representing authority. The real dilemma of an elevated score in Al is that the very people who can be help the youth are the professionals who are not trusted. An elevated score usually indicates a classic, resistant client.

**Manifest Aggression (MA) T-score > 60**

The Manifest Aggression scale measures awareness of feelings of anger and aggression, as well as a tendency to react quickly with emotion. These feelings are often accompanied by hostile behavior. However, some individuals who are aware of such feelings are concerned about them and tend to display conforming, over controlled behavior. Individuals with high Manifest Aggression scores frequently feel disappointed by others and are often frustrated by their inability to feel comfortable with themselves. We often worry that any drug and/or alcohol use, which lowers inhibitions, also frees up the potentiality for anger or explosive behaviors in these youth.

**Withdrawal-depression (Wd) T-score > 60**

Withdrawal-depression measures a tendency to isolate one's self from others and a perceived lack of satisfaction with self and others. An elevated T-score on this scale, suggests the possibility of problems of withdrawal and depression. Individuals with such scores on this scale sometimes feel depressed, sad, lonely and misunderstood. They tend to deal with lack of satisfaction with self and others by passively withdrawing or by isolating themselves to escape the situation. The score, in itself, is not indicative of antisocial values or behavior. Nonetheless, a follow-up with a clinical interview and a depression or suicidal screening instrument is often our best plan of action. This allows us to gain more information, while we ascertain "at-risk" status to depression or suicidal potential.

**Social Anxiety (SA)** T-score > 60

This scale measures perceived emotional discomfort (i.e., tension, anxiety), especially with respect to interpersonal relationships. A higher T-score raises concern that a youth may retreat from socially healthy and appropriate situations which could be positive in overcoming adversity. Secondly, the fear is that if the youth engages with a negative peer reference group, they may demonstrate many inappropriate behaviors in order to maintain the relationship(s) because of their discomfort engaging new peers.

**Repression (Rep)** T-score > 60

Repression refers to an atypical exclusion of feelings or attitudes (especially of hostility) from consciousness. The biggest concern is that during the counseling process many of the buried memories and associated feeling may come to the surface. The clinician must watch that the client does not get worse before having time to process and get better.

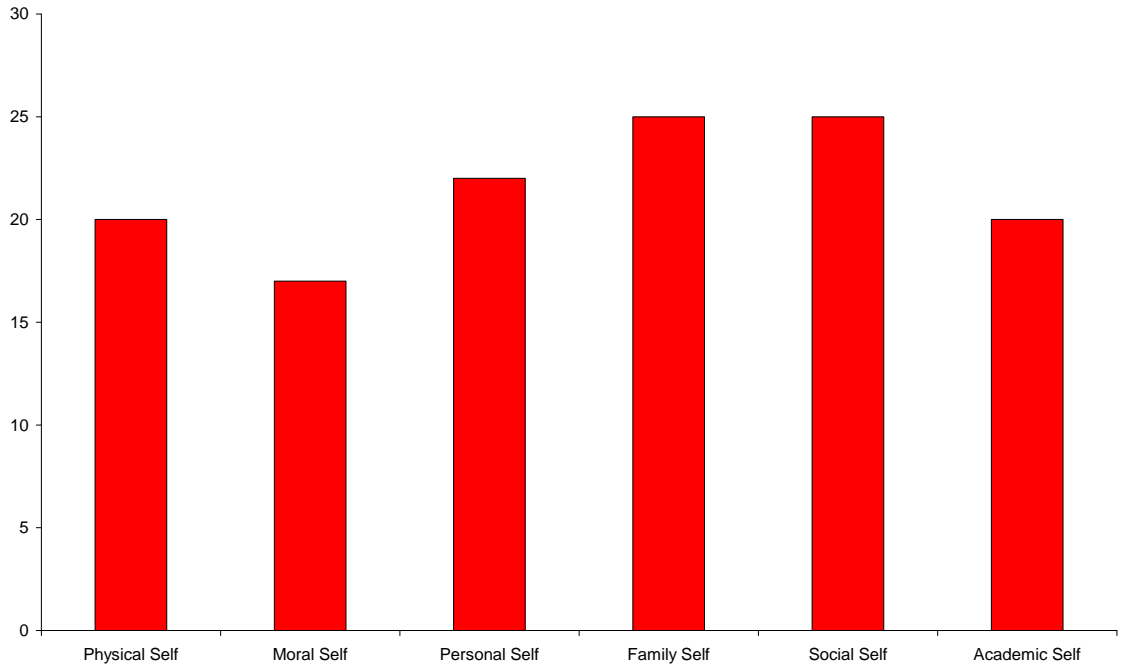
**Denial (Den)** T-score > 60

Denial measures an individual's reluctance to accept or acknowledge unpleasant aspects of reality which are found in day-to-day living. While a high score can be associated with some ego strength, one needs to watch for excessive blocking techniques and a solid resistance to take control of the root issues. These individuals are somewhat prone to perceive and admit to personal and family problems, conflicts, and inadequacies. Such perceptions may, of course, reflect their actual reality.

**Asocial Index (AI)** T-score > 60 (A Composite Score using all the above scales)

The AI refers to a generalized predisposition to resolve problems of social and personal adjustment in ways ordinarily regarded as showing disregard for social customs and rules. The Asocial Index and the Social Maladjustment scale are the best measures of delinquency and adult criminal proneness. These individuals have attitudes which could potentially precipitate antisocial behavior. Historically, those scoring high on the AI scale have the greatest probability to act out in a criminal fashion.

### Self Concept Scores



In this instance, those individuals who score one standard deviation below the mean are focused upon as Self-Concept is being measured. The Tennessee Self-Concept Scale (TSCS) is used to measure clients' overall feelings about themselves. This is an important tool as it can be interpreted in many ways and is also very telling. When the TSCS was created, Fitts and Hammer stated juvenile offenders often see "themselves as bad and worthless and act accordingly." Studies done using the TSCS by Fitts (1965) supported this notion as the inventory clearly demonstrated significant differences between the self-concepts of juvenile offenders and those of non-offenders. With so many of the IMPACT clients presenting with low self-concept scores, it is easy to see why they are again different and perhaps more difficult to treat than the average adolescent. Again, we have provided a more detailed explanation of each of the measured scales on the following pages.



## Tennessee Self-Concept Scale As Used by The IMPACT Project, Inc.

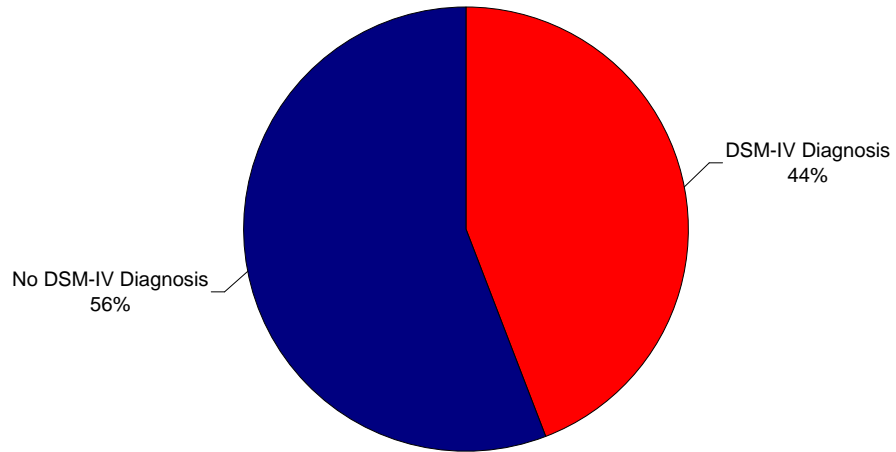
The Tennessee Self Concept Scale (TSCS) consists of self-descriptive items by means of which an individual portrays who he or she is, does, likes and feels. Self-concept is defined by the authors as "who am I" versus self-esteem, which is defined as "how do I feel about myself." The authors report that the two constructs are more highly correlated at older ages. The scale is intended to summarize an individual's feeling of self-worth, the degree to which the self-image is realistic and whether or not that self-image is deviant. As well as providing an overall assessment of self-esteem, the TSCS measures six external aspects of self-concept (moral-ethical, social, personal, physical, academic and family) and three internal aspects (identity, behavior, and self-satisfaction). In addition, crossing the internal and external dimensions results in the mapping of 15 "facets" of self-concept.

For the purposes of Outcome Measures at The IMPACT Project, Inc., we use the six self-concept scales of physical, moral, personal, family, social and academic. We consider low self-concept in any area to be a T-Score of less than 40 which indicates that the youth is in the lowest 16<sup>th</sup> percentile. Case conceptualization and treatment planning to overcome the depressed scores are a natural part of our Initial Staffing meeting.

### **A brief understanding of how we interpret each individual self-concept score is as follows:**

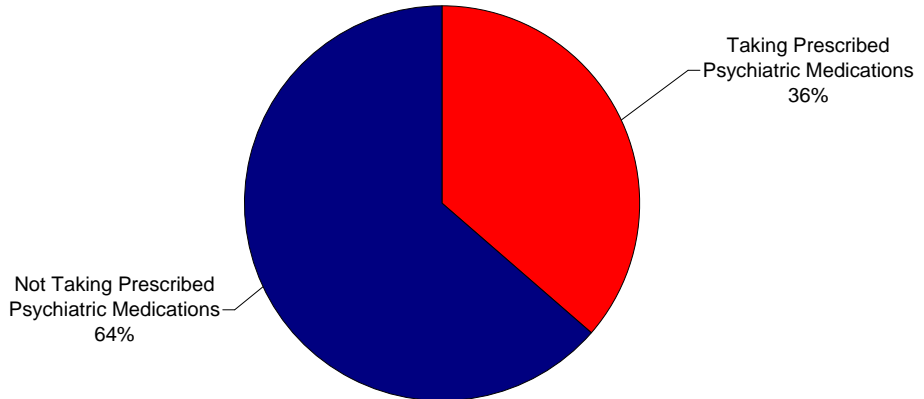
- **Physical** self is most notable as how an individual sees himself in terms of physical appearance.
- **Moral-Ethical** is understood as how one sees himself in terms of the treatment of others and how other behaviors are engaged. The focus seems to be on the sense of doing things in terms of right vs. wrong. This is not a religious based scale.
- **Personal** is generally how one sees himself in terms of how he feels about his core personality.
- **Family** is the value each individual receives from familial interactions.
- **Social** examines the value one receives from social interactions.
- **Academic** is the score which gives us the sense of value or worth derived from a school setting. There is often a lot of focus on this scale.

## Diagnosed Mental Illness



This graph clearly demonstrates that nearly 50% of the clients coming into care with IMPACT have been diagnosed with a mental health disorder. Some of the repeated diagnoses include: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, Adjustment Disorder, Mood Disorders, Bi-polar Disorder, Post-Traumatic Stress Disorder, Pyromania and Sexual Abuse Disorders.

## Psychiatric Medication

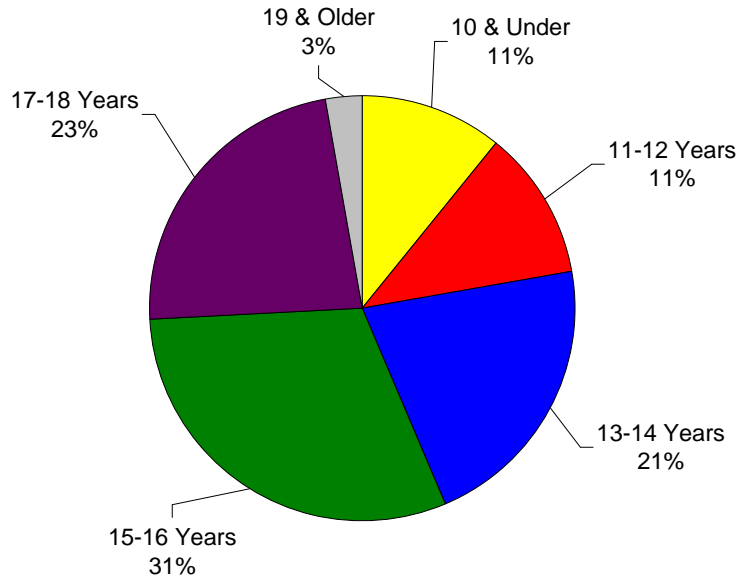


Often difficult to manage mental health disorders are accompanied by a range of psychiatric medications. This is also the case with most IMPACT clients. As you can see 36% of the kids in our care take at least one psychiatric medication. This requires monthly medication management appointments, in some cases blood work and diligent as well as organized foster parents to ensure each child maintains success.

# **Demographic Profile**

**2008 Outcomes for All Youth In Care  
Dependent and Delinquent**

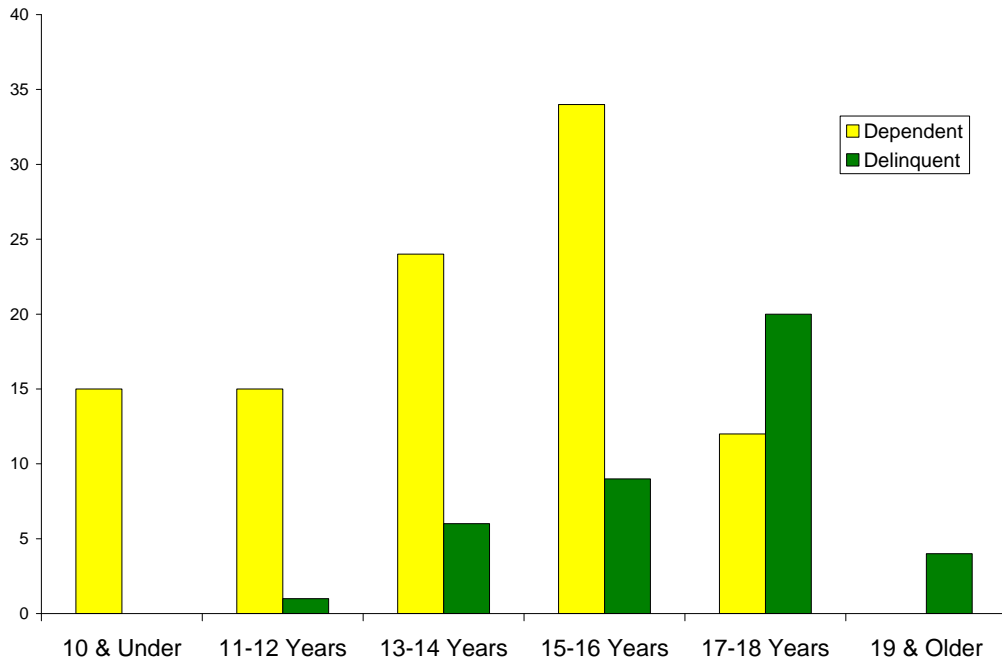
### Age at Admission



	Number of Clients
10 & Under	15
11-12 Years	16
13-14 Years	30
15-16 Years	43
17-18 Years	32
19 & Older	4

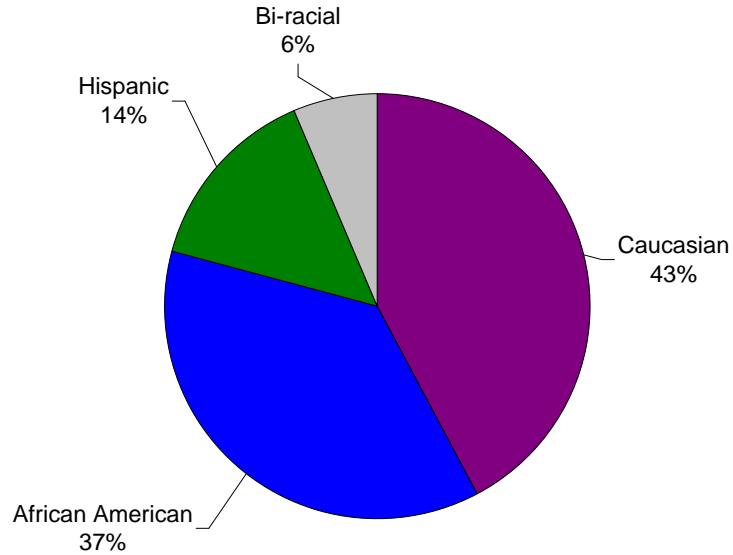
The IMPACT Project, Inc. specializes in dependent and delinquent youth ages 12-20 with the average age being 15 for all placed youth. All clients in placement who were under the age of 10 were either part of a sibling set or the child of a teenage mother in our care.

### Age at Admission and Ajudication



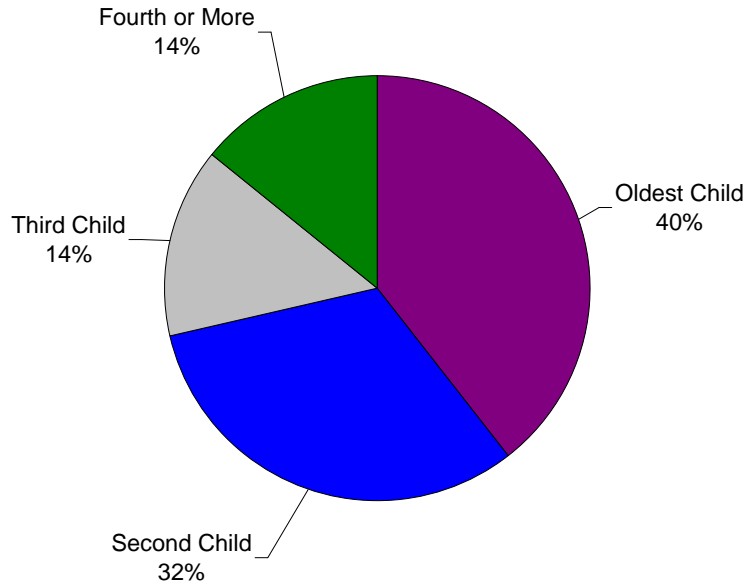
Of the total 143 youth in care in 2008 calendar year, 100 of them were dependent. The majority of the dependent youth in placement were between 15-16 years of age. Additionally, 43 youth were referred from varying Juvenile Probation Offices with the majority of them being between the ages of 17-18 years of age. This continues to demonstrate The IMPACT Project's specialty of working with delinquent adolescents.

### Racial Breakdown

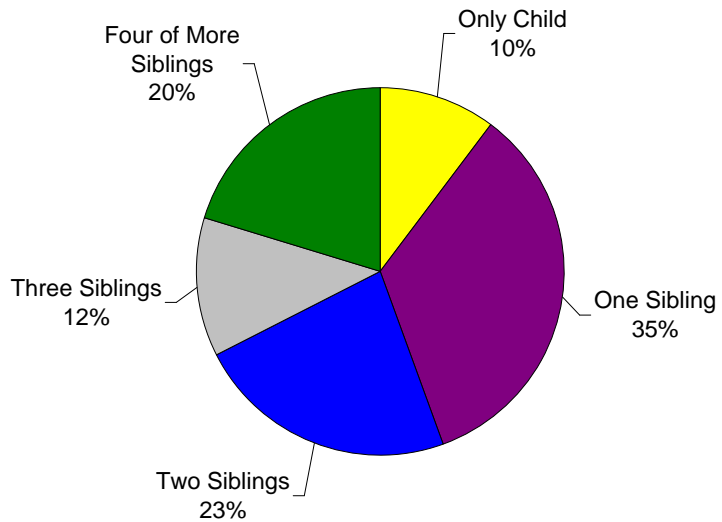


The IMPACT Project, Inc. accepts youth from all racial backgrounds. Our interview process also helps to determine if a youth feels more comfortable being placed with a family of the same or different racial background. This allows for more success on the part of the client and longer term foster parents.

### Birth Order



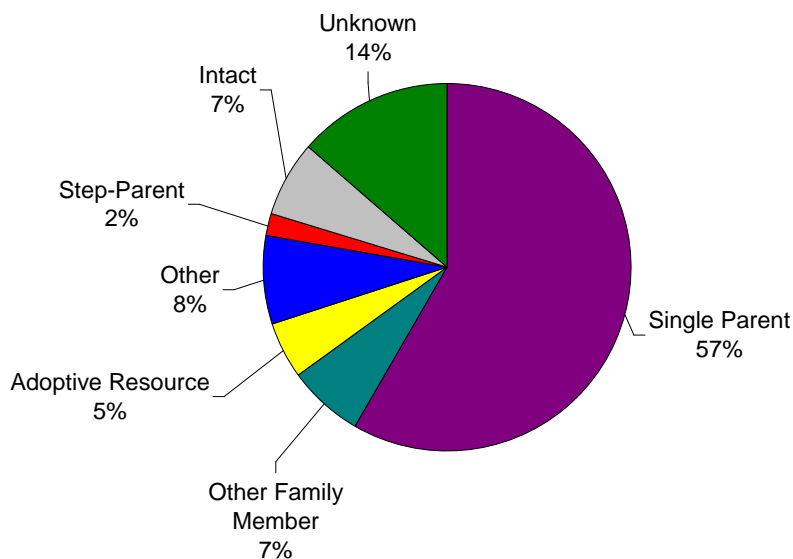
### Number of Siblings



These two graphs demonstrate that many of our clients are often the first born and most often have only one or two siblings.



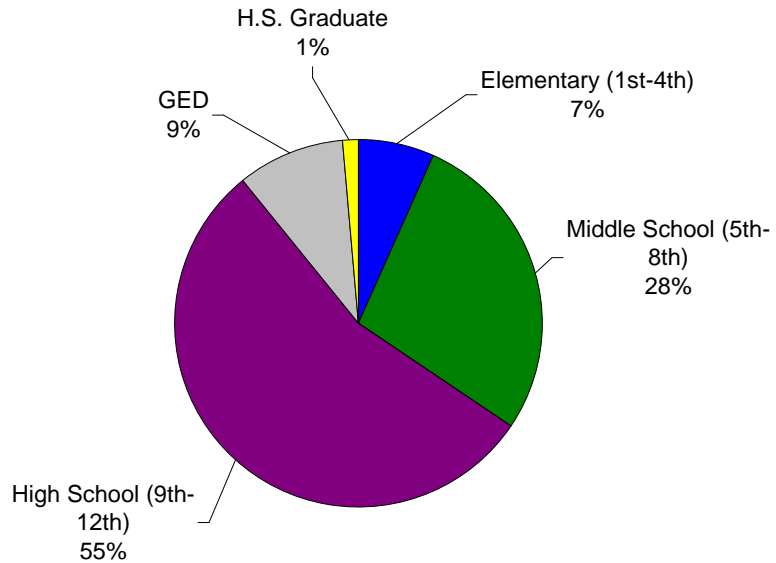
### Family Composition Prior to Placement



	Number of Clients
Single Parent	60
Other Family Member	7
Adoptive Resource	5
Other	8
Step-Parent	2
Intact	7
Unknown	14

An overwhelming number of youth placed with The IMPACT Project, Inc. came from a single parent home with only 7% of the youth residing with an intact nuclear family prior to their placement. This is a phenomenon that remains unchanging throughout the years.

### Grade Upon Admission



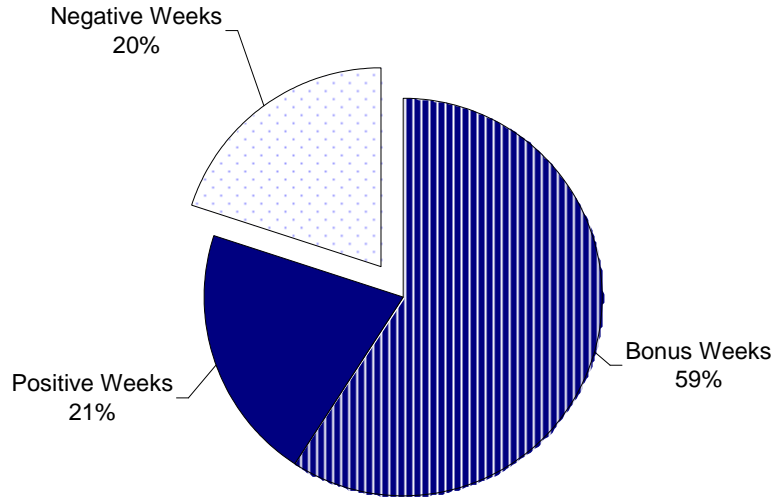
	Number of Clients
Elementary (1 <sup>st</sup> -4 <sup>th</sup> )	9
Middle School (5 <sup>th</sup> -8 <sup>th</sup> )	38
High School (9 <sup>th</sup> -12 <sup>th</sup> )	75
GED	13
H.S. Graduate	2

All youth in placement are encouraged to further their education in a manner best suited to their abilities. This includes applying to colleges and various programs for older youth and also maintaining educational success for younger clients. Case Managers devote extensive amounts of time to ensure correct educational programming needs are met.

# **Measurable Behaviors**

**2008 Outcomes for All Youth In Care  
Dependent and Delinquent**

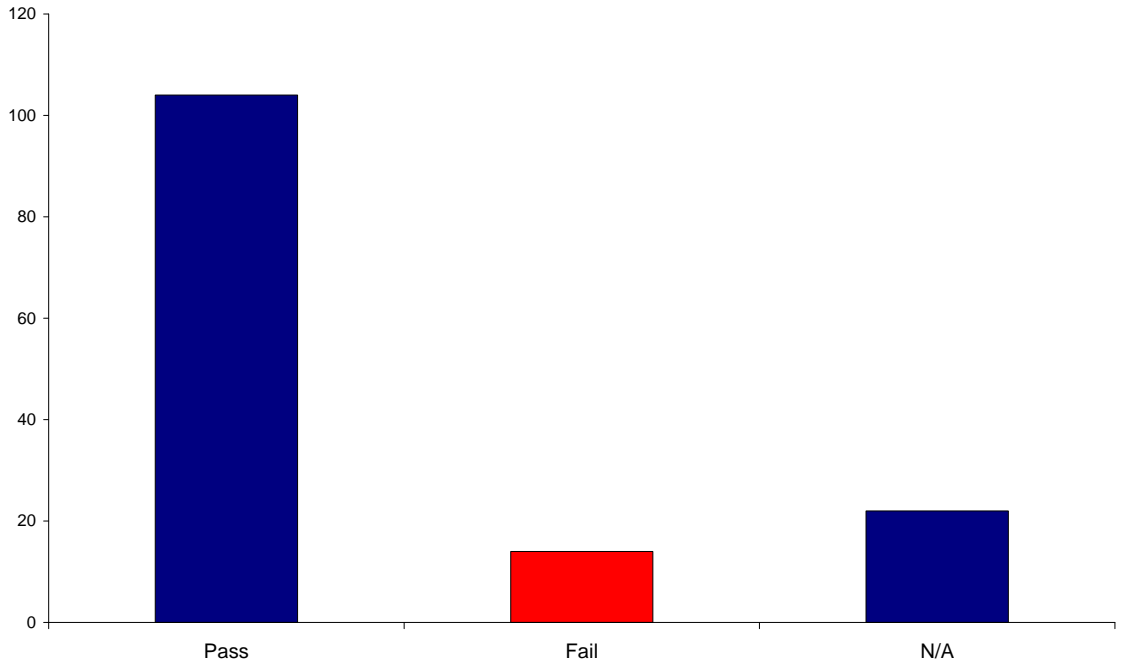
### Average Percent of Total Points Earned for Bonus, Positive and Negative Weeks



	Average Number of Weeks
Bonus Weeks	57.98
Positive Weeks	20.55
Negative Weeks	19.68

The darkened blue area denotes the total individuals who were able to successfully adjust to our token economy system by earning at least 75% of their total allotted points. Those achieving a bonus week were able to earn 90% of their total points. Youth are able to earn points in the areas of school, homework, chores, attitude, behavior, hygiene and curfew. Earned privileges and money are the conditioned reinforcements.

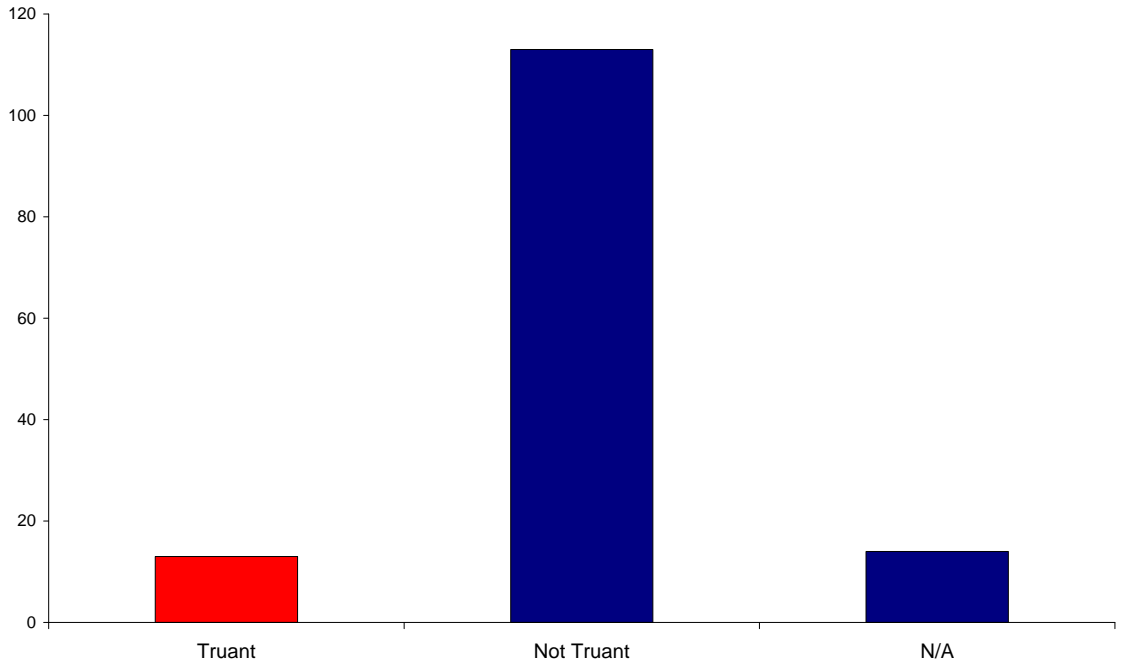
### School Achievement



	Number of Students
Pass	104
Fail	14
N/A	22

Of the 140 youth placed with us during the 2008 calendar year, less than 10% were not successful in being promoted to the following grade. Those who were not able to pass the year attended summer school. Almost all of those youth came into care having already failed the grade prior to admission due to excessive truancy or poor grades. Additionally, those who are included as N/A are youth who had already finished their schooling or were with IMPACT during the summer months.

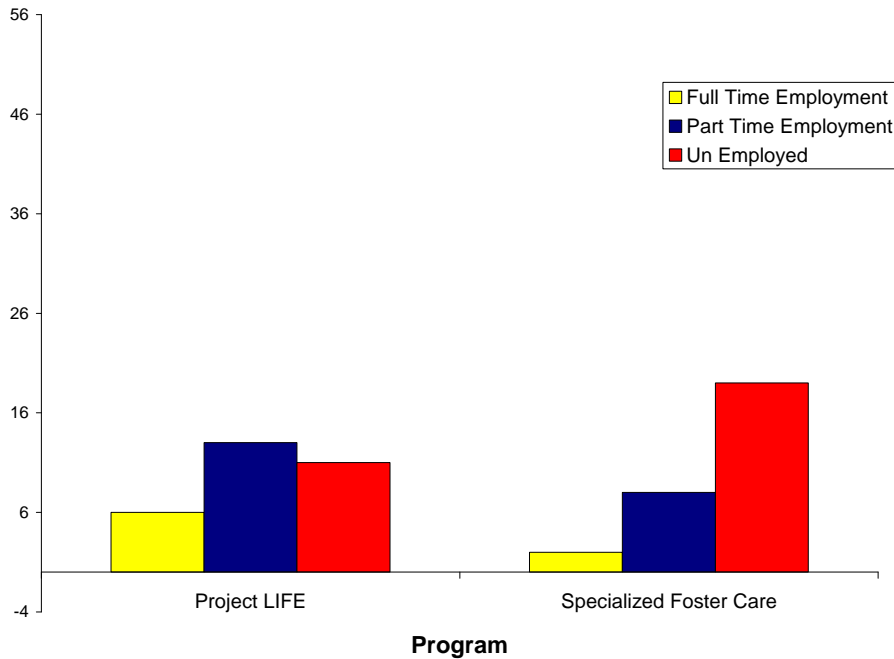
### Truancy 2007-2008 School Year



	Number of Students
Truant	13
Not Truant	113
N/A	14

Despite many youth having issues with truancy and our program being community based, the total number of truant youth is only 9% of our total population. Truancy is defined as three or more un-excused absences in an academic year and it is not determined by each school district. As a community based program, we are able to combat truancy by having a member of our professional staff meeting with the client in the school at least twice a month. School attendance is also included as a measurable behavior in our token economy system.

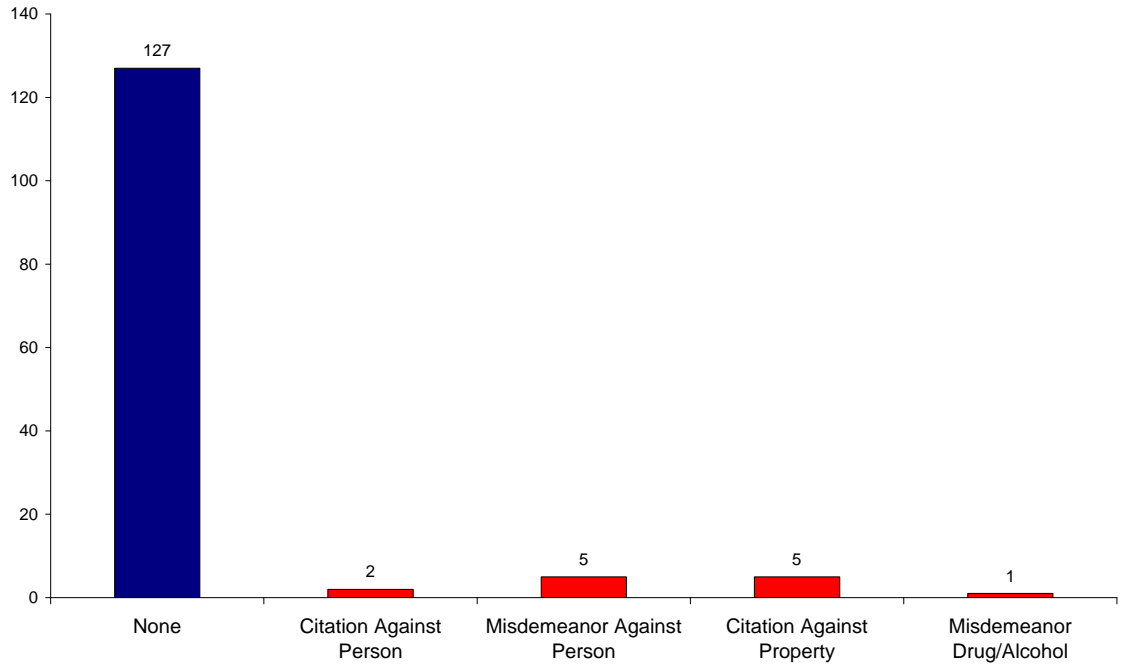
### Total Youth Employed Ages 16 and Older



	Project LIFE	Specialized Foster Care
Full Time Employment	6	2
Part Time Employment	13	8
Un Employed	11	19

Project LIFE is a pre-independent living program for those youth 16 -20 who are looking to build upon their skills. An almost 100% employment rate is achieved for youth in Project LIFE after the first few months of placement. Those who are falling in the unemployment range at the time of data collection were able to successfully find a place of employment while at IMPACT. Employment is used as a means to pay restitution and save money for a transition to Independent Living. The youth able to transition to independence are all able to save upwards of \$2,000.00.

### Arrests In Care

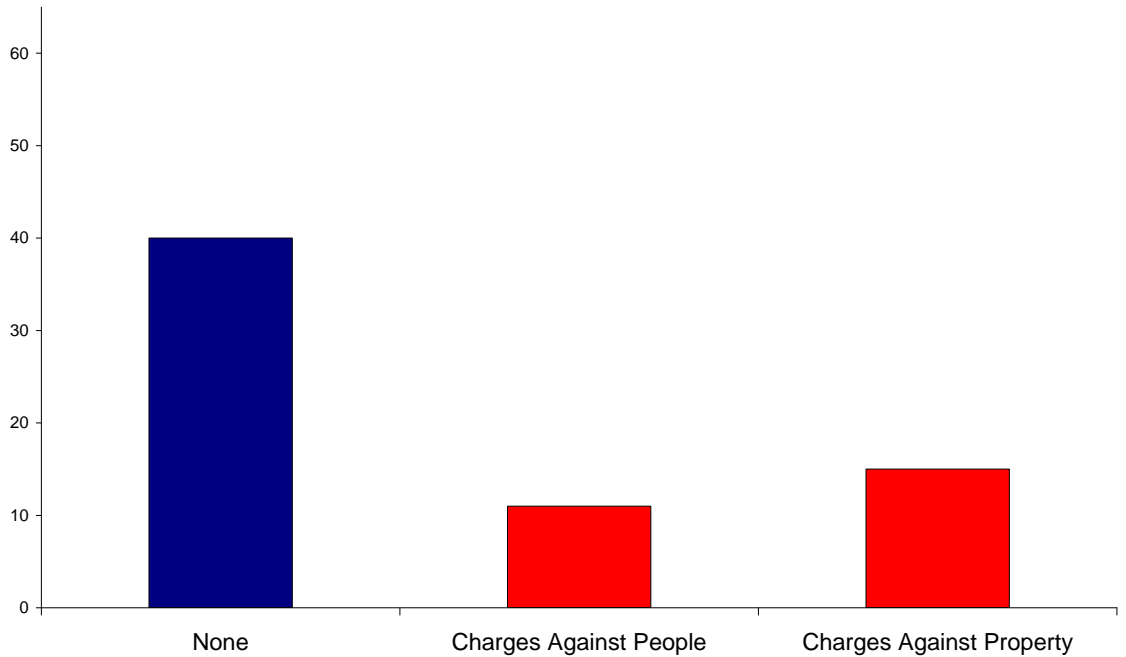


	Number of Clients
None	127
Citation Against Person	2
Misdemeanor Against Person	5
Citation Against Property	5
Misdemeanor Drug/Alcohol	1

Of the 140 difficult youth in care, only 9% received new charges while in the community based placement. These few charges often were the result of school fights. As you can see over 125 youth, many of whom had violent pasts, were able to successfully remain in or complete community based programming with the support of IMPACT while not incurring new charges.



### Charges Following Release



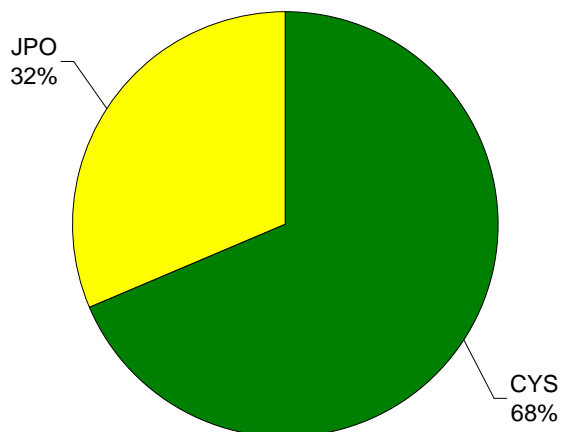
	Number of Clients
None	40
Charges Against People	11
Charges Against Property	15

There are some youth who are returned to the care of their guardians prior to the completion of a program. It is these youth that most often increase the rate of recidivism for discharged youth. However, approximately 60% of IMPACT's discharged youth still remain without new charges.

# **Referrals and Discharges**

**2008 Outcomes for All Youth In Care  
Dependent and Delinquent**

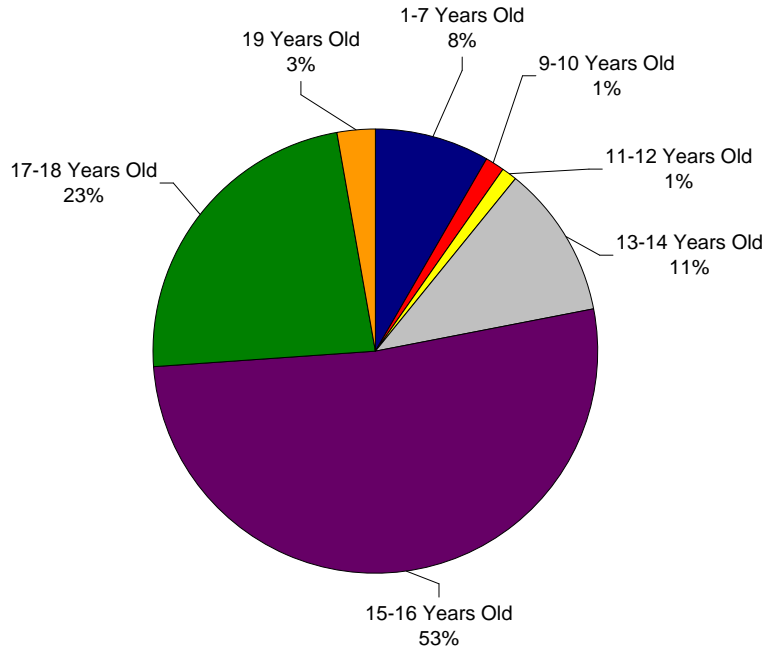
### Referring Source



	Number of Clients
CYS	50
JPO	23

The total number of referrals received for the first six months of the 2008 fiscal year totaled 73. Additional data will be available at the conclusion of the fiscal year. The following charts and graphs, which detail the referrals, are all based on those received in the first six months of the fiscal year rather than the 2008 calendar year.

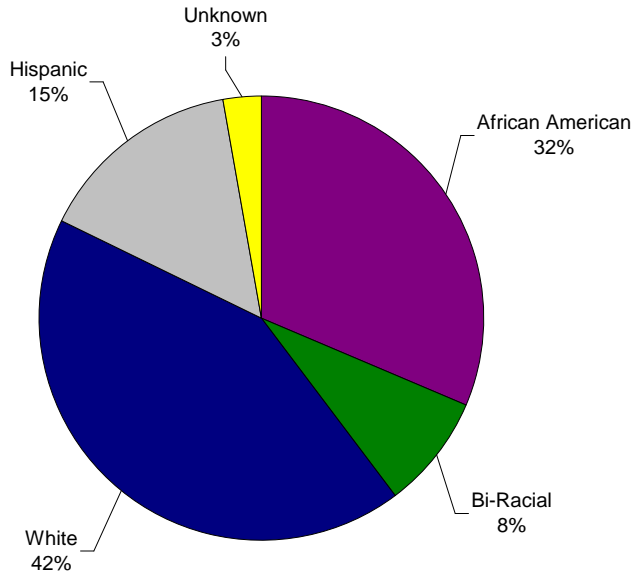
### Age at Time of Referral



	Number of Clients
1-7 Years Old	6
9-10 Years Old	1
11-12 Years Old	1
13-14 Years Old	8
15-16 Years Old	38
17-18 Years Old	17
19 Years Old	2

The majority of the referrals received were within the adolescent age range and most often accepted. Those made for the younger population of children were often withdrawn as The IMPACT Project is better able to provide for older youth.

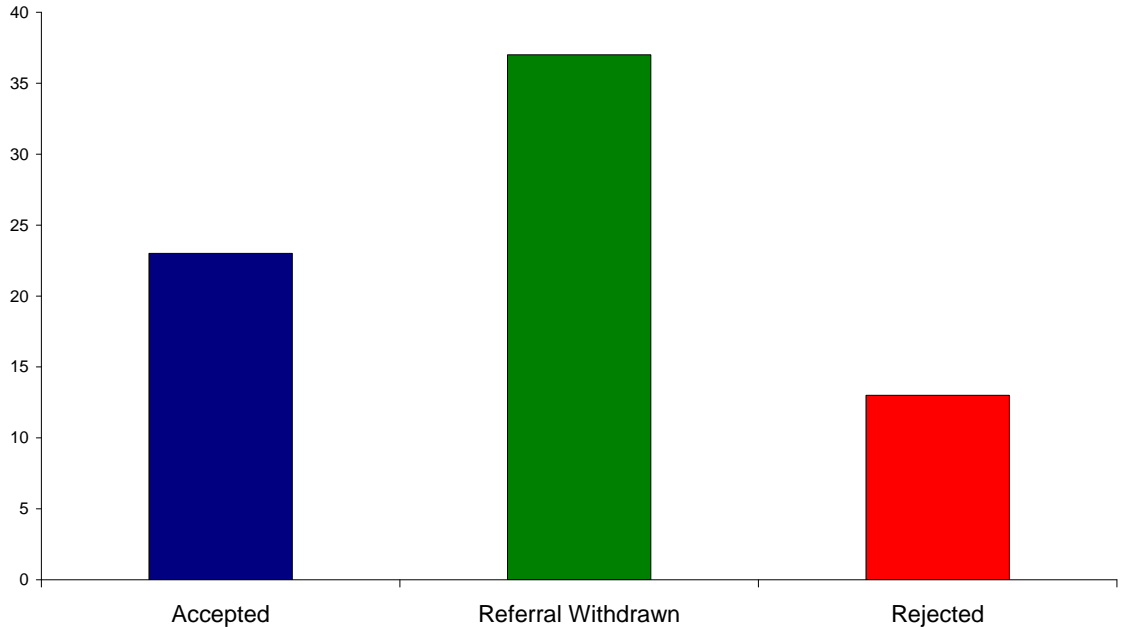
### Racial Breakdown of Referrals



	Number of Clients
African American	23
Bi-Racial	6
White	31
Hispanic	11
Unknown	2

The IMPACT Project receives various referrals for all races. Race of the foster family is considered for placing clients when requested by the child.

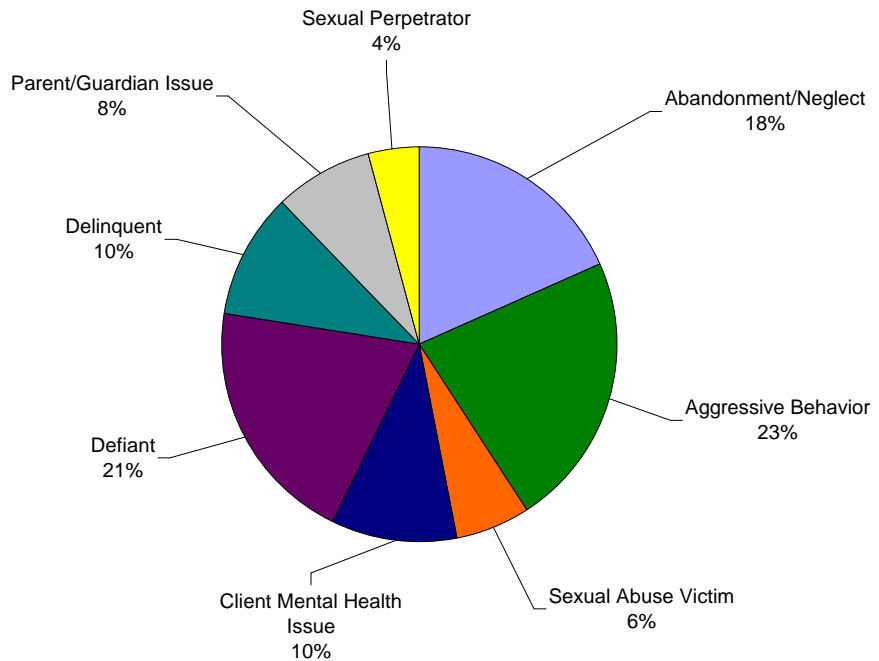
**Referrals Received  
n = 73**



	Number of Referrals
Accepted	23
Referral Withdrawn	37
Rejected	13

As previously stated, a total of 73 referrals were received by The IMPACT Project from July 1, 2008 through December 31, 2008. In many instances, referrals were withdrawn due to the client being outside of the age range typically accepted or because the referring county was in need of an emergency placement. IMPACT has always taken the necessary time to interview each admission to determine the best placement. This allows for more success on the part of the client.

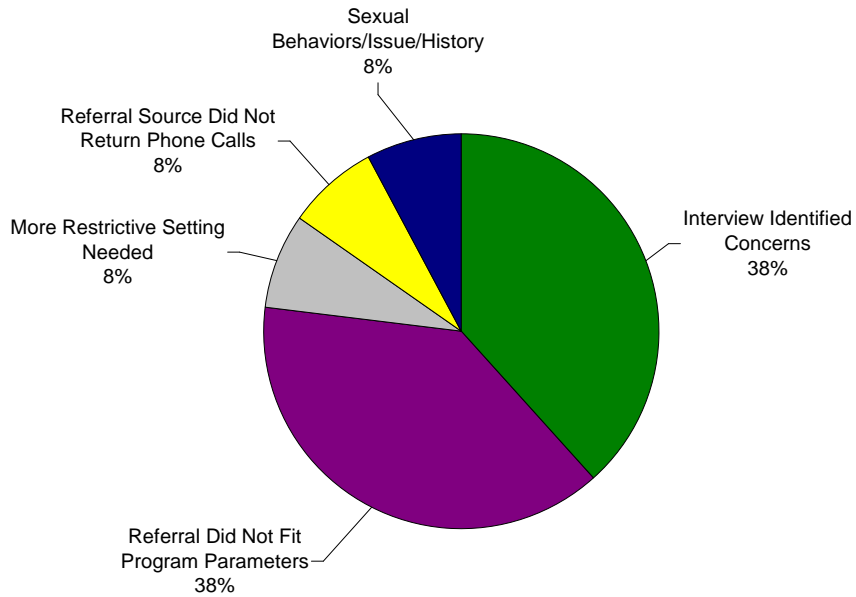
### Primary Presenting Problems for Accepted Referrals



Problem Category	Number of Clients
Abandonment/Neglect	9
Aggressive Behavior	11
Sexual Abuse Victim	3
Client Mental Health Issue	5
Defiant	10
Delinquent	5
Parent/Guardian Issue	4
Sexual Perpetrator	2

The IMPACT Project admits individuals with varying presenting problems. We are able to achieve success in the areas of aggression, defiance, mental health, delinquency, etc. It should also be noted the small number of individuals referred as sexual perpetrators are only admitted through our Sex Offender Step Down Program after successfully completing residential programs and being deemed appropriate for community living.

### Primary Reason for Rejection

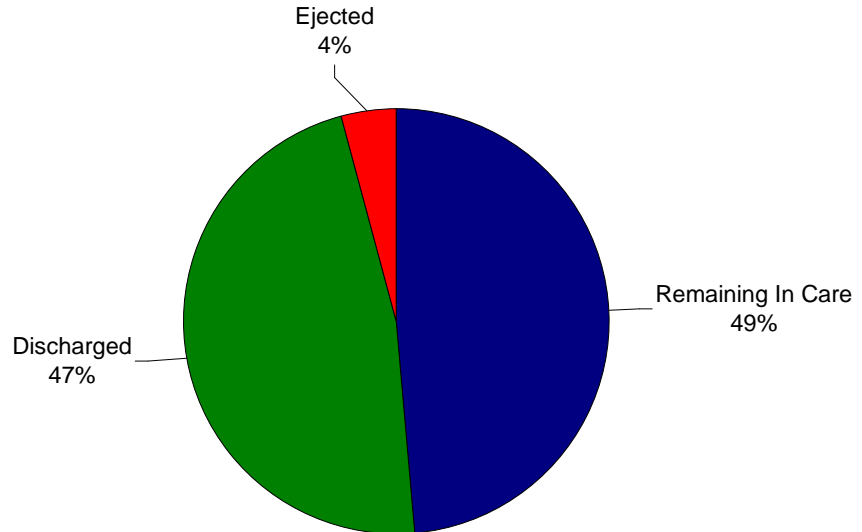


	Number of Clients
Interview Identified Concerns	5
Referral Did Not Fit Program Parameters	5
More Restrictive Setting Needed	1
Referral Source Did Not Return Phone Calls	1
Sexual Behaviors/Issue/History	1

As noted, all individuals are interviewed prior to being admitted to the program. If it is determined that there is not an appropriate home for the child, he or she is not admitted simply to build numbers. This also helps to increase our successes with the current population. Even with our criteria in place, only 17% of the total referrals were rejected.



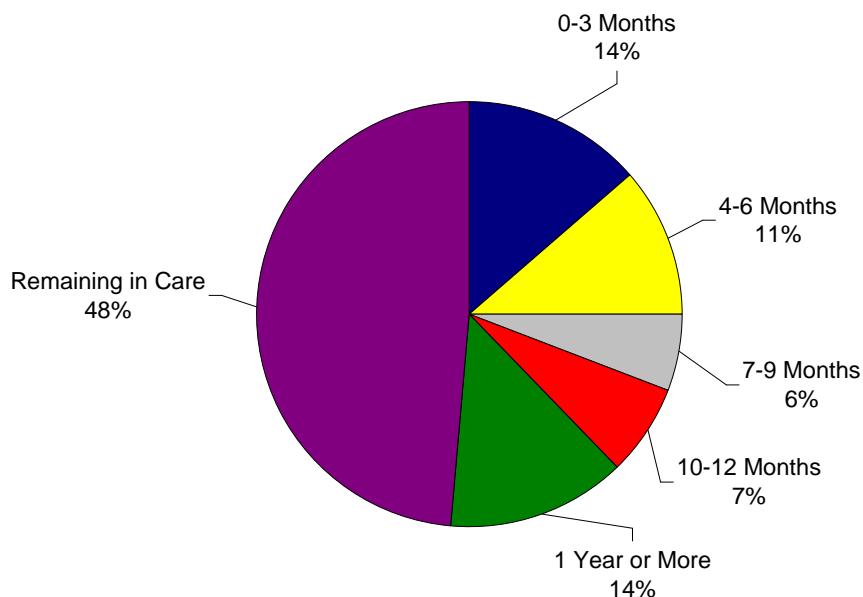
### Releases



	Number of Clients
Remaining In Care	68
Discharged	66
Ejected	6

IMPACT strives to keep as many successful placements as possible. However, there are situations where all resources have been used, yet children become a danger to themselves and the community. It is these times where a notice must be given to the county for the removal of a client as we strive to uphold the principles of BARJ standards, meaning we must also protect the community and the victims.

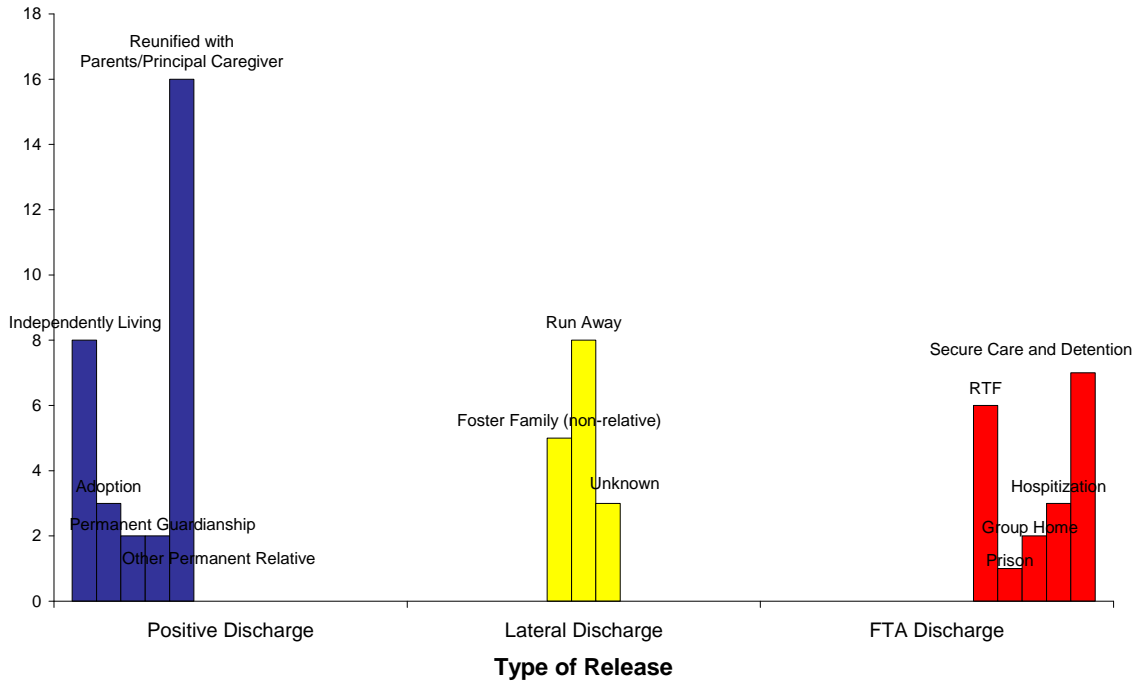
### Length of Time in Care



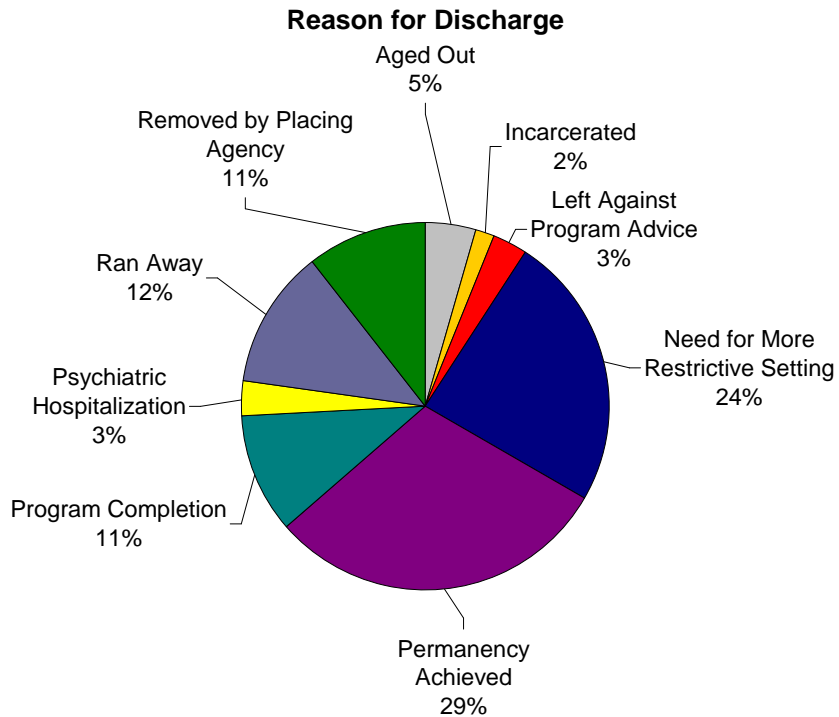
	Number of Clients
0-3 Months	19
4-6 Months	16
7-9 Months	8
10-12 Months	10
1 Year or More	19
Remaining in Care	68

Reunification is always the goal for a child if possible. However, many of our clients do not have a reunification resource and therefore time is spent ensuring they are able to live independently. It is these clients who often remain in care over 6 months to complete our Project LIFE program, which consists of a seven tiered, workbook style curriculum aimed at teaching the necessary independent living skills.

## Placement Upon Release

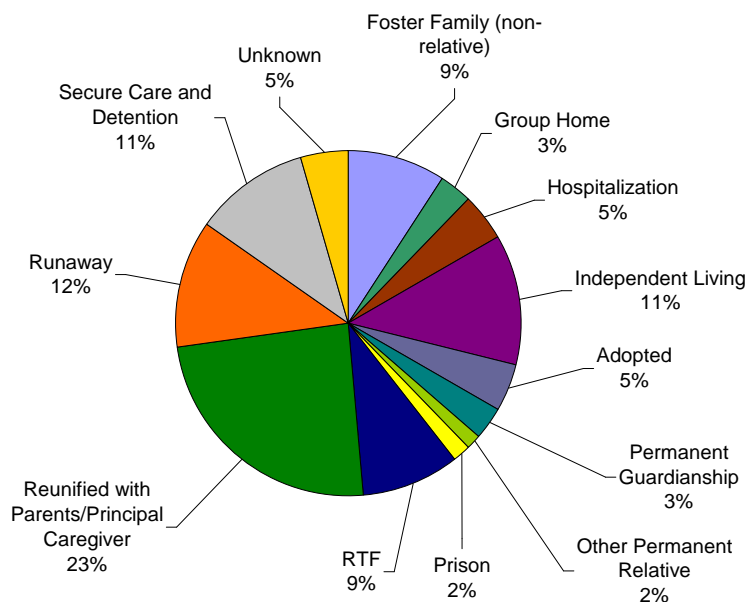


This chart demonstrates our ability to successfully transition children to either an additional placement if necessary or to a permanent resource. Most notable is the significant increase in children who are able to successfully transition back to their parent or principal caregiver.



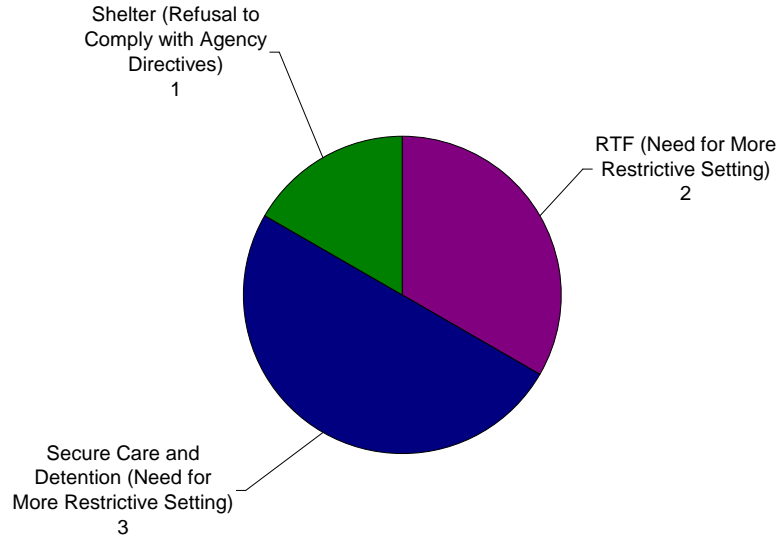
These numbers illustrate those youth who were discharged from the program. By striving to provide the best continuum of care for clients, we often work with counties to ensure services are not interrupted when a change in placement occurs. We also help to work with all members of the treatment team, always keeping in mind what is best for the client. There are times when community based programming is not appropriate and therefore a more restrictive setting is needed.

## Placement Upon Discharge



This is another look at where our discharges are placed. As you can see, the largest numbers were returned to their primary caregiver after successfully completing the program.

**Placement and Reason for Rejection  
6% of All Releases**



As previously stated and demonstrated in this chart, IMPACT strives to not “eject” clients from the program. The 5 clients that were no longer able to stay in care were removed immediately because of unsafe actions that put themselves, the foster home or all parties involved in danger.