OUTCOME MEASURES 2009

Understanding
"The IMPACT Client"

2000 Outcomes for All Youth In Care
Dependent and Delinquent

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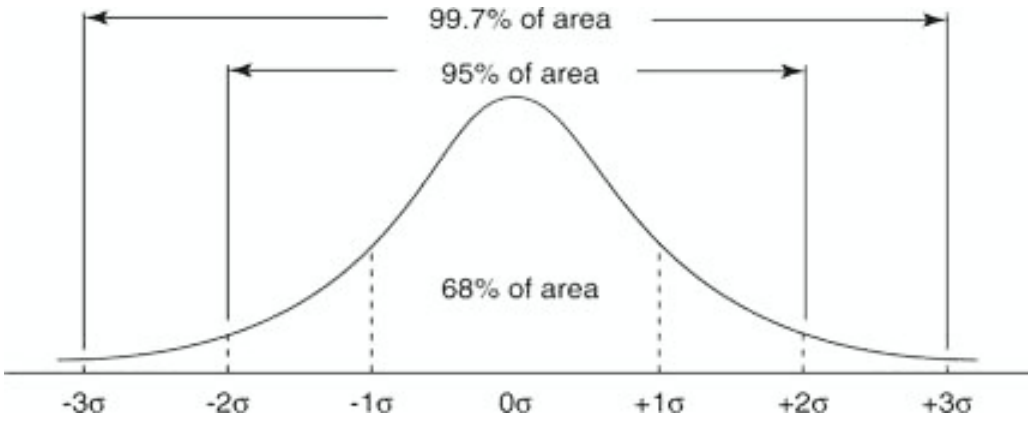
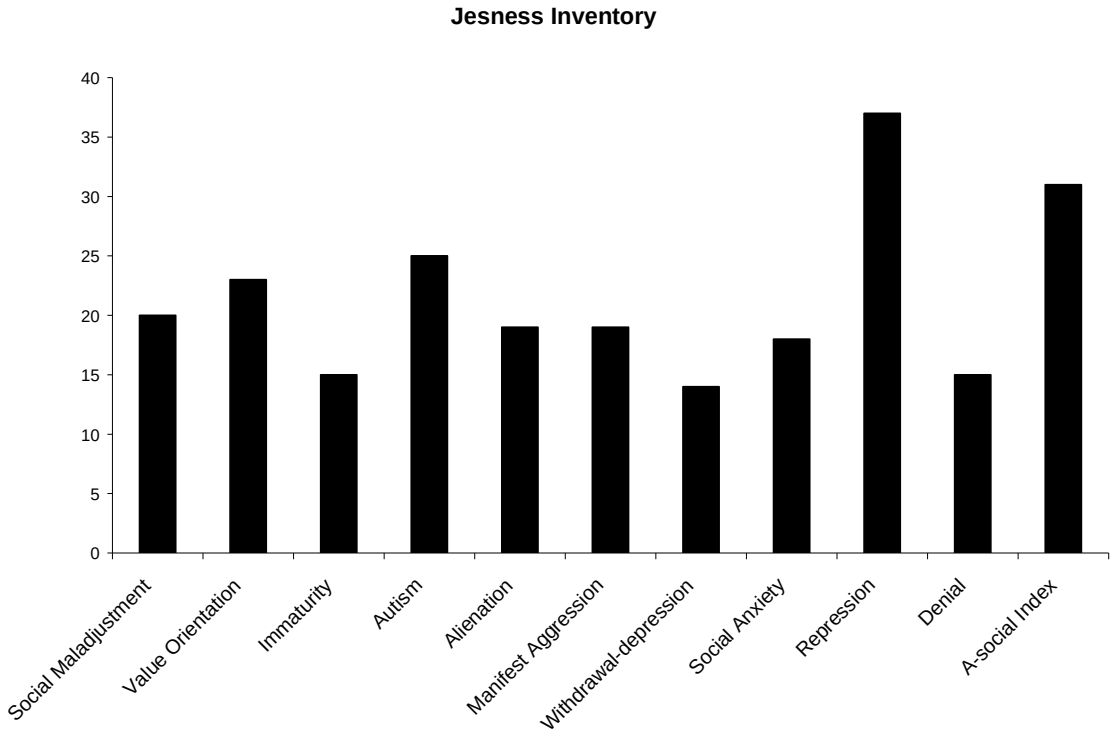
All data retrieval, charts, and final document prepared by CourtneyWagaman.

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.





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 16th 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 withdrawal-depression 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.

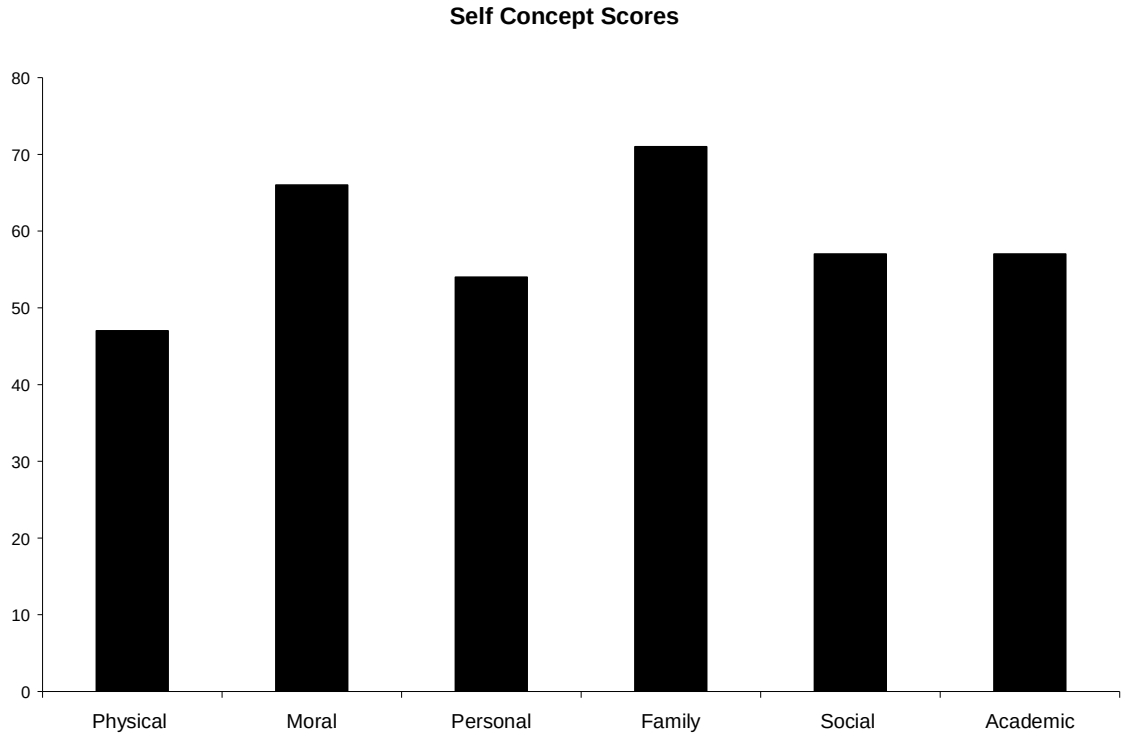
Withdrawal-depression (Wd) T-score > 60
Withdrawal-depression measures a tendency to isolate one's self from others and a perceived lack of satisfaction with self and others. An elevated T-score on this scale, suggests the possibility of problems of withdrawal and depression. Individuals with such scores 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.



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.

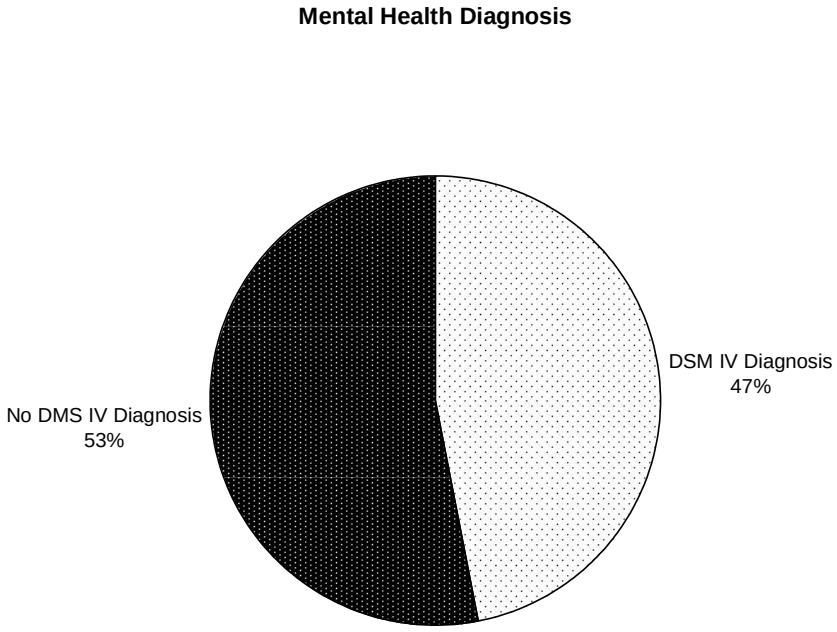
Tennessee Self-Concept Scale
As Used by The IMPACT Project, Inc.

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.

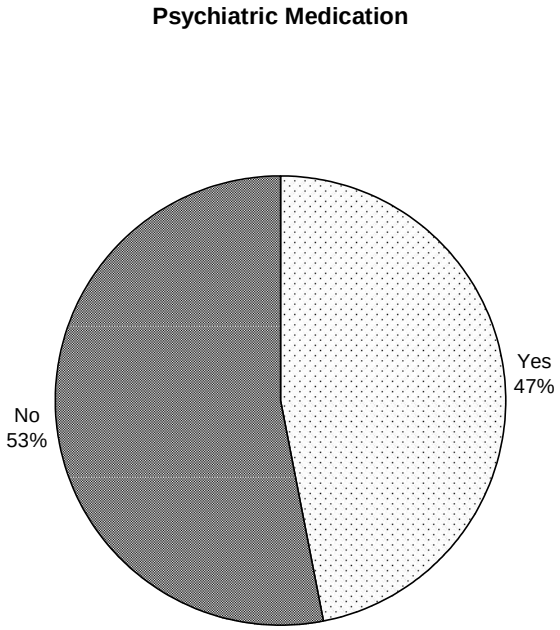
For the purposes of Outcome Measures at The IMPACT Project, Inc., we use the six self-concept scales of physical, moral, personal, family, social and academic. We consider low self-concept in any area to be a T-Score of less than 40 which indicates that the youth is in the lowest 16^{th} percentile. 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.



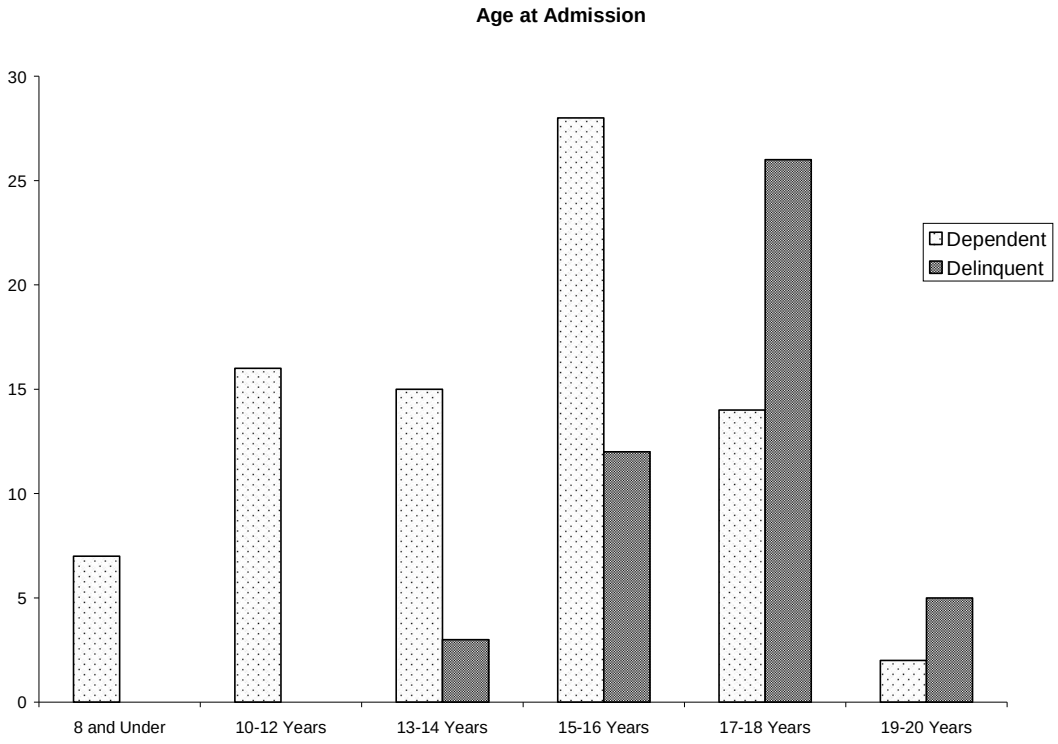
This graph clearly demonstrates that nearly 50% of the clients coming into care with IMPACT have been diagnosed with a mental health disorder. Some of the repeated diagnoses include: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, Adjustment Disorder, Mood Disorders, Bi-polar Disorder, Post-Traumatic Stress Disorder, Pyromania and Sexual Abuse Disorders. Additionally, there has been a swell in clients who have an Axis II diagnosis. Most often these include Mild Mental Retardation and Borderline Personality Traits.

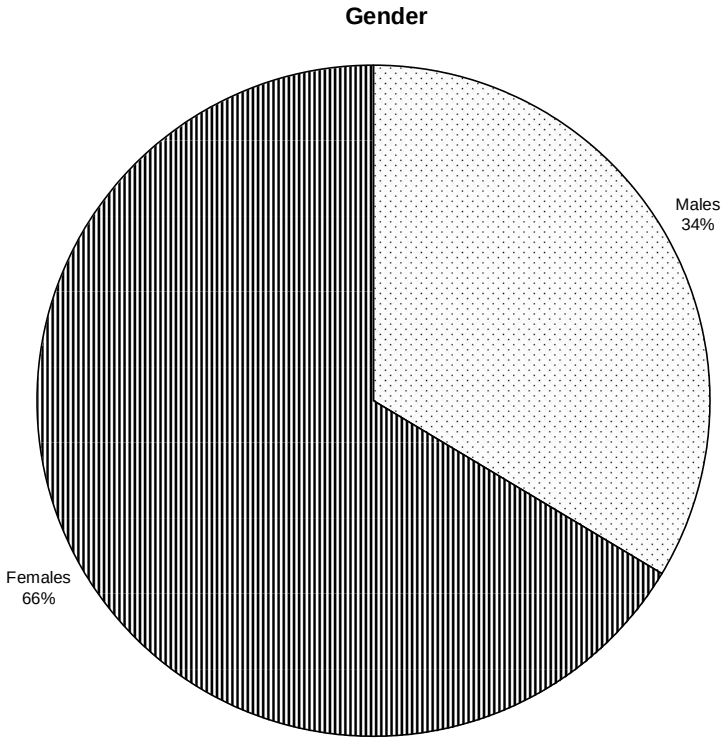


Often difficult to manage mental health disorders are accompanied by a range of psychiatric medications. This is also the case with most IMPACT clients. As you can see 47% of the kids in our care, which is up from 37% the previous year, take at least one psychiatric medication. This requires monthly medication management appointments, in some cases blood work and diligent as well as organized foster parents to ensure each child maintains success.

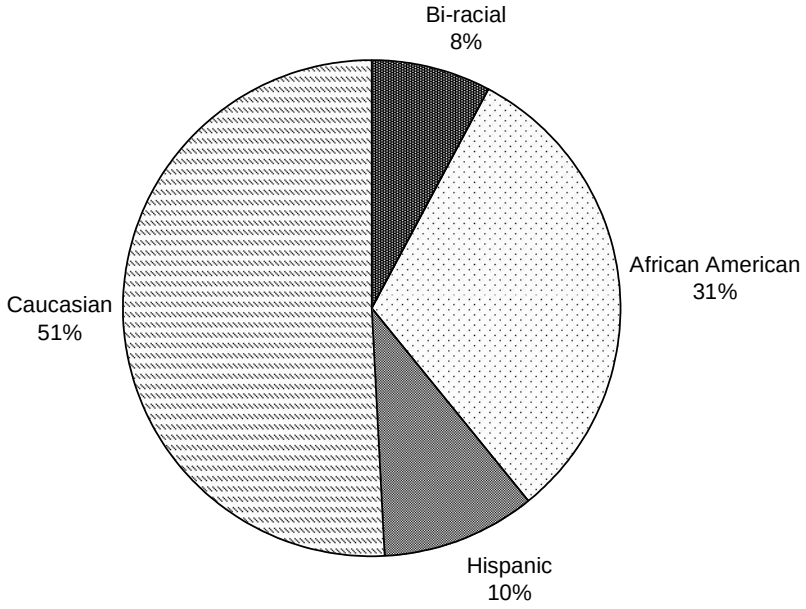
Demographic Profile

2009 Outcomes for All Youth In Care Dependent and Delinquent

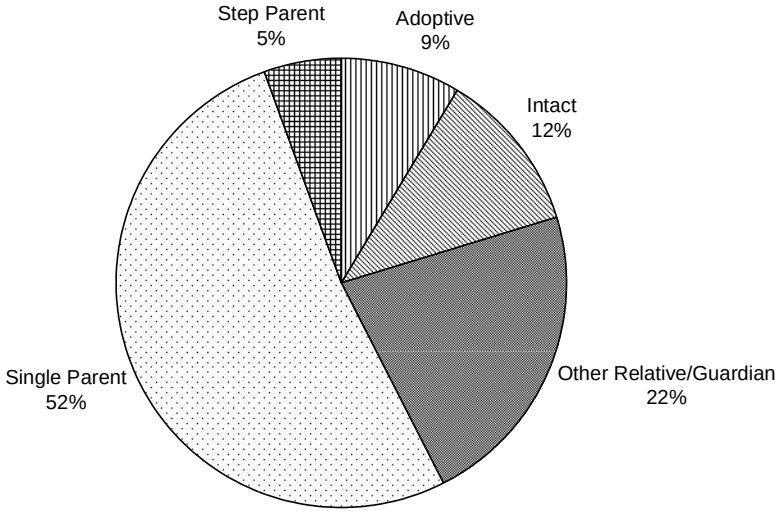

Age at Admission
30
25
20
15
10
5
0
Dependent
Delinquent
8 and Under
10-12 Years
13-14 Years
15-16 Years
17-18 Years
19-20 Years


Gender
Males
34%
Females
66%

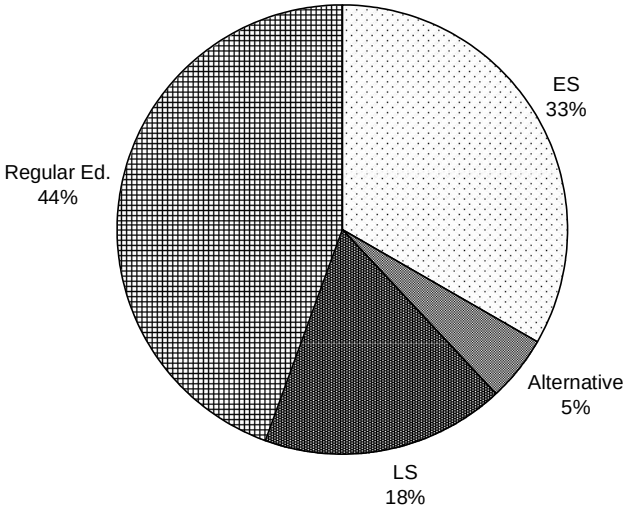
Race



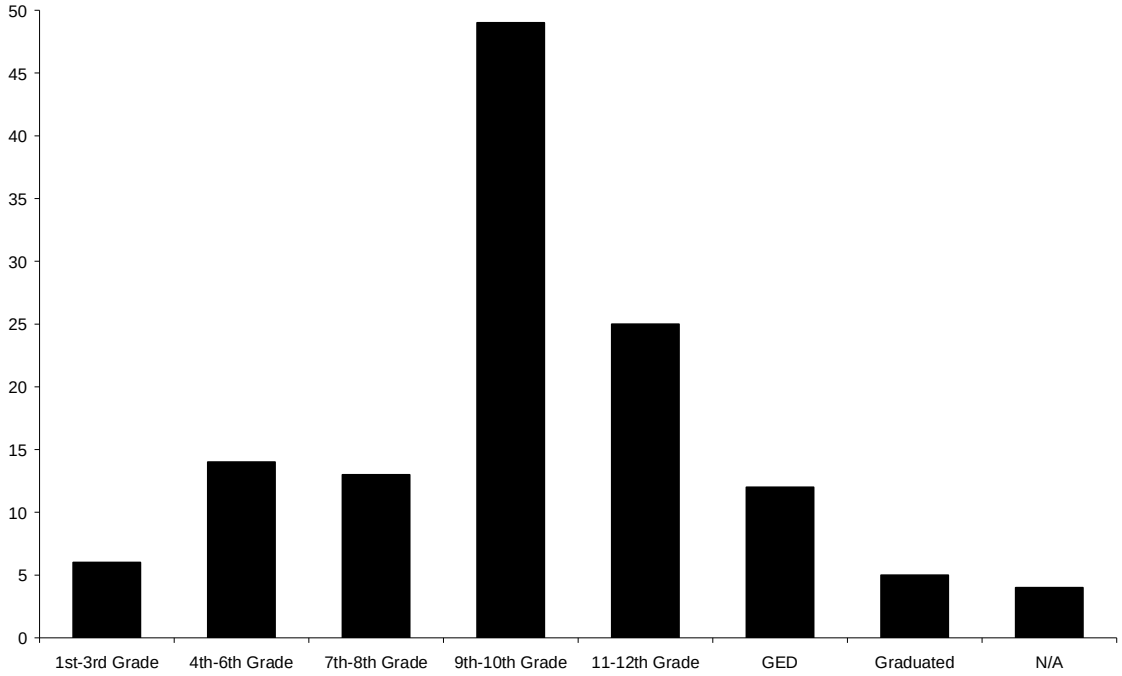
Family Prior to Original Placement



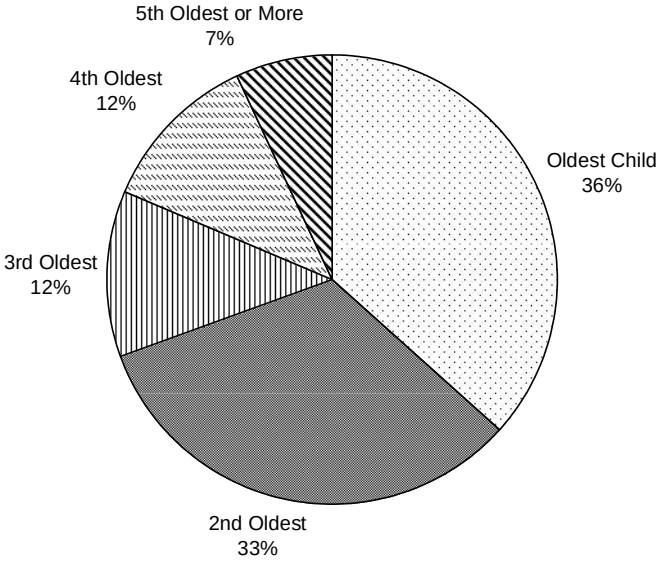
Educational Placement at Admission



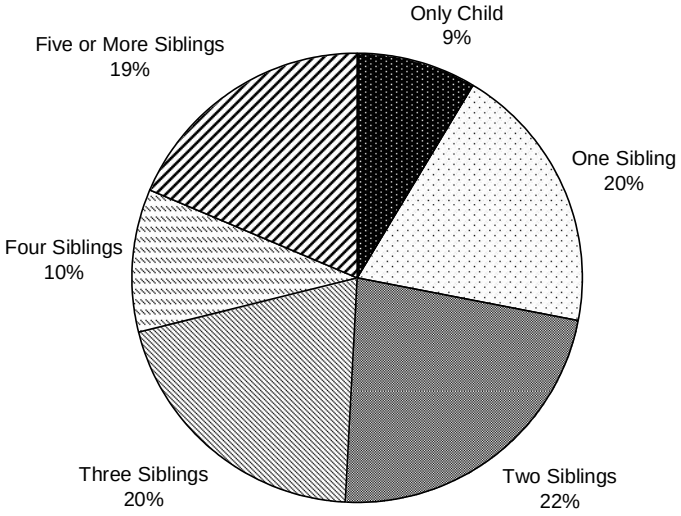
Grade at Admission



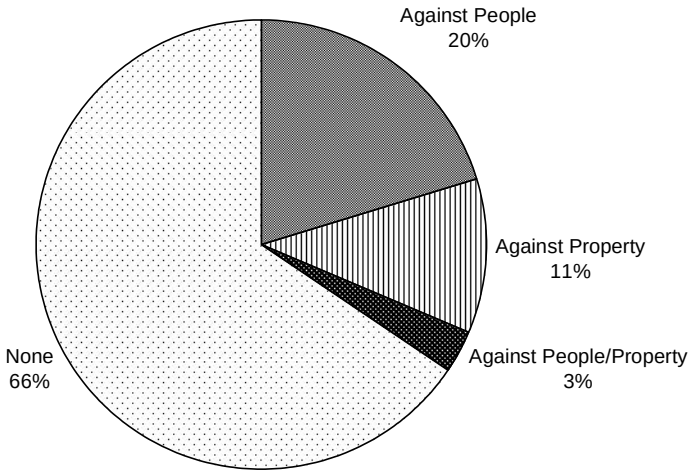
Birth Order



Number of Siblings



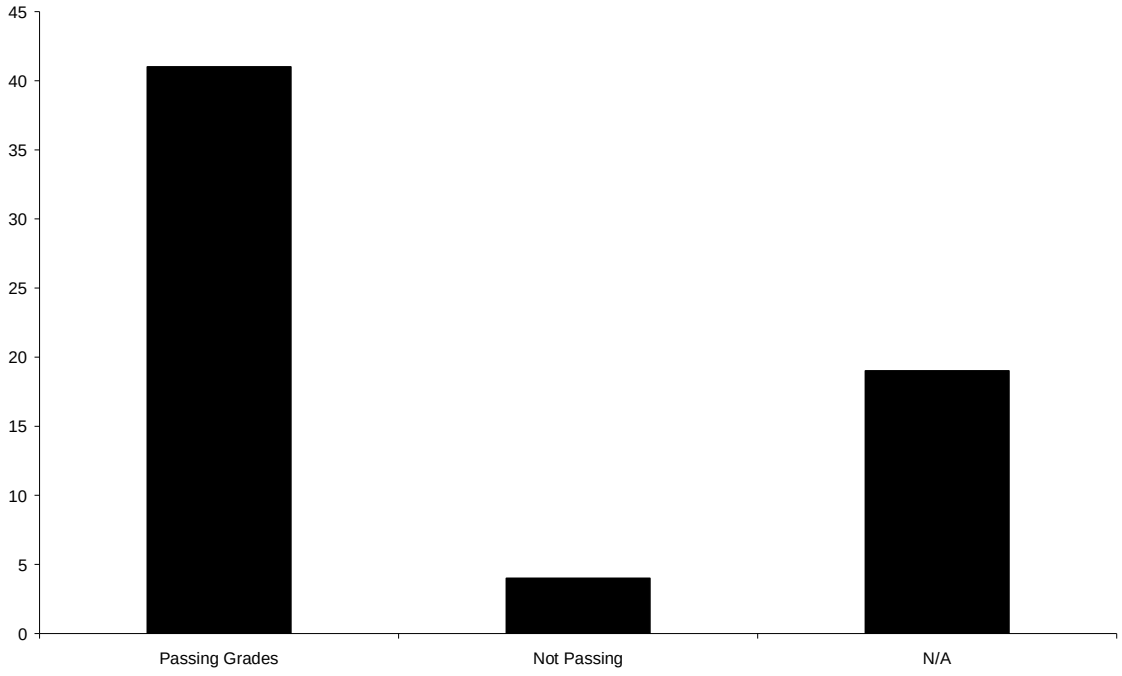
Charges Prior to Admission



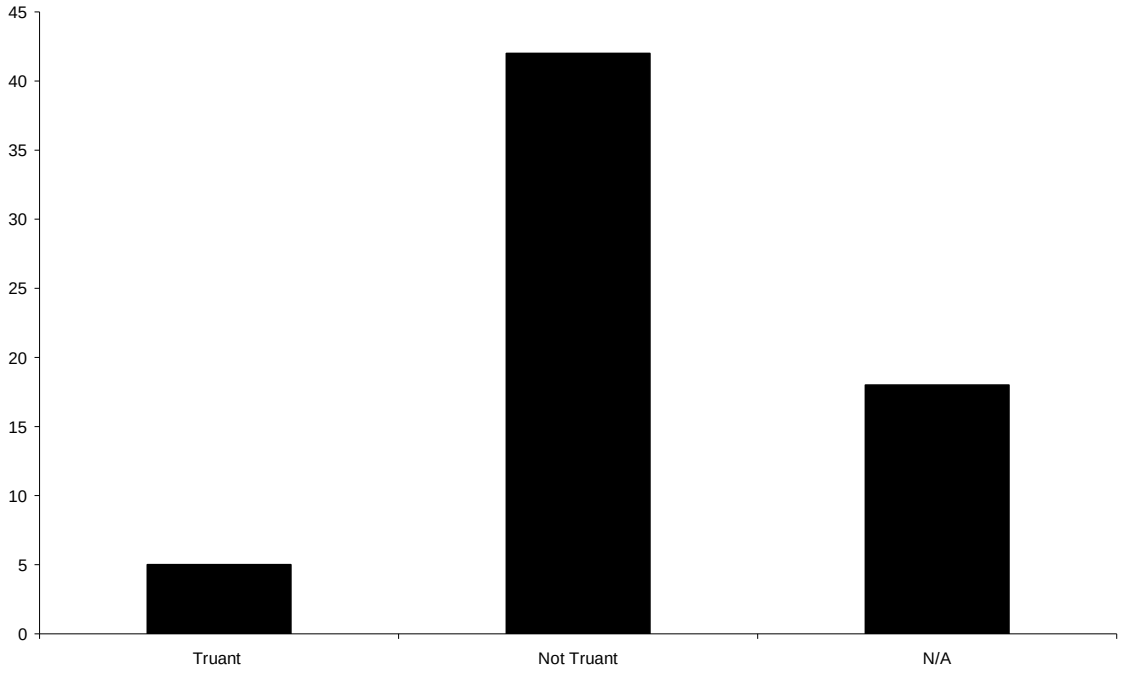
Measurable Behaviors

2009 Outcomes for All Youth In Care Dependent and Delinquent

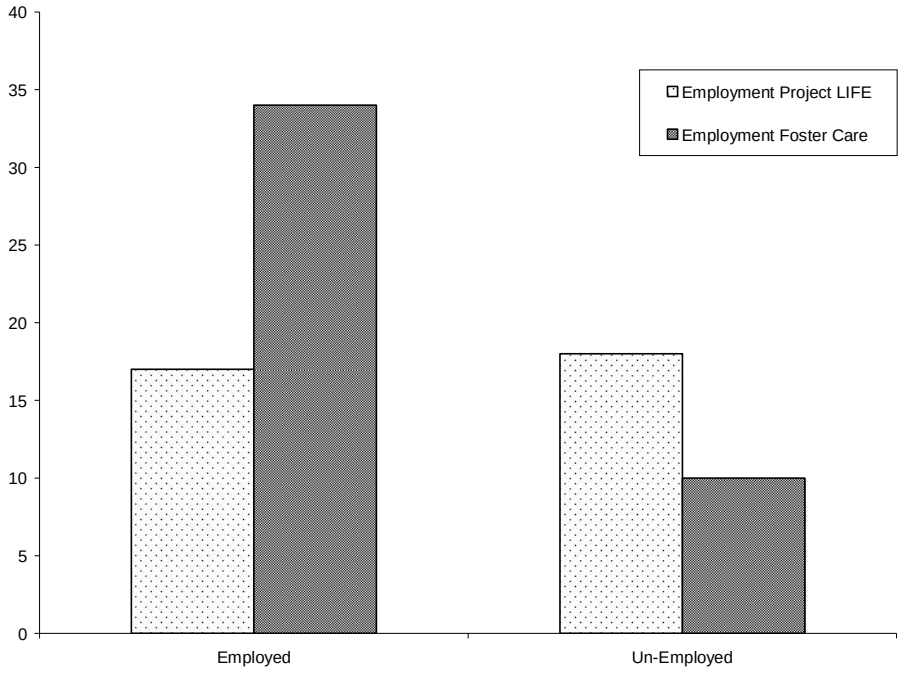
Educational Success



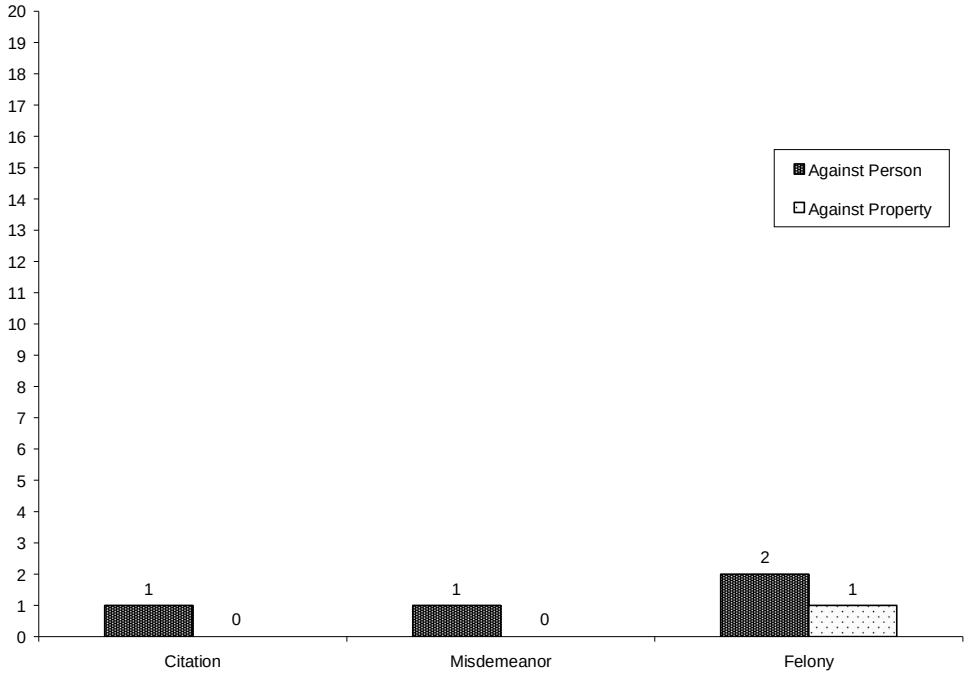
Truancy



Employment



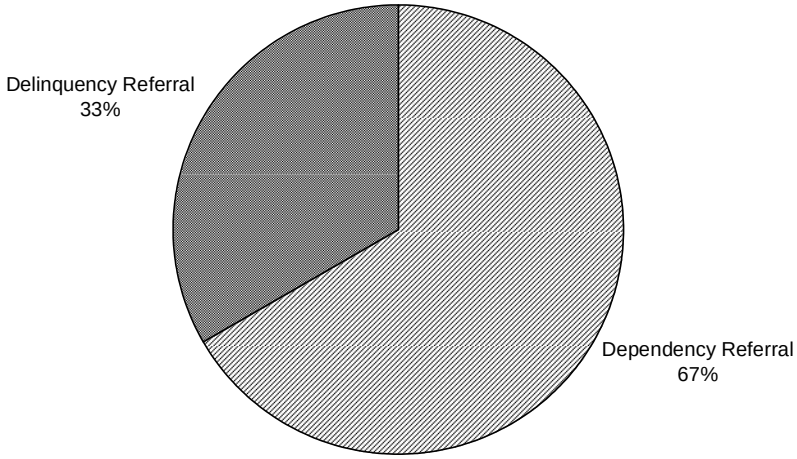
Arrests While In Care



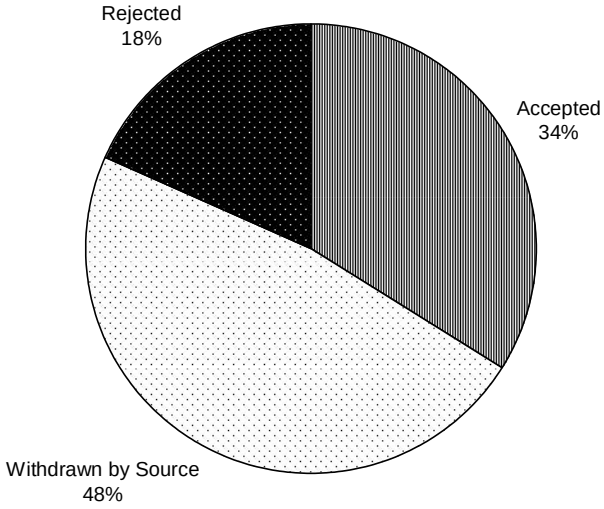
Referrals

2009 Outcomes for All Youth In Care Dependent and Delinquent

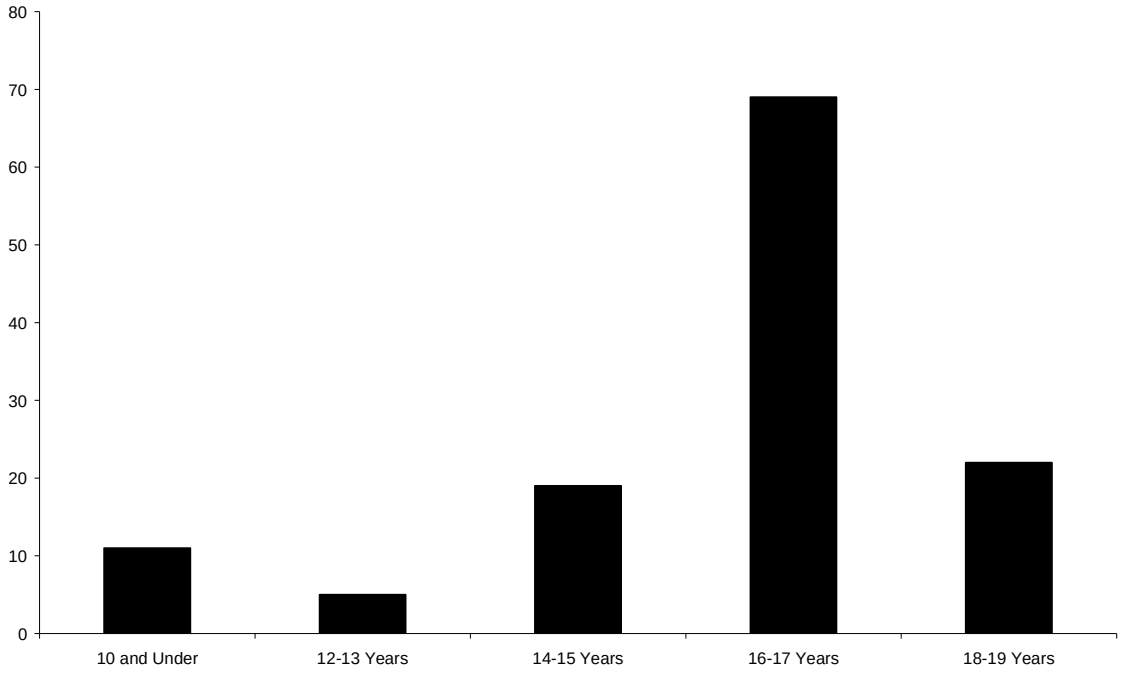
Total Referrals



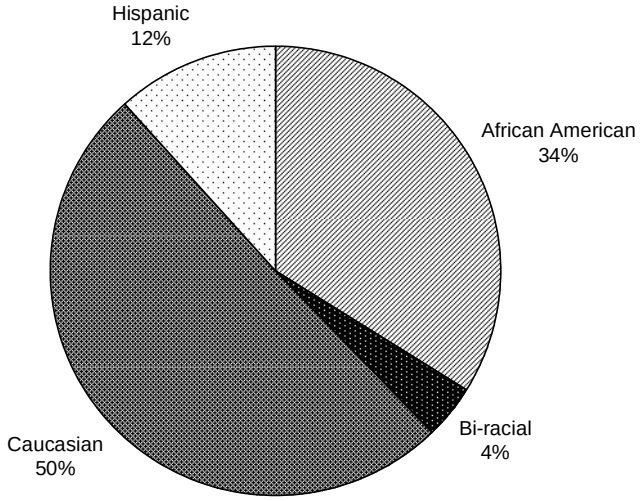
Referrals Accepted



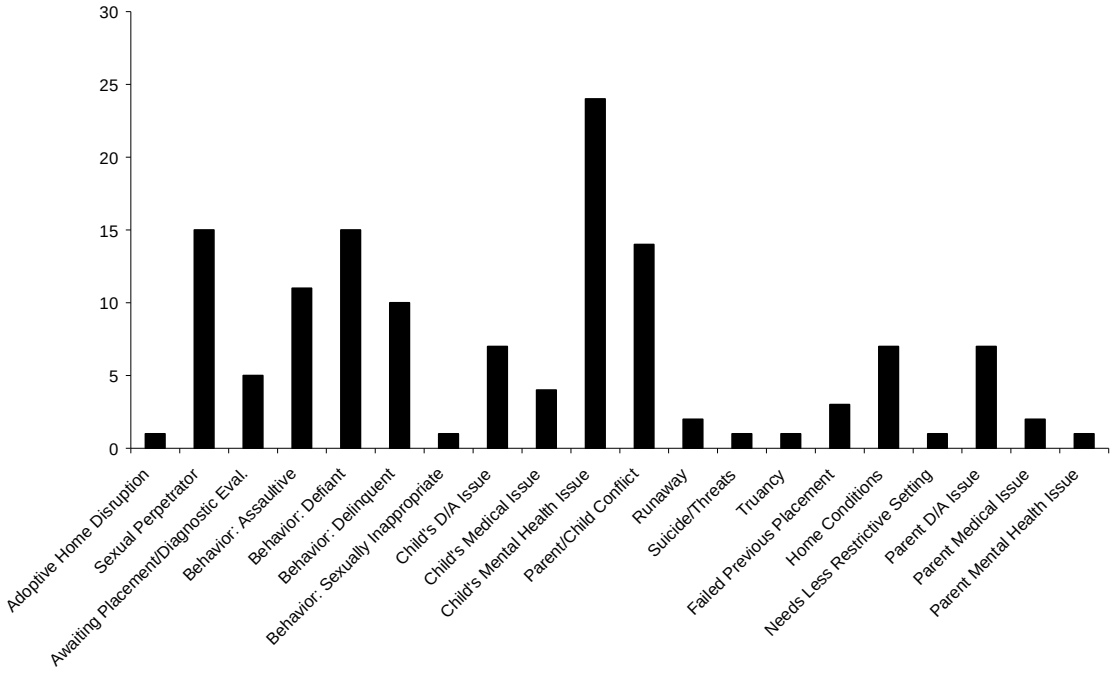
Age at Time of Referral



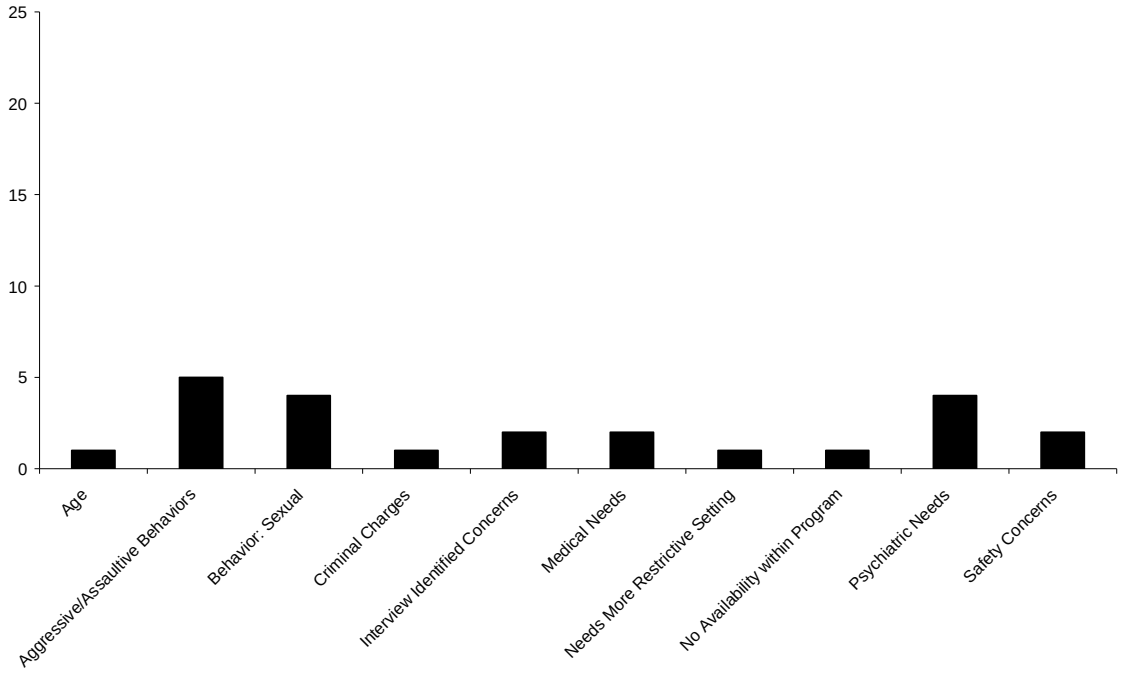
Race of Referrals



Primary Presenting Issue



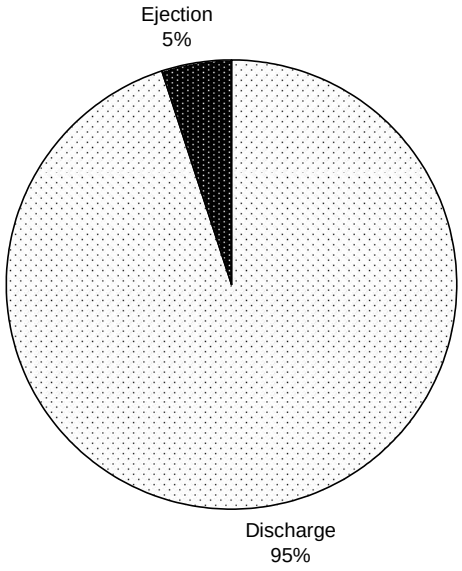
Primary Reasons for Rejection of Referral



Releases

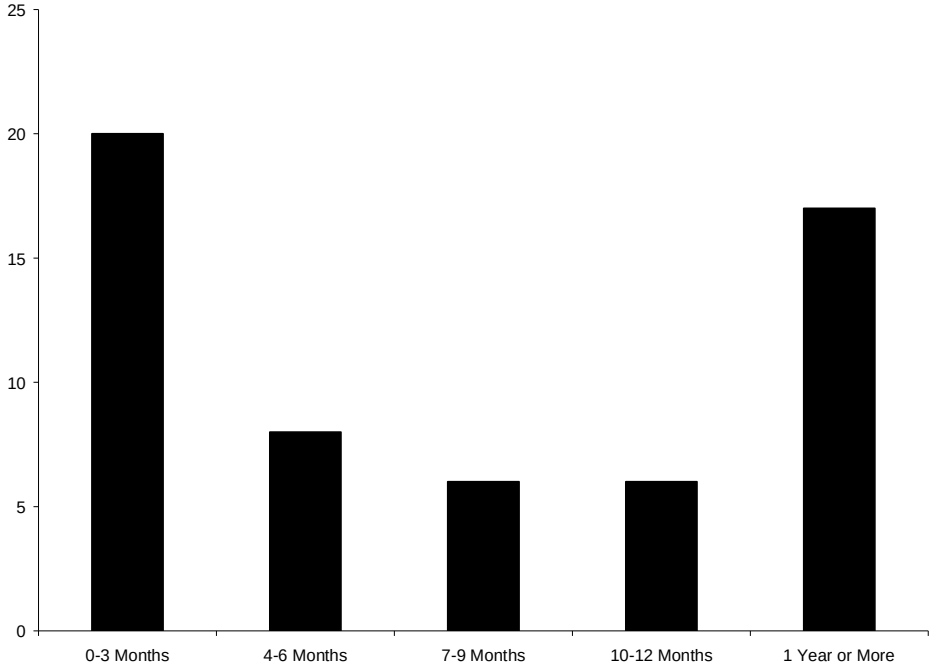
2009 Outcomes for All Youth In Care Dependent and Delinquent

Type of Release

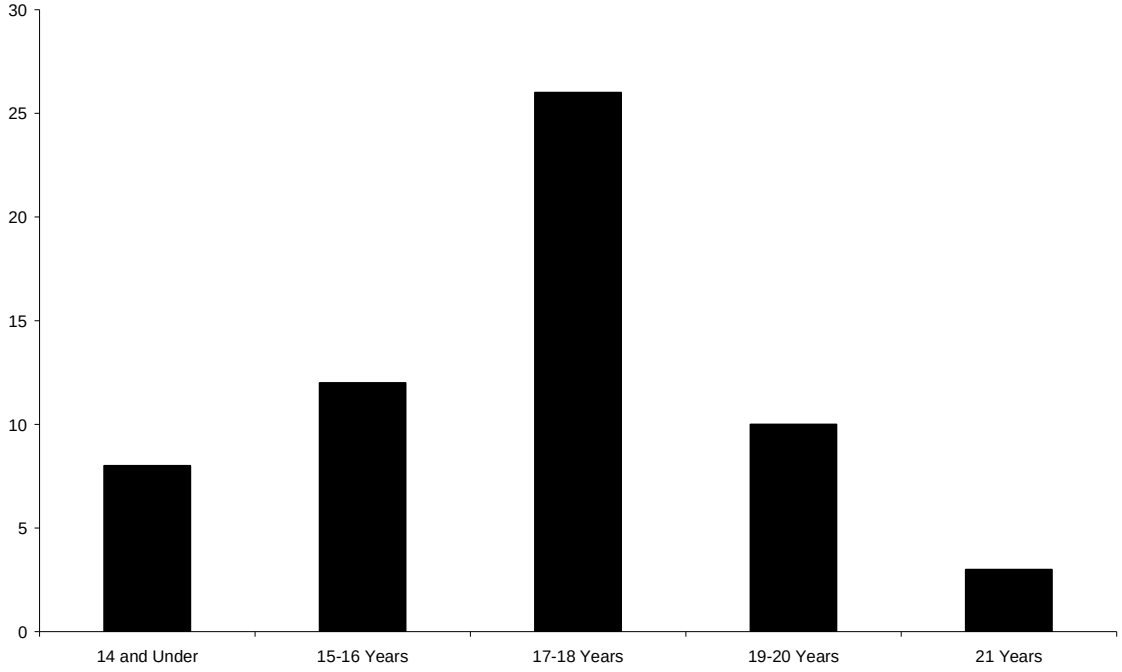


** The "ejected" clients were in need of a higher level of care immediately for safety reasons and all were placed in secure care and detention.*

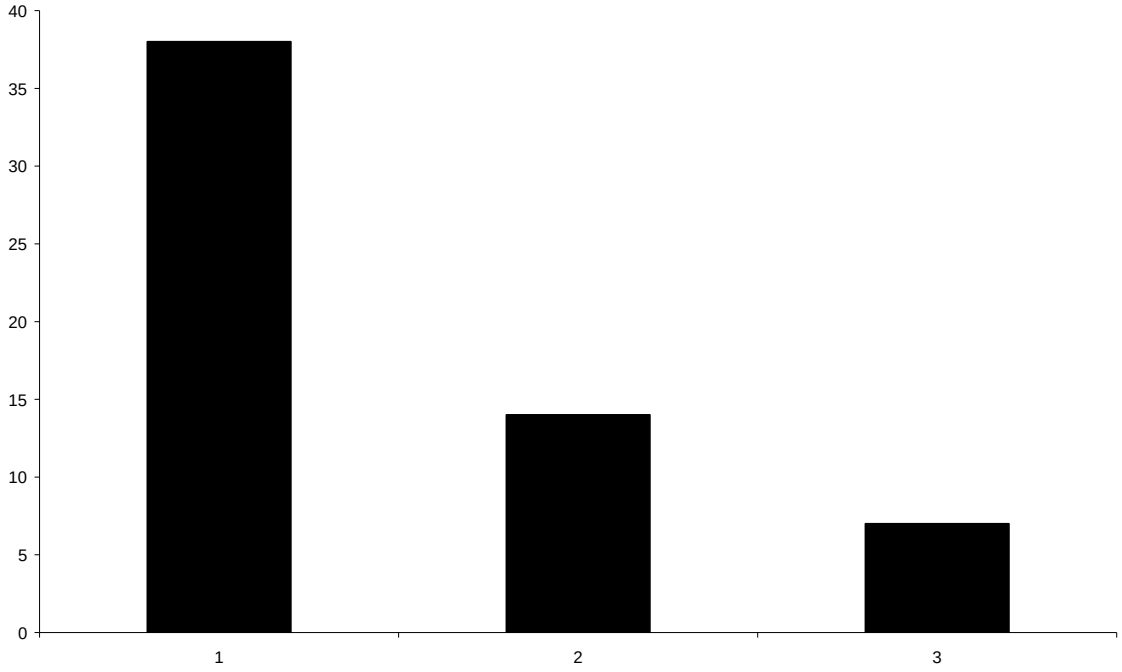
Legth of Time In Care



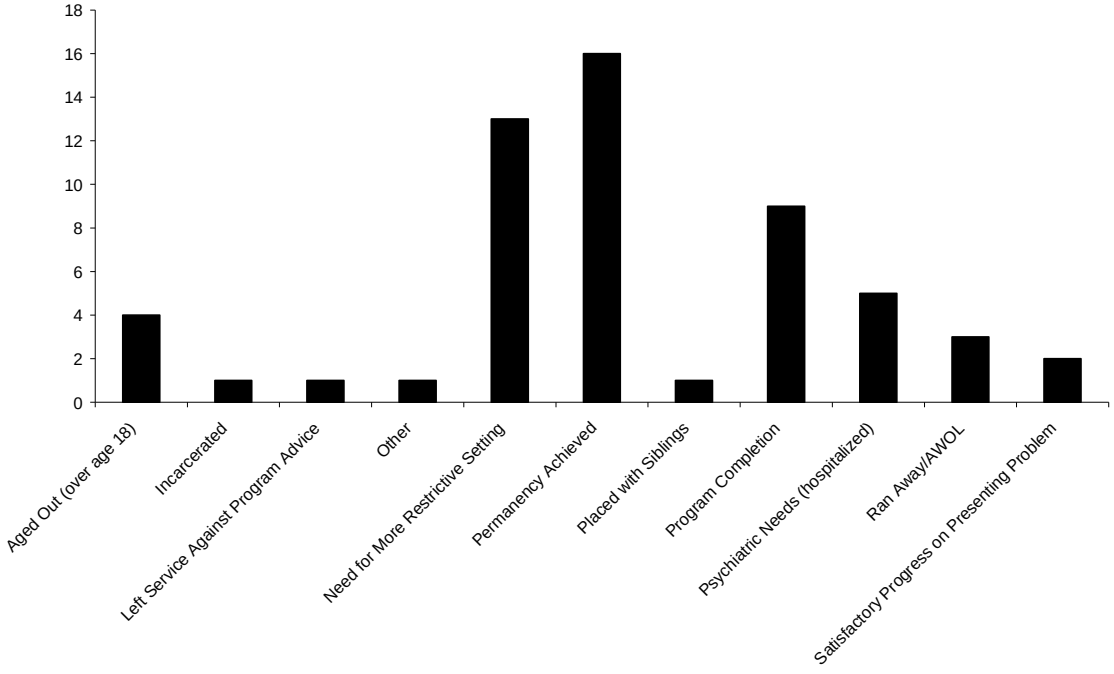
Age at Release



Number of Foster Homes while at IMPACT



Reason for Discharge



Placement Following Discharge