Fifth Year Evaluation of Home-Based Services Provided by Preventative Aftercare, Inc.: An Affiliate of George Junior Republic

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Summary Highlights of the Fifth Evaluation Year

This evaluation found the fifth consecutive year of results that supported across the board success of Preventative Aftercare services. The findings show success in admission to discharge differences, program completion rates, and six moth follow-up assessments of recidivism. This is also the second year program effectiveness has been supported by a comparison of Preventative Aftercare participants to a no treatment control group**.** Highlights of the fifth year evaluation include the following:

Services

- Preventative Aftercare home-based services have evolved to be aligned with risk reduction, and a cognitive-behavioral and integrated family treatment approach

Measurement

- Strong support for the reliability and validity of the Preventative Aftercare Outcome Rating Form

Child Outcomes

- Very good rates of program completion were assessed –especially considering no child and family is denied admission

- Children who completed the program had significantly higher posttest ratings upon discharge as compared to admission on the total scale, personal and community subscales, and each individual scale item, as compared to ratings at admission

- Children on probation, and/or participating in mental health and drug and alcohol treatment, had significantly higher ratings upon discharge in probation compliance, as well as mental health and alcohol treatment gains

- All successfully discharged children reaching the six month follow-up assessment were found to have no new adjudications, and to be in living arrangements consistent with treatment plans

Family Outcomes

- Family functioning improved significantly at posttest as compared to pretest

- Families with open Office of Children and Youth cases who completed home-based services made significant gains in completing OCY case plan requirements

Control group comparisons

- Children and families completing home-based services were rated significantly higher as compared to a no treatment control group

Five years of replicated success in all assessments represents very strong evidence-based support for the effectiveness of Preventative Aftercare services. The evaluation process has resulted in risk reduction, standardized treatment plans, greater attention to serving the family as a whole, as well as established the use of evidence-based philosophies and treatment modalities. This is impressive considering this has been found in each evaluation year, and includes all referred children and families.

Preventative Aftercare Inc. Services

Preventative Aftercare Inc. provides in-home and community-based services for children and their families who have been referred for services to reduce the risk of out of home placements. The identified risks include adjudicated delinquent and dependent children, families compromised in their abilities to effectively parent their children, and the often inadequate abilities of children and families to make positive choices. In addition, home-based services of Preventative Aftercare Inc. provide support for any interventions mandated by probation and the Office of Children and Youth, as well as any treatment that may be provided by a variety of mental health and substance-abuse providers.

The program has been recognized and funded as a “promising practice” by the Pennsylvania Department of Public Welfare. This fifth year evaluation of effectiveness is one additional step towards establishment of Preventative Aftercare Inc. as an “evidence-based practice.”

The services provided by Preventative Aftercare Inc. are very different from most evidence-based protocols that dictate high structure, pace, and length of services that are nearly identical for every child and their family. Integrated and flexible treatment models are necessary in meeting the needs of children, adolescents, adults, and families across fields of practice, including those involved in the juvenile or family court systems (Lee et al, 2013; Lehman et al., 2011; Borden, 2009; Heitzler, 2009; Schottenbaur, Glass, & Arnkoff, 2007; Gil, 2006; Norcross & Goldfried, 2005; Lebow, 2002).

Preventative Aftercare Inc. home-based services provides services tailored to the unique needs of each child and family, using a variety of evidence-based cognitive-behavioral and integrated family approaches, toward the end of achieving significant progress in standardized goals.

These standardized goals represent program outcomes. Individualized goals and specific treatment strategies are developed and implemented to achieve those goals. Outcomes established by Preventative Aftercare Inc. have been found to be associated with factors that can reduce risk.

The prior four years of evaluation have provided growth within the programs standards, and served to strengthen adoption of evidence-based intervention strategies, or general frameworks that organize such interventions. These include a variety of cognitive-behavioral strategies and an integrated family systems approach, as well as a solid foundation of risk reduction.

Flexible service delivery to meet individual child and family needs, embedded in general evidence-based approaches, with outcomes associated with risk reduction, best summarizes the home-based interventions of Preventative Aftercare Inc. The previous four years of program evaluations have found overwhelming support for the success of Preventative Aftercare services in producing intended outcomes.

This report is an account of the fifth year evaluation efforts. Included were assessments of reliability and validity on outcome measurement, analyses of pretest posttest differences on child, family, and community outcomes, as well as each individual outcome item, and general descriptive outcomes on program completion and recidivism used to assess program effectiveness. The evaluations also included a comparison of Preventative Aftercare participants to a no treatment control group. All findings support effectiveness of home-based services provided by Preventative Aftercare Inc., and, thus, this was the fifth year of replicated success.

Programs and Services

Descriptive information regarding adjudication status, types of service provided, as well as the numbers and percentages of admissions into each of fourteen programs, are provided in Tables 1-3 respectively. A review of these tables reveals that eighty-one percent of referred children had been adjudicated delinquent (59%) and dependent (22%), who were receiving prevention services (54%). The largest programs providing services in Pennsylvania were in Philadelphia (16%), and Westmoreland (10%), with all other programs adequately representing the number of referrals in smaller and/or more rural areas. Colorado programs were provided in six counties, and those were collapsed and presented as one program comprising fifteen percent of the total number of admissions.

Table 1

Admission ratings submitted by each program in the 2013 evaluation year (N=736)

Program	**Number**	**Percent**	**Cumulative Percent**
Butler	14	1.9	1.9
Chester	64	8.7	10.6
Colorado	111	15.1	25.7
Cumberland	42	5.7	31.4
Delaware	44	6.0	37.4
Lebanon	30	4.1	41.4
Mercer	31	4.2	45.7
Montgomery	42	5.7	51.4
Perry	29	3.9	55.3
Philadelphia	122	15.8	71.9
Westmoreland	73	9.9	81.8
Wyoming	59	8.0	89.8
York	59	8.0	97.8
Susquehanna	16	2.1	100

Note. Thirty-six cases are missing program information

Table 2

Admissions and adjudication categories for 2013 (N=772)

Adjudication Status	Number	Percent	Cumulative Percent
Delinquent	452	59	59
Dependent	169	22	81
No adjudication	151	19	100

Table 3

Number and percent of children and families by type of service provided during this evaluation year (N=718)

Service	Number	Percent	Cumulative Percent
Prevention	387	53.9	53.9
Aftercare	180	25.0	78.9
Reintegration	151	21.1	100.0

Note. Missing Information on 54 cases

Measurement

The Preventative Aftercare Outcomes Rating Form (PA-ORF) (appendix) was used in this fifth evaluation year, as in the previous four, to assess changes from admission to discharge. The scale was developed to reflect the directly intended child and family outcomes on which the program has been funded, and implied community outcomes associated with the original goals of the affiliate George Junior Republic of Pennsylvania. Individual child outcomes have included self-esteem, problem-solving and interpersonal skills, judgment and reasoning abilities, recognition of the impact behavior has on others, adherence to recognized authority, and development of appropriate peer supports.

Self-esteem was separated from the scale in the fourth evaluation year for two reasons. First, while previous tests of reliability and validity supported inclusion of this item on the scale, it did tend to cut across all subscales, and was less highly correlated to individual child outcomes as compared to all others. Second, Preventative Aftercare, Inc. assessments and services are more

closely aligned with the evidence-based theory and practice emerging from studies on criminogenic needs and other considerations of risks and strengths (Latessa & Lovins, 2010; Latessa & Lowenkamp, 2005, Augimeri et al, 2012; Ryon et al, 2013; Wilson & Hoge, 2012). Therefore, the Preventive Aftercare Outcomes Rating Form is more consistent with risk assessment, and program completion ratings are a reflection of the extent to which risk reduction was effective.

Family outcomes continue to include assessment of effective parenting, family structure, productive family communication, and adequate family supports. This variety of family outcomes is consistent with the Integrative Family Systems Perspective developed by Rothery and Enns (2001) and with other integrated family systems approaches that have been found to be effective (Lee, et al 2013, 2009). Community outcomes, which have been more strongly associated with individual child outcomes in the previous three evaluation years, include the degree to which the child uses community resources and contributes to the community in age appropriate ways.

Reliability

Four tests of reliability were conducted during this evaluation year. These were tests of internal consistency applied to pretest ratings on 772 children and families who were, either admitted to the program, or were already admitted and still active when the previous evaluation year concluded. Coefficient alpha values are the results of these tests. Alpha values range from 0-1 with values closer to 1 reflecting that all items are more consistently measuring the same phenomena (i.e. individual child outcomes). The most commonly accepted standard is that coefficient alpha values equal to or greater than .70 supports reliability.

This reliability assessment also offers two additional important pieces of information in the interpretation of internal consistency. These include the correlation of each item with the total scale or subscales, and what the coefficient alpha value would be if the item were deleted. Any scale with subscales, as is the case with the Preventative Aftercare Rating Form, would have support for reliability with mid to high moderate correlations for each item with the total scale, and higher correlations between each item and a respective subscale on which that item is found. The other important information is what the coefficient alpha value would be if any one item is deleted from the scale. Clear support for retention of any item on the total scale or any subscale is an alpha value remaining the same or lower if the item is removed.

Results of the reliability assessments applied to pretest ratings are reported in Tables 4-7. Coefficient Alpha values ranged from .96 - .98 for the total scale, and individual child, family, and community subscales. Correlations between each item and the total scale are strong (=>.70), and alpha values either remain the same or are lower if all considerations of an item being deleted. All tests strongly support the reliability of the total scale, and all subscales of the Preventative Aftercare Outcomes Rating Form.

Table 4

Reliability assessment using coefficient alpha applied to all pretest ratings for the total scale (N=772)

Item	Item-Total Correlation	Alpha if Item Deleted
2	.91	.98
3	.90	.98
4	.89	.98
5	.90	.98
6	.87	.98
7	.89	.98
8	.89	.98
10	.85	.98
11	.83	.98
12	.87	.98
13	.86	.98
15	.88	.98
16	.90	.98

Note. Coefficient Alpha=.98

Table 5

Reliability assessment using coefficient alpha applied to pretest ratings on individual child outcomes (N=772)

Item	Item-Total Correlation	Alpha if Item Deleted
2	.93	.97
3	.93	.97
4	.92	.97
5	.94	.97
6	.88	.97
7	.90	.97
8	.88	.97

Note. Coefficient Alpha=.98

Table 6

Reliability assessment using coefficient alpha applied to pretest ratings on family outcomes (N=772)

Item	Item-Total Correlation	Alpha if Item Deleted
10	.93	.95
11	.92	.95
12	.92	.95
13	.90	.96

Note. Coefficient Alpha=.97

Table 7

Reliability assessment using coefficient alpha on pretest ratings of community outcomes (N=772)

Item	Item-Total Correlation	Alpha if Item Deleted
15	.93	NA
16	.93	NA

Note. Coefficient Alpha=.96

Validity

Also consistent with assessment and ongoing development of the Preventative Aftercare Outcomes Rating Form over the past four years were tests of structural/factorial validity of the measure. This was also conducted during this fifth evaluation year.

The measure was intended to be multidimensional with three subscales regarding individual child, family, and community outcomes. A Principle Components analysis identified one common factor in the measure that supports the necessary basis of a total scale measure, and a rotated factor analysis extracted only one factor.

This finding is presented in Table 7 and is different from the previous four evaluations that found one common and two rotated factors, with the family subscale items loading distinctly on a separate factor. The unique finding in this fifth year may be a reflection of a larger sample that resulted from better tracking of all admission ratings; however is more likely a reflection of the evolution in which caseworkers approach application of home-based services. That is, previous assessments of structural validity have indicated an evolution in which outcomes driven treatment plans may have increased the attention of treatment staff to better engage and provide services to the family as a unit. The result of this process may be a measure that is currently applied as having one factor and alterations in application is exactly what is supposed

to happen in the program renewal process of evaluation. It is likely that those who adopt the measure in other evaluative efforts may find more than one factor in early assessments. The integrity of the subscales has been strongly supported in all five years of testing with application of coefficient alpha. Factor analysis applied to all pretest ratings support the structure of the scale. All measurement studies show strong support for the psychometric properties of the Preventative Aftercare Outcomes Rating Form for the fifth consecutive evaluation year.

Table 8

Factor analyses applied to pretest ratings (N=772)

Item	Common Factor Loadings	Extracted Factor Loadings
2	.85	.92
3	.84	.92
4	.82	.91
5	.84	.92
6	.79	.89
7	.82	.91
8	.82	.91
10	.76	.87
11	.73	.85
12	.78	.88
13	.77	.88
15	.80	.90
16	.83	.91

Note. Only One Factor Extracted

Outcomes

Preventative Aftercare Outcomes Rating Form Outcomes

Results of the analysis of pretest to posttest differences on all outcomes measured by the Preventative Aftercare Outcomes rating Form on children and families who completed the program this evaluation year (N=397) are presented in Table 9. All posttest scores were significantly higher at posttest as compared to pretest scores indicating successful outcomes

represented by the total scale, and individual child, family, and community outcomes. This is consistent with findings of the past four years, and represents strong indicators of evidence-based success.

Support of Specialty Services

Preventative Aftercare services also supports and collaborates with other services being provided to children and families. Shown in Table 9 are the support services and the number of children and/or families that were receiving those services. This included probation (n=228, 57%), mental health (n=126, 32%) and substance abuse treatment (n=73, 18%), and case plan progression of families who have open cases with the Office of Children and Youth (n=97, 24%). The pretest to posttest comparisons on these services are also presented in Table 9, and show significant gains made by children and families from admission to successful discharge from the program. These findings are consistent with the previous four years of program evaluation, and are further indicators of evidence-based success for Preventative Aftercare services.

The relationship between Preventative Aftercare and other services could also be reciprocal. The work of Howell and Lipsey (2012) have found that use and collaboration with other programs is one component found in overall success of effective interventions in children involved in the juvenile justice system. That would apply to approximately sixty percent of those successfully discharged from Preventative Aftercare during the 2013 evaluation year.

Table 9

Pretest posttest scores on the total scale, child, family, and community subscales, each individual outcome, and in support services for those who completed Preventative Aftercare Services in evaluation year 2013 (N=397)

Total Scale and Subscales	**Pretest Score**	**Posttest Score**
Total Scale	65.14	89.25**
Individual Child Subscale	33.53	47.56**
Family Subscale	19.69	26.18**
Community Subscale	9.80	13.43**
Self-Esteem/Self-Worth	5.1	7.0**
Individual Child Items		
Effective use of problem-solving skills	4.6	6.7**
Evidence of using sound judgment	4.6	6.6**
Acceptance of personal responsibility	4.8	6.8**
Recognition of behavioral impact on others	4.7	6.8**
Demonstration of adequate interpersonal skills	5.1	7.0**
Appropriate adherence to recognized authority	4.6	7.0**
Development and use of appropriate peer supports	4.6	6.6**
Family Items		
Effective parenting skills	4.7	6.5**
Sound family structure	4.8	6.5**
Productive family communication skills	4.7	6.5**
Adequate family support systems	5.0	6.7**
Community Items		
Use of community supports for self-improvement, etc.	4.9	6.7**
Behavior a reflection of citizenship and contributions to the community	4.9	6.7**
Support Services		
Probation compliance (N=228)	6.2	8.0**
Mental health treatment progress (N=126)	4.1	6.3**
Drug and alcohol treatment gains (N=73)	4.2	6.8**
OCY case plan progression (N=97)	3.3	6.1**

**$p<.01$

Program Completion

Program completion rates for evaluation year 2013 are presented in Table 10. The seventy-seven percent completion rate is consistent with findings of the previous four evaluation years that ranged between seventy-seven and eighty percent. This continues to be an impressive finding with consideration that no referral has been denied admission to Preventative Aftercare, and that the approximate length of treatment is nine months. Most similar prevention, aftercare, and reintegration

services outcome evaluations are of those with less duration, or may not be known due to use of secondary data sources or meta-analytic methods.

Table 10

Program completion and recidivism for evaluation year 2013 as a percent of total discharges

Discharge status	Number	Percent
Total Cases Discharged	517	100
Completed Program	397	77
Discharge resulting from new adjudications or out of home placements	120	23

Note. Program Completion is 77%

Comparison of Preventative Aftercare and No-Treatment Comparison Group

Children and families who need home-based or other similar services and not receiving them are, not only difficult to find, but would be unethical to create. A type of naturally occurring comparison group might be found in environments associated with contributing to child and family problems, and being less likely to both detect and alleviate the problems. That is, budget constraints in cities and counties with very high poverty rates might severely restrict juvenile probation from sufficiently monitoring children who had been adjudicated delinquent, and that this would be especially true in locations where home-based services like Preventative Aftercare did not exist for the same funding reasons (Hay et al, 2007; Jarjoura, Triplett, & Brinker, 2002). Further compromising this situation might be the inability of family and juvenile courts to enforce the necessity of services for children adjudicated delinquent – especially since most families would need to pay for those services. Moreover, adolescents who choose not to comply with court mandates, coupled with laws governing only younger children and parental supervision, and the very stressed and hectic lifestyles of those who are impoverished, dramatically add to problems of securing and monitoring services.

The program evaluator consulted with teachers and administrators of an inner-city school district on this matter who fit the criteria of being in an area dramatically affected by longstanding poverty, crime, and violence. These school officials quickly identified that many children in the city alternative school, gang members in other schools, and children lacking adequate supervision were well known by them to fit the description of those on probation or could be if detected, and/or dependent by adjudication or could be with intervention by the child welfare system. Further, the necessity of school attendance was mentioned by these school officials as non-attendance would be the most compelling reason for legal interventions with children and families. Conversely, school attendance of children was identified as the primary means by which children and families were able to avoid such intervention. It was these children who were used as the no-treatment comparison group.

Demographic information collected on this control group (N=102) revealed that gender among the children was evenly split between males and females, that the sample was indicated as being likely to be adjudicated delinquent or dependent and were an average age of 14 (range of ages 9-17). Pretest ratings were conducted by school officials with sufficient knowledge to complete the task at the end of one school year and again nine months later, which was six months into the following school year. The nine month time frame was chosen as it represents an approximate time most children and families take to complete services provided by Preventative Aftercare.

A comparison of control group and Preventative Aftercare pretest ratings is presented in Table 11. An analysis of differences between groups on pretest scores shows that the controls had significantly lower scores at pretest. Since this alone would likely explain any differences in

posttest comparisons, pretests were used as covariates in the analyses of posttest differences between the groups. This allows for those initial differences to be taken into account in the analysis of posttest differences between groups.

Analysis of differences between groups on posttest ratings with pretest ratings entered as covariates is presented in Table 12. This comparison reveals that those children and families who completed Preventative Aftercare services had significantly higher ratings on the total scale, individual child, family, community outcomes, and each scale item, as compared to the no-treatment control group. This provides additional evidence for the success of the program.

Table 11

Comparison of Pretest Scores for Preventative Aftercare (N=397) and the no Treatment Comparison Group (N=102)

Total Scale and Subscales	**Control Group**	**Preventative Aftercare**
Total Scale	48.42	65.14**
Personal Subscale	25.23	33.53**
Family Subscale	14.54	19.69**
Community Subscale	7.36	9.80**
Self-Esteem/Self-Image	3.9	5.1**
Individual Child Outcomes		
Effective use of problem-solving skills	3.8	4.6**
Evidence of using sound judgment and insight	3.8	4.6**
Acceptance of personal responsibility	3.7	4.8**
Recognition of behavioral impact on others	3.7	4.7**
Demonstration of adequate interpersonal skills	3.7	5.1**
Appropriate adherence to recognized authority	3.6	4.6**
Development and use of appropriate peer supports	3.5	4.6**
Family Outcomes		
Effective Parenting Skills	3.7	4.7**
Sound Family Structure	3.6	4.8**
Productive Family Communication Skills	3.5	4.7**
Adequate family support systems	3.6	5.0**
Community Outcomes		
Use of community supports for self-improvement, etc.	3.8	4.9**
Behavior a reflection of citizenship and contributions to community	3.6	4.9**

**p<.01

Table 12

Comparison of Posttest Scores for Preventative Aftercare (N=397) and the no Treatment Comparison Group (N=102) with all pretests used as covariates

Total Scale and Subscales	**Control Group**	**Preventative Aftercare**
Total Scale	50.70	89.25**
Personal Subscale	27.61	47.56**
Family Subscale	15.53	26.18**
Community Subscale	7.60	13.43**
Self-Esteem/Self-Image	4.1	7.2**
Individual Child Outcomes		
Effective use of problem-solving skills	4.1	6.7**
Evidence of using sound judgment and insight	4.1	6.6**
Acceptance of personal responsibility	4.0	6.8**
Recognition of behavioral impact on others	4.0	6.8**
Demonstration of adequate interpersonal skills	3.9	7.0**
Appropriate adherence to recognized authority	3.7	7.0**
Development and use of appropriate peer supports	3.8	6.6**
Family Outcomes		
Effective Parenting Skills	3.9	6.5**
Sound Family Structure	3.8	6.5**
Productive Family Communication Skills	3.8	6.5**
Adequate family support systems	4.0	6.7**
Community Outcomes		
Use of community supports for self-improvement, etc.	3.8	6.7**
Behavior a reflection of citizenship and contributions to community	3.8	6.7**

**p<.01

Six Month Follow-up of Those Who Completed Preventative Aftercare Successfully

The results of children who completed Preventative Aftercare and reached the six month follow-up period during this evaluation year (N=241) are reported in Table 13. A very high percent of these children (92%) had no new adjudications, and all of them (100%) were still living in situations that were consistent with discharge plans. This would have included living with a parent, family guardian, or independently. It seems that those who successfully complete Preventative Aftercare are found in stable environments, and continue success six

months later. This is a rather impressive indicator of program success, and is a trend also found in the last four years of evaluation.

Table 13

Six month follow-up assessment of cases reaching that point in evaluation year 2013

Six Month Follow-up Category	Number	Percent
All Cases Reaching the Six Month Follow-up	241	100
Those with no new adjudications	222	92
Cases with new adjudications	19	8
Of Those Cases with NO new adjudications (N=208)	222	100
Cases with living arrangements in accord with treatment plans (family or independent living)	222	100
Cases not in living arrangements in accord with treatment plans	0	0

Conclusion

This fifth year evaluation of services provided by Preventive Aftercare, Inc. has found across the board success in producing outcomes. This was found in significantly higher posttest ratings as compared to pretest ratings on all outcomes measured by the Preventative Aftercare Outcomes Rating Form, with finding significantly higher posttest ratings for Preventative Aftercare as compared to a no-treatment control group, with high rates of program completion, and with both low recidivism and children in targeted living conditions at the six month follow-up. These findings are strong indicators that Preventative Aftercare services are effective. Five years of replicated results with services being provided across thirteen Pennsylvania counties and six counties in Colorado suggests much evidence-based support for the program.

Suggestions for Future Evaluation

Future evaluation should continue to use the Preventative Aftercare Outcomes Rating Form to routinely assess outcomes. Rates of program completion should also continue as a routine aspect of the assessment, although should be expanded to begin collecting demographic and other information that will inform the program about the qualities, characteristics, and circumstances, of the 23% who fail to complete the program. This may be beneficial for creating change strategies that directly address the needs and strengths of that particular group of children and families that has been suggested from the findings of other studies (Ryon et al, 2013, Wilson & Hoge, 2012, Latessa, 2010). A trauma-informed service approach may be useful in better engaging this particular group. Because there is support for inclusion of trauma theory with all at-risk or vulnerable populations (Butler, Filomena, & Rinfrette, 2011; Elliot et al, 2005; Harris & Fallot, 2001), Preventative Aftercare is in the process of implementing Trauma Focused Cognitive Based Therapy.

The six month follow-up period should be expanded to include assessments at one year, and perhaps eighteen months on recidivism and living circumstances of those who completed the program.

Strategies to assess treatment fidelity and adherence to risk reduction strategies using cognitive behavioral and integrated family systems interventions should be developed and implemented with the intent to make that a part of routine evaluation efforts. In addition, qualitative studies that include service providers and consumers of services should be conducted to gain collective accounts of challenges faced and gains made that could not be known through current evaluation efforts. Flores et al (2005) found that approximately 75% of juvenile justice

practitioners they studied could not identify common risks, nor identify specific approaches to alter behavior. Those practitioners may have simply had difficulty articulating the intricacies of integrated models, or were limited by measurement used in the study. It is contingent upon the lead investigator in studies of treatment adherence to implement assessment of treatment fidelity in ways that clearly discern the interventions created by practitioners that target unique treatment plans.

Preventative Aftercare has made good use of all evaluation years to standardize treatment planning with outcomes in mind, attend more closely to the needs of families, adopt a cognitive-behavioral and integrated family practice approach to direct services, and to embrace the process of evaluation. Moreover, the effectiveness of services may be attributed to the fact that multiple components found to be associated with success by Howell and Lipsey (2012) are a part of the Preventative Aftercare program. These include assessment of risk, support of other services, skill building, individual child and family counseling, and monitoring of school attendance. The ultimate culmination of all evaluative efforts would address what works best for individual children and families that share some common problems; however are unique in many other respects. Evidence-based processes are undertaken to ultimately discover specific interventions that work in specific circumstances (Miller, 2006). This has included all staff recently being certified in Aggression Replacement Therapy as well as Preventative Aftercare is working to train all staff in Trauma Focused Cognitive Based Therapy and Motivational Interviewing.

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Appendix

Pretest and Posttest Preventative Aftercare Outcome Rating Forms

Preventative Aftercare, Inc.
Pre-Test

(Pre-test needs to be completed during the initial meeting with the client. It is to be turned in within two weeks of initial meetings)

Child Name ______________________________

County/Program #_________________________

Rater Name_______________________________

Date of Admission_________________________

Type

- ☐ **Prevention**
- ☐ **Aftercare**
- ☐ **Reintegration**

The outcomes are based on information from appropriate sources, such as families, school personnel, probation officers, clients.

Rate all outcomes based on the following scale.

Poor **Excellent**
1______2_______3______4______5______6______7______8______9______10
Fair

Personal Child Outcomes	**Rating**
Self-esteem/self-image	
Effective use of problem-solving skills	
Evidence of using sound judgment and insight	

Acceptance of personal responsibility	
Recognition of behavioral impact on others	
Demonstration of adequate interpersonal skills	
Appropriate adherence to recognized authority	
Development and use of appropriate peer supports	
Overall individual treatment plan goal attainment	

Family Outcomes	**Rating**
Effective parenting skills	
Sound family structure	
Productive communication skills	
Adequate support systems	
Overall family treatment plan goal attainment	

Individual Citizenship and Community Outcomes	**Rating**
Use of community supports for self-improvement, and/or recreation and leisure, and/or maintenance	
Behavior a reflection of citizenship and contributions to the community	

Other Services Outcomes (indicate n/a if not applicable)	**Rating**
Conditions of probation compliance	
Mental health services progress	
Drug and alcohol treatment gains	
CYS case plan progression	

Preventative Aftercare, Inc.
Post test

(Post Test needs to be completed within two weeks of discharge date from the program.)

Child Name __________________________________

County/Program #_____________________________

Rater Name___________________________________

Date of Discharge______________________________

Program Type

- ☐ **Prevention**
- ☐ **Aftercare**
- ☐ **Reintegration**

Discharge Type

- ☐ **Successful**
- ☐ **Unsuccessful**

The outcomes are based on information from appropriate sources, such as families, school personnel, probation officers, clients.

Rate all outcomes based on the following scale.

Poor **Excellent**
1______2_______3______4______5______6______7______8______9______10
Fair

Personal Child Outcomes	Rating
Self-esteem/self-image	
Effective use of problem-solving skills	
Evidence of using sound judgment and insight	

Acceptance of personal responsibility	
Recognition of behavioral impact on others	
Demonstration of adequate interpersonal skills	
Appropriate adherence to recognized authority	
Development and use of appropriate peer supports	
Overall individual treatment plan goal attainment	

Family Outcomes	**Rating**
Effective parenting skills	
Sound family structure	
Productive communication skills	
Adequate support systems	
Overall family treatment plan goal attainment	

Individual Citizenship and Community Outcomes	**Rating**
Use of community supports for self-improvement, and/or recreation and leisure, and/or maintenance	
Behavior a reflection of citizenship and contributions to the community	

Other Services Outcomes (indicate n/a if not applicable)	**Rating**
Conditions of probation compliance	
Mental health services progress	
Drug and alcohol treatment gains	
CYS case plan progression	