



# Experience Hope: Catholic Charities East Bay CalVIP Final Evaluation Report

7.1.2020

## Executive Summary

With funding from CalVIP, Catholic Charities of the East Bay (CCEB) implemented the Experience Hope program. While CCEB encountered some obstacles, the program was able to achieve most of its goals and a number of valuable outcomes, which are detailed in this report, prepared by external evaluator, Moira DeNike, Ph.D.

### Did the project work as intended?

CCEB initially proposed to implement the Experience Hope model of delivering trauma-informed, restorative supports at two Oakland Unified School District (OUSD) middle schools: Montera Middle School and Alliance Academy. During the planning phase, however, OUSD leadership directed CCEB toward ROOTS Middle School rather than Alliance Academy, having identified it as a site that would benefit from the program and was ready for change. CCEB, therefore, began the first program year at Montera and ROOTS. Before the end of Year 1, however, it became clear that ROOTS was slotted for closure by OUSD. CCEB approached Bancroft Middle School in the neighboring district of San Leandro Unified School District (SLUSD) and served the population there for Year 2. Experience Hope was delivered successfully at Montera for two years, although there was some turnover among the CCEB staff serving that site, which presented a challenge – the clinician position was vacant at the beginning of Year 2, and the restorative practitioner left a vacancy for the second half of Year 2. Additionally, for the final two months of the two-year project, the COVID-19 pandemic forced the closure of all schools in the state, which meant that groups could not meet in person and that individual services had to move to an online format for both Montera and Bancroft.

Despite all of these challenges, the majority of the program's stated outputs and were achieved, including reaching the target number of students, helping students develop social emotional skills, reducing trauma symptoms for clinical clients, increasing trauma-informed skills among school personnel, and reducing suspensions for violence.

### What were the project accomplishments? What goals were accomplished?

The project accomplished or came close to accomplishing several of its goals, including:

- Reaching 189 students with non-clinical and clinical supports (projected: 100)
- Reaching 82 students with clinical supports (projected: 35-40)
- Helping 89.4% of students receiving supports develop social-emotional learning skills (projected: 80%)
- Helping 79% of students receiving clinical supports reduce trauma symptoms (projected: 80%)
- Reaching 103 school personnel with 177 hours training and/or coaching in restorative and trauma-informed principles (projected: 60% (77) of staff with 24 hours of training/coaching each)
- Increasing the percentage of school personnel with trauma-informed de-escalation skills from 59% to 75% (projected: 90%)
- Reducing suspensions for violence by 47.6% (projected: 15%)

## What problems/barriers were faced and how where they addressed?

Having to move from ROOTS at the mid-point of the project was disruptive to program continuity. It also negated the important relationship-building work the Experience Hope providers had conducted during that first year. Landing at a new school, the clinician and restorative practitioner had to repeat the ground-work necessary to establish trust and ensure school personnel were aware of and recognized the value of the resources provided by the Experience Hope team. Other barriers included staff turnover at the Montera site, as well as the COVID-19 school closure, which affected the delivery of services.

At all of the sites, delivering training/professional development was more challenging than anticipated. The team had the greatest success at Montera, where CCEB benefitted from a multiple-year engagement, but found that it can be difficult to get on the training roster, particularly when school partnerships take place over a brief time period. In order to influence school culture and the ways that adults on campus respond to student behavior, Experience Hope staff began to use a coaching model with school personnel. Some of this work was conducted informally at first, before Experience Hope staff recognized that it was important to track these activities. Some school staff were very receptive and responsive to the coaching offered by CCEB clinicians and restorative practitioners, but this model did not enable the widespread imparting of knowledge and skills that the training model affords.

## What unintended outcomes (positive and negative) were produced?

Some unintended outcomes resulted during project implementation. For example, in a discussion with CCEB about Montera's disciplinary data, a pattern of extreme racial disproportionality became evident. The data showed Black students at Montera are suspended at 2.7 times their proportion of the school population – this is a 35% higher level of disproportionality than national figures produced by the US Department of Education Office for Civil Rights. Montera administrators recognized that there was a need for implicit bias training for their staff and in response CCEB quickly delivered a training on this topic to the entire faculty. Another unexpected, but perhaps related, outcome was that the project saw reductions in overall suspension rates and African American suspension rates at Montera (initially the project had only aimed to see reductions in suspensions for violence).

## Where there any lessons learned?

A key lesson learned was the importance of building relationships at partner schools. This work helps to establish project personnel (who are not school employees and can sometimes be seen as outsiders) as trusted resources at the school. While every Experience Hope staff member recognizes the importance of this foundation-building, cultivating relationships with teachers, administrators, students, and families, it falls outside of the formal work of delivering services and supports, is not an explicit part of the Experience Hope model. Another unanticipated lesson is that, depending on the population being served, the Catholic branding and logo of CCEB can be off-putting and may present a barrier among prospective clients and families who fear that services may include religious indoctrination. The relationship building work helps to reduce this barrier, but other solutions may also be considered.

## Project Description

Experience Hope is a school-based project led by Catholic Charities of the East Bay (CCEB) that delivers social, emotional, and behavioral supports to low-income students of color, while training school staff in restorative practices to help reduce reliance on exclusionary discipline, which disproportionately affects youth of color. Experience Hope places clinicians at school sites to offer culturally-responsive restorative practices and evidence-based trauma-specific mental health treatment in order to alleviate trauma symptoms, build client skills, and prevent violence. Catholic Charities hires staff who have experience working with and in communities of color – most Experience Hope service delivery staff reflect the ethnic and racial composition of the client population.

Below are the clinical and non-clinical modalities used in Experience Hope:

- **Non-Clinical Groups:** Restorative practice circles and skill-building groups

- **Individual Therapy:** Cognitive Behavioral Therapy and Trauma-Focused Cognitive Behavioral Therapy (CBT and TF-CBT), Integrated Treatment for Complex Trauma for Adolescents (ITCT-A), and Motivational Interviewing (MI)
- **Group Therapy:** Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Trauma and Grief Component Therapy for Adolescents (TGCTA)

Using funding from CalVIP, CCEB partnered with three public schools within Alameda County to implement Experience Hope: Montera Middle School, ROOTS Academy, and Bancroft Middle School. CCEB aimed to serve 100 primarily Latinx and African American students with group treatment, individual treatment, and/or non-clinical emotional support services. Among these 100, it was estimated that 35-40 would receive clinical services.

The goals and measurable objectives of CalVIP Experience Hope were as follows:

**1) To Increase Protective Factors that Prevent Violence**

- Upon exiting services, students demonstrate increased awareness of emotional states and self-regulation strategies.
- Upon exiting services, students demonstrate increased connection to supportive peers and adult allies.
- Upon exiting services, students demonstrate increased knowledge of alternative conflict-resolution skills.
- Upon exiting services, students demonstrate a reduction in symptoms of trauma, such as reduced levels of anxiety and/or depression, and improved ability to regulate emotions and responses.
- Youth of color have increased access to high-quality mental health services.

**2) Mitigate Effects of Trauma that Lead to Violence**

- Upon exiting services, students demonstrate a reduction in symptoms of trauma, such as reduced levels of anxiety and/or depression, and improved ability to regulate emotions and responses.
- Youth of color have increased access to high-quality mental health services.

**3) Support Schools in Developing Effective Violence Prevention and Intervention Strategies**

- By the end of the two-year grant period, both schools have processes in place that create safety and shared values and guidelines for students.
- By the end of the two-year grant period, school staff understand the impact of trauma on student behavior and how to respond in a way that is healing and can de-escalate violence.

## Data Collection

Below is a list of the various sources of data used in this evaluation.

**Client Service Logs:** CCEB uses a customized Salesforce database, which enables CCEB clinicians and restorative practitioners to enter service contacts with clients from the school site on any device. The Salesforce database is password-protected to ensure client confidentiality. Experience Hope personnel enter information into service logs daily. CCEB’s internal Program Analyst ran data queries from the Salesforce system and shared them with the external evaluator, in order to maintain client confidentiality. These data were used to determine the extent to which service delivery outputs were accomplished (listed in Logic Model below).

**Retrospective Pre-Post Skills & Trauma Symptoms Tools:** In collaboration with the local evaluator, CCEB designed two retrospective pre-post tools to measure client growth: one for clinical and non-clinical clients, designed to measure growth in social emotional skills, and one for clinical clients only, designed to measure a reduction in trauma symptoms. Both of these tools use a self-report Likert scale structure (see Appendix for actual tools).

The retrospective pre-post design was chosen over a traditional pre-post tool because research shows that a retrospective pre-post design can reduce response-shift bias and may therefore be a more valid and reliable way

to measure impact than traditional pre-post designs ([Bhanji, Gottesman, et al., 2012](#); [Drennan & Hyde, 2007](#); [Lang & Savageau, 2017](#); [Skeff, Stratos & Bergen, 1992](#)). Furthermore, because in Experience Hope support sessions youth are often talking with adults about experiences and behavior around which there may be stigma, shame, or fear, they can be reticent to disclose personal and sensitive information before trust is established – the retrospective pre-post design helps to address this social desirability issue ([Hill & Best, 2005](#); [Robinson & Doueck, 1994](#); [Rosenman, Tennekoon & Hill, 2011](#)).

The custom-designed Retrospective Pre-Post Skills Tool includes 13 questions pertaining to how students felt before participating in Experience Hope (“before”) and how they felt at the time they were completing the questionnaire (“now”). Questions are posed as a 5-point Likert scale (“Strongly Disagree” to “Strongly Agree”). The closer the numerical score is to 5, the greater the degree of agreement. The Retrospective Pre-Post Trauma Symptoms Tool was adapted from Posttraumatic Symptom Scale–Self-Report ([Foa, Riggs, Dancu, et al., 1993](#)) and includes 16 items, asking the frequency with which clients experience a variety of trauma symptoms “before” and “these days,” from 0 to 3 (“Never” to “Everyday”).<sup>1</sup> Data from these tools were used to measure the extent to which Experience Hope brought about student-level impacts (listed in Logic Model below).

**Teacher Training, Coaching, and Technical Assistance Records:** CCEB staff keep a running log of their contacts with school staff, including coaching and technical assistance and school-based meetings attended. Records for training/professional development delivered at the schools is also kept in CCEB records. These data were used to determine the extent to which school culture outputs were accomplished (see Logic Model below).

**California Health Kids Survey (School Staff Tool):** The California Healthy Kids Survey includes a school staff tool which is administered every year in OUSD. OUSD has customized the tool to include a question pertaining to staff skills in trauma-informed de-escalation, making the survey a useful data source to measure the overall school-wide impact of professional development on school staff. SLUSD has not made this customization to its CHKS staff tool. Where available, responses on this question were compared from baseline, Year 1, and Year 2 to measure the extent to which trainings were impactful.

**Suspension Data:** OUSD tracks suspensions for every school, disaggregated by race. These data are updated regularly and accessible to the public via [ousddata.org](#). Suspension data for SLUSD are not published in this way, and although school-level suspension data can be accessed via the [California Department of Education dashboard](#), they are not updated regularly enough for 2019-20 data to be available in time for this report.

**Interviews with Experience Hope Staff:** Additionally, the evaluator conducted interviews with Experience Hope staff as a part of the process evaluation. These were conducted to capture lessons learned.

## Research Design

The research design includes both a process evaluation and an outcomes evaluation.

### Process Evaluation

The process evaluation uses service record data as well as staff interview data to monitor and document the extent to which the program was executed as planned, to identify implementation barriers, and to ensure the documentation of lessons learned. The process evaluation design includes recording total client sessions, total unduplicated clients (clinical and non-clinical), total number of clients receiving three or more sessions, total hours of school personnel training and number of participants, and total hours of consultation with adults on campus, all by school and by year. Interviews with Experience Hope service delivery staff covered barriers, successes, and lessons learned.

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<sup>1</sup> Note that during Year 1, CCEB was using a true pre-post adaptation of the Posttraumatic Symptom Scale–Self-Report tool. Results from this tool are presented separately in this narrative.

## Outcome Evaluation

In order to measure the impact of Experience Hope on clients and schools, CCEB staff administered the Retrospective Pre-Post Skills Tool to all clients (clinical, non-clinical, individual, and group) at the end of each semester. CCEB clinicians also administered the Retrospective Pre-Post Trauma Symptoms Tool to clients who had participated in individual and group clinical services. These tools track client demographics so that analyses along independent variables such as race/ethnicity and gender can be conducted – this enables analysts to determine if Experience Hope is having a differential impact along racial/ethnic or gender differences. School site also serves as an independent variable.

Reductions in suspension data were measured by looking at suspension incidents and rates, both school-wide and by race. Increased skill among school personnel was measured using the California Health Kids Survey (CHKS).

## Experience Hope Logic Model

Below is a logic model which breaks down the anticipated outputs and outcomes for the three programmatic components of Experience Hope: non-clinical services, clinical services, and training and technical assistance for school personnel.

Inputs	Activities	Outputs	Outcomes
Partnership with schools that includes CCEB’s ability to train staff, work with students one-on-one and in groups during school hours and after school, as needed. Resources to staff program with culturally responsive restorative practitioners and clinicians. Evidence-based curriculum to address trauma and support student assets in a culturally-responsive manner. Resources to ensure effective administration of program (including supervision and evaluation).	In-school non-clinical restorative and social emotional skills development groups.	100 students receive group treatment, individual treatment, and/or emotional support services. 90% of participating students receive an adequate “dose” of services to show change, defined as a minimum of three sessions.	80% of students served will show improvement from baseline on measures of awareness of emotional states, self-regulation strategies, connection to peers and adult allies, and conflict resolution skills.
	In school evidence-based trauma-specific mental health treatment (individual and group).	35-40 students receive evidenced-based mental health services shown to reduce trauma symptoms. 90% of participating students receive an adequate “dose” of services to show change, defined as a minimum of six sessions.	80% of students served (80 out of 100) will show improvement from baseline on measures of trauma symptoms, including levels of anxiety and/or depression, and improved ability to regulate emotions and responses.
	Training, coaching and technical assistance for school personnel in trauma-informed de-escalation and implicit bias; Technical assistance in policy development	Over two years, a majority (60%) of school staff will have participated in 24 hours of training in restorative practices and trauma-informed responses to student behavior. Schools will have in place policies for responding to and de-escalating violence in a trauma-informed manner.	85% of trained school staff report increased sense of shared values and guidelines among their colleagues. 90% of trained staff report increased skills and techniques for responding to escalating violence. Over two years, schools will see a 15% reduction in suspension for violent offences from baseline.

## Outcome Measures:

Below are project results, including project outputs and project outcomes (as listed in the Logic Model).

### Outputs:

The project aimed to reach 100 clients overall, with 80% receiving a minimum of 3 sessions, and 35-40% engaging in clinical services. In fact, the project reached 189 unduplicated clients over the two years of the project across all sites, over-performing the target and reaching 89 more clients than projected. By reaching 35-40% of those clients with clinical services, the initial projection was that 35-40 individuals would receive trauma-specific mental health support. In fact, 82 unduplicated clients received trauma-specific mental health support, over-performing the target by 47 individuals. The initial projection that 90% of all clients would engage in three or more (3+) sessions meant a target of 90 individuals (assuming 100 overall client count). The project engaged 162 (86%) clinical and non-clinical clients, and 65 (79%) clinical clients in three or more sessions. While the proportion of clients engaged in the 3+ threshold was below 90%, the actual number served was far higher than initial projections.

Deliverable	Projected	Actual	Difference
Overall Unduplicated Clients	100	189	+89
Unduplicated Clinical Clients	35-40	82	+47
% of All Clients with 3+ Sessions	90	162	+72
% of Clinical Clients with 3+ Sessions	32	65	+33

The project aimed to reach 60% of personnel across participating schools with 24 hours of training/professional development in restorative practices and trauma-informed responses to student behavior. While the project was not able to meet goal of delivering 24 hours of training at each school, Experience Hope staff did deliver many hours of personalized coaching, helping to compensate (see table below). The total number of school personnel across the three schools equals 129, 60% of which is approximately 77 school personnel across the three sites. The project reached 100% of staff with trainings at Montera and ROOTS (50 and 30, respectively) and 23 teachers and schools staff with personalized coaching at Bancroft – the unduplicated count of school personnel reached is therefore 103, which is nearly 80% of school personnel. Although since the average number of professional development contact hours per school staff/teacher was 1.72 (177/103), the figures fall short of the 24 projected hours per school staff/teacher.

School	Description of Professional Development Delivered	Total Hours of Training Delivered (goal 24 per school)	Hours of Coaching Delivered	# and % of School Personnel Reached with Training	# and % of School Personnel Reached with Coaching
Montera	Implicit Bias; Trauma 101; Restorative Classroom Management	12.5	34	50 (100%)	12 (24%)
ROOTS	Trauma 101; Classroom Management; Restorative Principles	9	12	30 (100%)	12 (40%)
Bancroft	Trainings offered but not scheduled by school administration	0	108	0	23 (47%)
Total	--	<b>23.5</b>	<b>154</b>	<b>80 (62%)</b>	<b>47 (36%)</b>
		<b>Total Hrs: 177.5</b>		<b>Total Undup Ct: 103 (80%)</b>	

### Percentage of clients with improved SEL skills:

The project goal was to increase the social-emotional competencies of 80% of clients, including improvements in self-regulation strategies, connection to peers and adult allies, and conflict resolution skills. Among 113 completed retrospective pre-post tests which measure those outcomes, 89.4% (101) demonstrated client growth in SEL skills

overall. The analysis revealed no significant gender difference. The only significant differences found was that individuals who declined to indicate their race/ethnicity (14/113) were less likely to show growth (71% versus 91% for clients who indicated their race/ethnicity). Otherwise, no significant differences on the basis of racial/ethnic were found.

Clients of both clinical and non-clinical services were invited to complete the Skills Tool, which also included some open-ended questions where participants could share the specific ways that Experience Hope helped them. Below is a sample of responses from clients across the three sites:

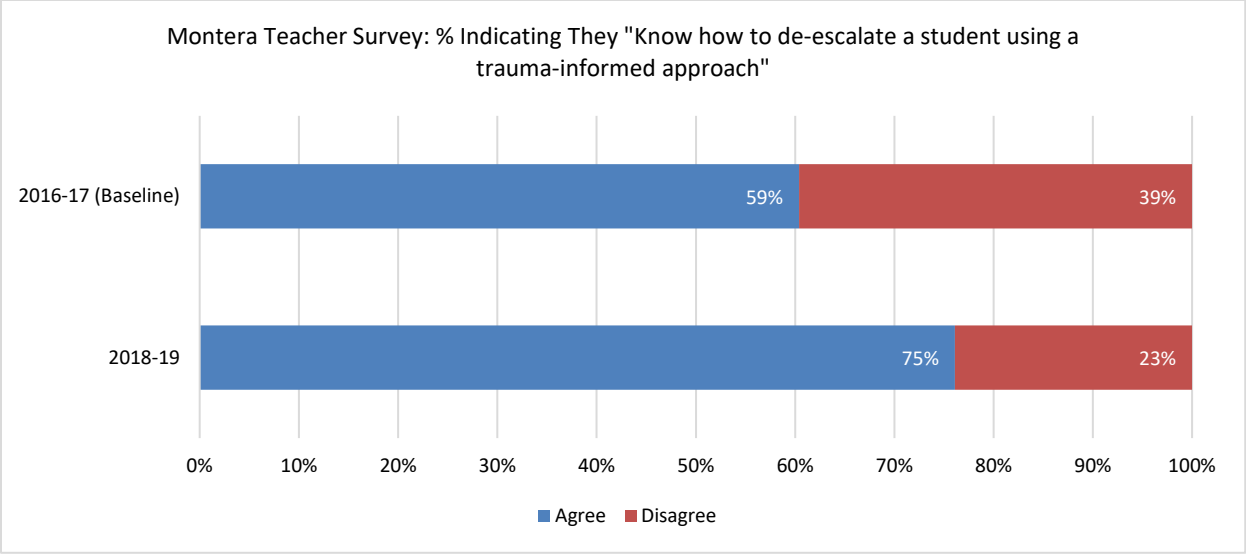
- “They communicate with staff teachers & principals to help them understand & empathize about what I am going through. They listen & talk to us.”
- “Every time I have a conflict with a teacher or another student, they are there to solve it, and help.”
- “I learned to breathe...I learned to open up.”
- “It helped me understand that I need to take more responsibility and more conscious that I shouldn't be fighting with people...”
- “It taught me to stay out of drama.”

#### Percentage of clients with reductions in trauma symptoms:

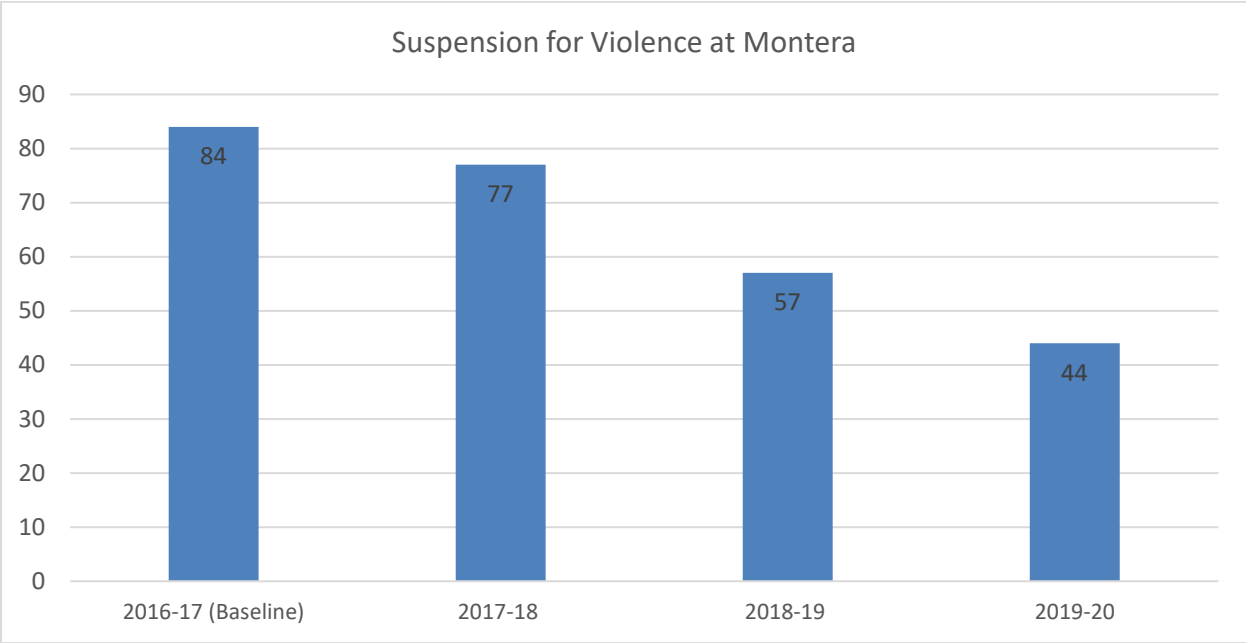
The project goal was to reduce trauma symptoms for 80% of clients. In Year 1, CCEB used a true pre-post tool to measure reductions in trauma symptoms. A total of 13 matched pre-post data sets were collected that year (11 from ROOTS, and 2 from Montera). According to these data, 9 individuals (69%) showed improvement in trauma symptoms from pre to post. Because the number of matched pre-post data sets was so low, and based on clinician input that baselines might have been inaccurate as they were taken before clients and clinicians had established enough trust to ensure honest disclosure, CCEB, under the advisement of the evaluator, decided to revise the trauma symptoms tool to a retrospective pre-post design. Using the revised tool, Year 2 results showed greater impact. Data were received from a total of 25 clients (16 from Bancroft, 9 from Montera), among whom 21 individuals (84%) showed improvements in trauma symptoms from pre to post. It appears that the retrospective pre-post design eased data collection as well as enabling greater contrast from pre to post. Combining the two years of data, the overall rate of improvement is 79% (30 out of 38), although it is likely that the 84% improvement measured in Year 2 is more accurate.

#### Percentage of staff with increased skills and shared values:

The only site with staff survey data from both a baseline year and a program year is Montera (Note: Montera's baseline year is listed as 2016-17 because CCEB began implementing the Experience Hope model there in 2017-18, a year before CCEB began its partnership with ROOTS and two years before the partnership with Bancroft). These data show a marked improvement from before the school began partnering with CCEB to 2018-19 in terms of the percentage of school staff reporting competency in trauma-informed de-escalation methods (from 59% at baseline to 75%).

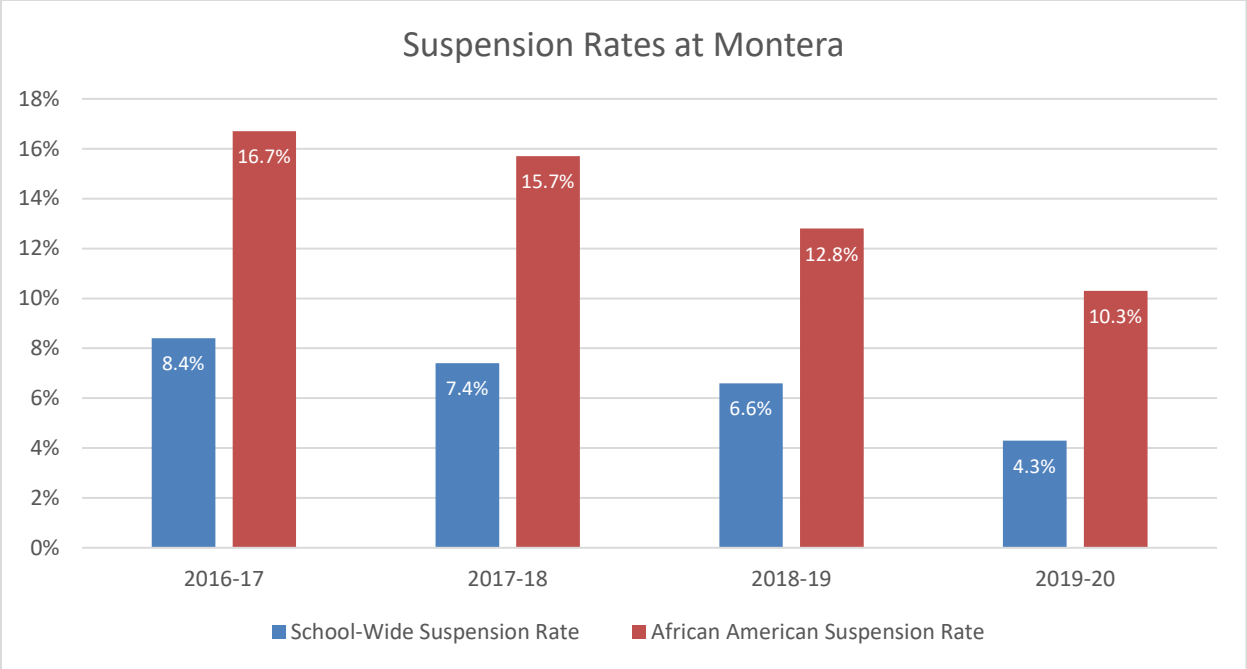


Reduction in Suspensions for Violence: The project aim was to reduce suspensions for violence by 15% over two years at the two schools where Experience Hope was operating. Since ROOTS was closed half-way through the project, and Bancroft’s data for the most recent program year have not been published at the time of this report, only one school site (Montera) has the two-year data continuity required to measure this outcome. At Montera, suspension incidents classified as “Violence” (including Bullying) went from 84 in the baseline year to 44 this past year, representing nearly a 48% drop. Moreover, an analysis of suspension rates for Montera shows an overall reduction from baseline to this past year, both school-wide, and for African American students who are disproportionately suspended at all target schools.



Examining the overall suspension rates as well as the suspension rates for African American students from Montera’s baseline year and the subsequent three program years demonstrates annual decreases, although Black students continue to be subjected to exclusionary discipline at a higher rate than their peers.





## Results and Conclusions

Experience Hope was overall a successful project. Progress was interrupted because of a school closure, but CCEB identified a new partner school in time to ensure that project deliverables stayed on track. The greatest challenge in terms of meeting project outputs was gaining access to school personnel for trainings. School administrators have some flexibility in the professional development schedule, but are often tied to district-wide professional development scheduling requirements. Additionally, schools and districts sometimes tend to prioritize trainings and professional development focused on academic and pedagogical topics (e.g., new math curriculum, Common Core English Language Arts methods, etc.). The project moved to a coaching model to ensure Experience Hope could still reach adults in the schools system, but it was more difficult to meet the projected 60% of school personnel with this individualized model than it would have been with large-format training sessions.

On what are arguably the most important impacts, namely reducing the effects of trauma among clients, improving students social-emotional competencies, and reducing the number of instances of violence at school, Experience Hope excelled. For a substantial majority of students, participating in Experience Hope services and supports produced measurable results. Moving to a retrospective pre-post tool design for measuring changes in trauma symptoms resulted in more data as well as a greater measure of impact – these data were easier to track and the revised tool may have reduced response shift bias.

The mid-project change in schools presented a barrier in terms of data on a few school-level indicators, but at the school for which consistent multi-year data were available, school-wide data show movement in a positive direction. Montera experienced reductions in violent suspensions, overall suspension rates, and suspension rates for African American students, as well as a substantial increase in the proportion of staff who are able to employ trauma-informed de-escalation skills.

Overall, evaluation data indicate that the Experience Hope model successfully supports positive outcomes at the client-level and the school-level. Building social-emotional competencies such as self-regulation, responsibility, and empathy help to counter the “antisocial” attitudes and beliefs that are the believed to be the most predictive of violent (and criminal) activity (also referred to as “criminogenic risk” in associated literature). Building these competencies among middle school youth should help prevent juvenile and criminal justice system involvement

later on. Furthermore, enhancing the ability of school personnel to respond to student behavior in a trauma-informed and restorative manner can reduce suspensions and improve school climate.

CCEB might consider:

- Recognizing the relationship-building ground-work and expressly building it into the model,
- Creating effective communication to allay any student and family anxiety that services will involve religious indoctrination, and
- Setting more realistic professional development goals and/or working with schools and the school district to ensure that trauma-informed/restorative practices are covered in school personnel training agendas.



433 Jefferson Street, Oakland, CA 94607 • Tel 510.768.3100 • www.cceb.org

# Appendix

## CCEB Retrospective Pre-Post Skills Tool

For office use (circle):

Tier 2    Tier 3    Individual    Group

School: \_\_\_\_\_ Date: \_\_\_\_\_

Completing this questionnaire is voluntary and anonymous, so the answers you provide will not be linked to you, and cannot be shared with your parents, any school personnel, or other officials. Data will only be used to help make the program better and for reports – no names will be included. Your responses will in no way affect your right to access services or supports.

For this questionnaire, we want you to think about *how things were for you before you started participating in this program*, and how things are for you *now*.

Use this guide for choosing a number response: 1= Not at all true; 2= Somewhat true; 3= Neither true or untrue; 4= True; 5= Very true.

Please indicate how true these statements were/are for you...	BEFORE you joined the program					NOW				
I think before I act	1	2	3	4	5	1	2	3	4	5
I know where to go for help with a problem	1	2	3	4	5	1	2	3	4	5
I accept responsibility for my actions	1	2	3	4	5	1	2	3	4	5
I know how to avoid conflicts in general	1	2	3	4	5	1	2	3	4	5
I try to work out problems by talking or writing about them	1	2	3	4	5	1	2	3	4	5
Outside of my home there is an adult who really cares about me	1	2	3	4	5	1	2	3	4	5
I stand up for myself without putting others down	1	2	3	4	5	1	2	3	4	5
I try to understand what other people go through	1	2	3	4	5	1	2	3	4	5
I feel bad when someone gets their feelings hurt	1	2	3	4	5	1	2	3	4	5
I know how to avoid physical fights	1	2	3	4	5	1	2	3	4	5
I have a friend my own age who I can talk to about my problems	1	2	3	4	5	1	2	3	4	5
I listen to other people's ideas	1	2	3	4	5	1	2	3	4	5
I have high goals and expectations for myself	1	2	3	4	5	1	2	3	4	5

1. If you feel that working with the counselor(s) has helped you to stay out of fights/conflicts, can you explain how or why you think it helped?

2. Would you participate in this program again if you had another opportunity? Why or why not?

3. Is anything different for you because of the work you did with the counselor(s) (did you learn anything, have you used anything, or did anything change for you)?

4. What would you change about the program?

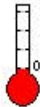



<b>What is your gender?</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other <input type="radio"/> Decline to answer	<b>Are you Hispanic or Latino?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to answer  <b>What grade are you in?</b> _____	<b>What race do you consider yourself? You can choose more than one.</b> <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native <input type="radio"/> White <input type="radio"/> Other _____ <input type="radio"/> Decline to answer
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## Retrospective Trauma Symptoms Pre-Post

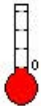



NAME \_\_\_\_\_ DATE \_\_\_\_\_

Below is a list of problems that kids sometimes have after experiencing things that scary, bad, or hard.

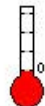



These questions ask about the thing that bothered you most (whether it was getting hit, beaten up, threatened, or anything else). Listen carefully and circle the words that best describe *how often* these problems used to bother you **before you started working with the counselors** here, and *how often* they bother you **now**.

	0 	1 	2 	3 
A. <b><i>Before</i></b> you started working with the counselors here, how often did you have upsetting thoughts or images that came into your head when you didn't want them to?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you have upsetting thoughts or images that come into your head when you don't want them to?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you have bad dreams or nightmares?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you have bad dreams or nightmares?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you act or feel like the bad things that happened to you were happening again (for example, feeling as if you were right there again)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you act or feel like the bad things that happened to you are happening again?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you have you had feelings in your body when you thought about or heard about the bad things that have happened to you (for example, breaking out in a sweat, heart beating fast)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you have feelings in your body when you think about or hear about the bad things that have happened to you (for example, breaking out in a sweat, heart beating fast)?	Never	Once or twice a week	Several times a week	Everyday

### Retrospective Trauma Symptoms Pre-Post

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A. <b><i>Before</i></b> you started working with the counselors here, how often did you try <b><i>not</i></b> to think about, talk about, or have feelings about the bad things that have happened to you?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you try <b><i>not</i></b> to think about, talk about, or have feelings about the bad things that have happened to you?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you try to avoid activities, people, or places that remind you of things that have happened to you (for example, <b><i>not</i></b> wanting to play outside or go to school)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you try to avoid activities, people, or places that remind you of things that have happened to you (for example, <b><i>not</i></b> wanting to play outside or go to school)?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often were you unable to remember important parts of bad things that have happened to you?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often are you unable to remember important parts of bad things that have happened to you?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you find yourself <b><i>not</i></b> wanting to do things you used to enjoy?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you find yourself <b><i>not</i></b> wanting to do things you used to enjoy?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you avoid the people who are close to you?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you avoid the people who are close to you?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often were you unable to have strong feelings (for example, being unable to feel very happy)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often are you unable to have strong feelings (for example, being unable to feel very happy)?	Never	Once or twice a week	Several times a week	Everyday

### Retrospective Trauma Symptoms Pre-Post

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A. <b><i>Before</i></b> you started working with the counselors here, how often did you feel hopeless about the future (for example, thinking that you would not have a job or have kids or get an education)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do feel hopeless about the future (for example, thinking that you would not have a job or have kids or get an education)?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often have you had trouble falling or staying asleep?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you have trouble falling or staying asleep?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you feel irritable or have fits of anger?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you feel irritable or have fits of anger?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often did you have trouble concentrating (for example, losing track of a story on television, forgetting what you read, not paying attention in class)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often do you have trouble concentrating (for example, losing track of a story on television, forgetting what you read, not paying attention in class)?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often were you overly careful (for example, checking to see who and what was around you even when you were safe)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often are you overly careful (for example, checking to see who and what is around you even when you're safe)?	Never	Once or twice a week	Several times a week	Everyday
A. <b><i>Before</i></b> you started working with the counselors here, how often were you jumpy or easily startled (for example, when someone walked up behind you)?	Never	Once or twice a week	Several times a week	Everyday
B. <b><i>These days</i></b> , how often are you jumpy or easily startled (for example, when someone walks up behind you)?	Never	Once or twice a week	Several times a week	Everyday