

*Partners in Healing*  
2006-2007 Evaluation Report

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## **I. Executive Summary**

The Partnership for After-School Education's (PASE) program, *Partners in Healing*, offers an innovative approach of addressing the emotional and social needs of young people within after-school settings, through emotionally-supportive services offered by social work interns and trained after-school staff. Originally created in response to the September 11, 2001, terrorist attacks in New York City, PASE has worked closely with the New York University School of Social Work, Mount Sinai Adolescent Health Center, Mental Health Association of New York City, Youth Communication and Safe Horizon to design a program that combines mental health concepts and youth development principles for engaging and supporting young people and their families.

The focus of services provided has primarily been group and individual counseling offered by on-site social work interns and trained agency staff. Family, crisis and drop-in counseling have also been offered as needed. In addition to providing counseling, social work interns and staff have spent time building relationships with other youth in the program, hosting parent meetings, and leading in-service trainings, among other agency support services. Youth have commonly been referred to counseling through a variety of methods and *Partners in Healing* has supported the development of formal agency referral processes. A majority of referrals have been made by agency and school staff, parents, and community members. Youth also sought out treatment directly with interns as their relationships developed throughout the year.

From 2004-2007, *Partners in Healing* has provided emotionally-supportive services to approximately 17,250 youth in 54 community-based sites, serving a wide array of ethnic groups, including a focus on at-risk youth of color, across all boroughs of New York City. The program has included the placement over 50 graduate-level social work interns who have provided on-site mental health services for young people and families in need. A continual effort has also been made to increase the capacity of youth workers to identify and respond to the emotional and social needs of participating youth and expand mental health community relationships and networks. In addition, *Partners in Healing* has:

- Developed mental health-related skills and competencies of over 200 program directors and staff
- Created and disseminated the *Directory of Mental Health Programs for Youth and Families in New York City* in partnership with The Mental Health Association of New York City and Youth Communication
- Developed the PASE/Mount Sinai Adolescent Health Center curriculum: *Youth Worker's Manual on Helping Kids Who Hurt*
- Created opportunities to share best practices with the field through city wide networking events and forums, including a joint mental health forum held with New York University

*Partners in Healing* has consistently demonstrated that it has the critical components necessary to make a positive difference in the lives of participating youth. These efforts have been documented through annual evaluations by the New York University School of Social Work, under the direction of Dr. Gerald Landsberg.

The program evaluation explored the impact of the services offered by the social work interns from New York University and has shown that an increasing number of youth are reached each year and experience positive benefits, both in their relationships with interns and also in their overall emotional and social well-being. Staff and agency leaders have also consistently expressed satisfaction with the program and experienced benefits as a result of their participation. In addition to collecting data from a wide set of stakeholders, including youth, social work interns, agency staff, and after-school leaders, the evaluation design has expanded to include the following enhancements:

- An increase in the number of participants in the in-depth research study sample (from 82 youth in 2005-2006 to 420 youth in 2006-2007)
- New and more sophisticated assessment tools to explore mental health needs, treatment plans and outcomes (in addition to standard pro-social beliefs and behaviors measurements)

A summary of the 2006-2007 program evaluation results is offered below.

### **2006-2007 Program Highlights**

From September 2006 through April 2007, a total of 1,070 youth and families received services directly from New York University Social Work Interns placed at 14 participating agencies. Of those 1,070 individuals served, more than half were considered ongoing clients, defined as receiving services three or more times throughout the school year. 420 youth from *Partners in Healing* were included in the in-depth research sample.

Students' beliefs about the program were assessed by direct responses from youth in a survey format as well as through focus groups. The impact on students' mental health was ascertained by both subjective measures of self-report and objective ratings of improvement completed by the social work interns who provided direct services to the youth.

The 2006-2007 participating agencies were Boys and Girls Harbor, CAMBA, Children's Aid Society (at PS 8), Chinatown YMCA (at MS 131), Chinese American Planning Council, Double Discovery (at Columbia University), Grand Street Settlement, Groundwork Inc., Harlem RBI, New York Youth At Risk, PASE's Model Learning Lab (at the Secondary School of Law), Sports and Arts in Schools (at the Island School), Sunset Bay Community Services (at Warren Street Center for Children and Families), Union Settlement, and Visions (at Selis Manor).

Below is an overview of the presenting problems, environmental stressors, treatment plans, and key pro-social and mental health youth outcomes for youth from the in-depth study, who represent a sub-sample of the larger population impacted by *Partners in Healing*.

### **Presenting Problems**

Children and youth in the program were identified by the social work intern as struggling with a wide variety of behavioral, emotional, social, and academic issues. They often demonstrated a combination of behavioral concerns, such as fighting, or acting out; emotional concerns, such as living with anxiety or depression; academic concerns, such as struggling with low grades, truancy, or dealing with a learning disability; and/or relational concerns, such as bullying or a lack of consideration for others. Almost 20% of the youth in the in-depth study were identified as struggling on a daily basis with the difficulties in their lives, which points towards an underserved, high-risk group of youth in need of an intervention.

### **Environmental Factors**

The results showed that youth in the study faced a wide variety of environmental stressors including family, housing, financial, community, and legal issues. Almost one-third of youth were identified as having multiple stressors, which may be either etiologies for the presenting problems or factors that are difficult to control or suppress. The most prominent stressor was living with violence at home and in the community.

### **Treatment Overview**

Given the fact that many youth were confronting emotional difficulties (59%) and peer-related concerns (48%), these areas also became the focus for treatment. The highest percentages of treatment goals were improving emotional functioning (65%) and improving peer relationships (56%). All clients were given more than one goal to address the multiple emotional, behavioral, and social needs presented.

The in-depth study revealed that the majority of participants (80%) received group therapy and that the standard length of treatment for most clients (85%) was on a weekly basis for more than three months (64%).

At the end of treatment, social work interns identified positive changes in the overall functioning and well being of 62% of their clients. This high percentage overlaps with rates of self-reported improvement and can be considered an indicator of program effectiveness.

## **Program Impacts**

### **Impact on Youth Pro-social Beliefs and Behaviors**

When asked directly about the impact of this program through a quantitative survey tool, younger students (grades 4-7) expressed an increased ability to resolve conflicts in a non-violent manner and to utilize new strategies for coping, built upon strong emotional bonds with caring adults. They learned adaptive skills, as revealed by students' answers to specific hypothetical conflict scenarios. For example, a significant number of children chose to *avoid arguments by walking away or ignoring the source of conflict* and adopted more active strategies, such as *asking for help from an authority, such as a teacher or police officer*.

The more students saw the staff as positive role models, the more they were inclined to internalize avoidant conflict resolution strategies and walk away from social confrontations. Positive relationships with social work interns/staff also increased their ability to focus on homework and improve their study habits. In summary, 4<sup>th</sup>-7<sup>th</sup> grade students felt that a good alliance fostered the development of more responsible academic behaviors, positive social behaviors and conflict resolution strategies.

For older youth (grades 8-12) the program positively impacted pro-social attitudes (ignoring and walking away from conflicts, asking an authority for help) *and* behaviors (encouraging peers to solve conflicts without fighting). Youth expressed a strong emotional bond with the social work interns/staff and that these adults were both positive role models and reliable sources for advice and guidance. The quality of these helping relationships also predicted a significant reduction in violence and aggression as a way to resolve conflicts.

Qualitative evidence suggests that the primary benefits of the program were to spend time in a safe space, learn new skills and foster positive relationships with peers and adults.

### **Mental Health Outcomes**

A brief mental health scale was also administered along with the survey to youth who received ongoing counseling to assess the program effects on students' mental health through self-report. The intensive services provided led to numerous mental health benefits and a significant reduction in students' emotional and behavioral difficulties.

Youth in grades 4-7 were more capable of managing their anger, getting along better with others, and worrying less about the stressors in their lives. They also experienced a decrease in their impulsivity as a result of meaningful relationships built with interns/staff.

## CASE SCENARIO

*R is a 13-year-old African-American male from a two-parent home. On his first day in the program, he was asked to leave the Manhood Group because he could not contain his laughter. We worked to integrate him into our program, but after seeing a disturbing picture he drew while working with the intern, we contacted the school's counselor and set up a meeting with the boy's mother. At a joint meeting between the agency, the school staff and the child's parents, we determined that he would not participate in any other program activities except his sessions with the intern until his behavior improved. For three months he met with the intern twice a week. Ultimately, R's ability to fit in with his peers and control his behavior improved and he has since rejoined the program on a regular basis.*

***Partners in Healing allows youth who otherwise may have been removed from a program to continue being served. Ideally, youth should be able to access a wide variety of appropriate services while they continue to mature and grow.***

Older students, in grades 8-12, reported improvements in specific behaviors and emotional symptoms on the post-test assessment. These youth demonstrated more confidence and self-efficacy and were less affected by bullying, less impulsive, and tended to display fewer antisocial behaviors, such as lying and cheating.

### **Program Impacts for Participating Agencies**

Agencies benefitted from their involvement in the program, namely by increasing their capacity to serve more youth, particularly high risk youth, who otherwise may have been expelled from the program; creating internal structures that served to improve the programs overall, such as policy manuals, clinical meetings, or new types of training; and finally, broadening the awareness of mental health into the agencies as a whole. Staff were also provided with new information and knowledge through training and brought these enhanced skills and tools back to the agencies.

### **The Need for Ongoing Services**

Social work interns identified that 180 of their ongoing clients were in need of additional, longer-term mental health services. Moreover, the intensity of the problems was deemed to be so severe that 95 of them (29%) were referred for immediate services in community clinics.

These ratings indicate a high-need for mental health services in this population and lead to the conclusion that clinical programs like *Partners in Healing* are incredibly beneficial not only for the attending youth, but also for the community in general, as they raise the level of awareness for mental health services.

### **Future Recommendations**

Youth remain in desperate need of appropriate care, and more can be done to address the emotional well-being of young people. The services offered through *Partners in Healing* have made a positive impact on helping young people realize their full potential, but the expectations of what is possible within the field of after-school must be reframed, and the promising results provided within this report can guide future program developments. Based upon this year's evaluation and the past several years of working with local community-based organizations involved in change efforts, the evaluation team recommends the following actions be taken:

1. After-schools must address the emotional and social needs of youth by expanding their programs to include on-site social workers and building appropriate support structures and services.
2. Mental health funders must learn from innovative programs such as *Partners in Healing* to create initiatives that effectively link mental health and progressive youth development programming.
3. A leadership team of mental health experts, educators, policymakers and funders is needed to spearhead a national mental health in after-school movement for at-risk youth and families. Professionals supporting youth need to connect with each other strategically, rather than operating in silos.
4. A formal advocacy campaign must be designed to promote mental health service delivery in after-schools.
5. Social work programs should broaden and enhance their training on youth development best practices as well as the social and emotional needs of young people.
6. Ongoing evaluations are also necessary to document best practices, clarify effective models and push for larger-scale change.

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## II. Partners in Healing Overview

### **Services Description**

#### *Individual Counseling*

Social work interns provided one-on-one counseling for identified youth in need of individualized attention and support. Interns assessed the needs of each young person, and created customized treatment plans. Typically, youth who received individual counseling met with the intern weekly.

#### *Group Counseling*

*Partners in Healing* interns provided a myriad of group therapy programs ranging from more traditional gender-specific and mixed-gender peer psycho-educational and counseling groups to empowerment groups, art therapy, expressive drama therapy, rap groups and community service clubs. Interns ran more than thirty different groups throughout the school year, some meeting multiple times a week, others meeting weekly and some with a short-term focus such as therapeutic workshops.

#### *Other Counseling Services*

Social work interns were flexible and tailored the services offered based on the immediate and most urgent needs of participating youth. Drop-in, family and crisis sessions were held as needed, and youth in need of more intensive, ongoing services were referred to community mental health clinics.

#### *Additional Points of Contact*

The primary therapeutic interventions made by social work interns were through group and individual therapy sessions. However, interns also spent a great deal of time with young people who were not considered ongoing clients during classroom and lunch-time, where they foster relationships with other youth, and in some cases, identified additional clients. These “points of contact” were tracked by the evaluation team, as well as additional services offered, such as hosting parent meetings; providing in-service trainings for educators on the emotional and social development of adolescents; providing parent workshops on teen anger; hosting parent support groups; and attending field trips and community events.

### **Statistical Highlights**

#### *Counseling*

From September 2006 through April 2007, a total of 1,070 youth and families received individual, family and/or group mental health services from New York University Social Work interns, totaling more than 6,800 points of contact throughout the year.

Of those 1,070 individuals, more than half (589) were considered ongoing clients, defined as receiving services 3 or more times throughout the school year. The additional 481 youth were identified as taking part in “other” types of social work interventions.

For students classified as receiving individual counseling the spectrum of individual sessions ranged from 1 to 28 sessions during the course of the program year. Of the 172 young people who participated in 1,249 individual counseling sessions, the average number of sessions per participant was 7 sessions.

Additionally, 482 students attended 793 group counseling sessions throughout the year, with an average of 10 sessions per youth. The caseloads averaged nearly 33 students in both group and individual counseling settings.

Nearly one quarter (127) of the participating youth received more than one type of service, most commonly individual counseling coupled with group therapy. Social work interns provided 23 family counseling sessions serving 16 families, 97 crisis sessions serving 40 youth, and 59 drop-in sessions serving 26 young people.

#### *External Referrals*

Interns reported more than 95 internal and external referrals for services beyond the scope of their individual capacities.

Table 1 below describes the individuals served through the various counseling modalities.

**Table 1 *Overview of Participants Served and Service Types***

<b>Modality</b>	<b>Number of Individuals</b>	<b>Number of Sessions</b>
Individual Counseling	172	1,249
Group Counseling	482	793
Family Counseling	16	23
Crisis Counseling	40	97
Drop-in Counseling	26	59
Other*	22	22
Additional Contacts*	481	481

*\*these **points of contact** were not associated with a particular client or group member, but rather, were from the larger pool of after-school program participants*

#### **Program Referral Process**

Youth were referred to receive *Partners in Healing* services through a variety of methods; many agencies created formal referral processes as a direct result of their participation in this program. In some settings interns received referrals for both individual and group counseling through school staff (teachers, administrators and guidance counselors). In other settings referrals for services came from front-line agency staff, supervisors and administrators. Parents and community members also referred youth to counseling. Youth also sought out treatment directly with interns they developed relationships with throughout the year. Some group therapy programs actively recruited members through postings, flyers, and informational sessions for youth, parents, educators, and administrators.

### **III. Evaluation Design**

#### **Overview**

*Partners in Healing* offered a complex intervention model based on a theoretical framework converging positive youth development and mental health prevention. To fully assess this project, the evaluation embraced a mixed model of quantitative and qualitative data collection, analysis, synthesis and reporting.

Students' beliefs about participation in *Partners in Healing* were assessed by direct responses from youth in a survey format as well as through focus groups. The impact on students' mental health was ascertained by both subjective measures of self-report and objective ratings of improvement completed by the social work interns who provided direct services to the youth.

The evaluation team also collected qualitative feedback from a wide variety of stakeholders including agency directors and managers; front-line staff; training participants; partnering agency staff, such as mental health supervisors, school principals, and guidance counselors; social work interns; and participating youth from several agencies. Additional feedback was also collected at the general group reflection meetings and ongoing communication with participants through PASE. Collectively, these qualitative responses supplement the quantitative research and offer a more detailed profile of the program impacts.

#### **In-Depth Research Study Sample**

The focus of the quantitative research for *Partners in Healing* was on the youth who participated in "ongoing" counseling, defined as three or more sessions. The social work intern assessed their ongoing clients both before and after treatment, and provided all youth 4<sup>th</sup> grade and older with a pre- and post-survey.

#### **Exclusions/Limitations**

Young people who were seen fewer than three times were recorded on a monthly tracking form by the social work interns, but were not offered assessments or surveys. Youth in 3<sup>rd</sup> grade or below were not included in the survey process as the forms were designed for 4<sup>th</sup> -12<sup>th</sup> grade students. Participants with visual impairments were excluded from the standard survey process. Data on the impact of counseling for students below 4<sup>th</sup> grade and for the visually impaired youth group was collected through assessment forms and qualitative focus groups.

In some cases, a combination of language barriers, limited literacy skills and more serious behavioral problems also prevented a small percentage of youth from completing the survey. Future research studies may benefit from a simplified survey tool.

## **Data Collection Tools**

### Demographic and Service Provision Tools

- *Evaluation Consent Forms*

Permission slips were administered and collected both at the beginning of the program year, and when new clients were identified. Each agency made a best-faith effort to collect and return the consent forms.

- *Client ID Forms*

This document was used to keep track of all clients and protect client confidentiality.

- *Monthly Tracking Forms*

This form summarized activities offered, including the amount and type of services delivered. These forms were maintained by a graduate level clinical-policy student at NYU and reviewed regularly by PASE and the evaluation team. This form allowed the evaluation team to tabulate an overall demographic and statistical picture of youth served.

- *Initial Intake Assessment Form*

This form included a basic demographic profile for each student and reviewed the presenting problem(s) and significant psychosocial factors. It also provided the prescribed treatment plan for each case.

- *Client Services Exit/Summary Assessment*

Interns assessed students' behavioral changes within individual and group settings, as well as behavioral modifications in other contexts.

### Youth Data Collection Tools

A series of data collection tools were used to collect quantitative information to demonstrate the outcomes of therapeutic interventions. Social work interns collected data for who received individual and group therapy. The following tools were used:

- *Youth Pre- and Post- Program Survey Instrument*

Data for students between 4<sup>th</sup> and 12<sup>th</sup> grade were gathered via a pre- and post-program survey. These surveys assessed student beliefs about themselves, as well as their relationships with the *Partners in Healing* interns/staff. Self-perceptions regarding changes in behavior throughout the year were also evaluated.

- *Strengths and Difficulties Questionnaire (SDQ)*

The SDQ is a brief behavioral screening questionnaire that has been used as an outcome measure in child and adolescent mental health services to evaluate for the presence of clinical concerns related to emotional symptoms, behavior problems, and peer relationships. The SDQ pre- and post-test assessed both initial problems and potential therapeutic effects as a result of participation in *Partners in Healing*.

## IV. Quantitative Research Results

The following section is based on data collected through the *Initial Intake Assessment* and *Client Services Exit/Summary Assessment* forms completed in the beginning and at the end of treatment, respectively, and includes a demographic profile of participants, summary of the presenting problems, environmental stressors, and a synopsis of recommended and implemented treatment.

### A. Research Sample Counseling Summary

#### **Demographic Profile of the Overall Research Participant Sample**

420 of the 589 clients who received ongoing counseling services participated in the evaluation and represent the total number of youth who completed either a pre- or a post-test survey or for which the social work interns filled an intake or an exit interview.

The demographic profile demonstrated a diverse population of students with a wide range of age, grade, and ethnicity. The majority of participants were between the ages of 7 and 14 (71%). About half of the participants (44%) were in 4<sup>th</sup> -7<sup>th</sup> grade and most of them were in regular education classes (91%). Sixty percent of participants were females.

The ethnic make-up included a large number of Black (39%), Latino (37%) and Asian (19%) students. The primary language spoken by youth was English (87%). Thirteen percent of youth spoke primarily Spanish (5%), Chinese (7%), or another language (1%).

In terms of living arrangements, 49% of the youth lived with both of their parents; 22% lived with their mother only; and 18% lived with their mother and other relatives (such as grandparents, aunts or uncles). A large percent of participating youth came from socio-economically disadvantaged families, judging by the large percent of students receiving free lunch (67%).

Table 2 shows in greater detail the demographic characteristics of the total research sample.

Table 2 *Demographic Profile of the Overall Research Sample*

Age	Frequency	Percent
6 or under	6	2%
7-14	298	71%
15-18	110	26%
Above 18	4	1%
Gender		
Male	165	40%
Female	247	60%
Grade		
3 <sup>rd</sup> grade or under	48	12%
4-7	184	44%
8-12	181	44%
Special Education		

Yes	31	9%
No	303	91%
<b>Race/Ethnicity</b>		
Latino	153	37%
Black	164	39%
Asian	80	19%
White	5	1%
Mixed	17	4%
<b>Living Arrangements</b>		
Both parents	190	49%
Mother only	83	22%
Father only	7	2%
Mother and other relatives	70	18%
Father and other relatives	2	1%
Other family members	11	7%
Foster parents	5	1%

### Referral Sources

It appears from the *Initial Intake Assessment* that youth were primarily referred by qualified professionals, such as social workers, school psychologists or teachers (74%). Despite this large percentage of identified clients in need, the majority of youth (91%) were not receiving mental health services at an outside agency. Table 3 provides a summary of these data.

Table 3 *Source of Referral and Provision of Mental Health Services*

Source of referral	Frequency	Percent
Self	53	16
Friend	7	2
Word of Mouth	28	8
Professional (social worker, teacher)	246	74
<b>Community Mental Health Services</b>		
No	296	91%
Yes	26	9%

### Presenting Problems of Research Participant Sample

Children and youth in the program struggled with a wide spectrum of behavioral, emotional, social, and academic issues, and for 94% of youth, the social work interns identified more than one presenting problem. The behavioral concerns identified in 40% of the referred youth included antisocial and hyperactive manifestations, such as lying, fighting, stealing, cheating, impulsivity, and restlessness. The emotional problems included anxiety and depression symptomatology (e.g., fears, worries, sadness, crying) and were identified in 59% of the referred youth. The academic concerns were related to low grades, learning difficulties, and truancy, and were identified in 31% of youth. Health issues, such as

asthma and somatic complaints (e.g., headaches, stomach aches, and sickness) were found to be a concern in only 9% of the research sample.

In addition to the aforementioned concerns, relational problems with other peers and adults were recognized as areas of potential intervention. The peer relationship issues included bullying, isolation from peers, being inconsiderate of other’s feelings, inability to share, and were found to be present in 48% of the youth referred for services. The problems with adult relationships were mainly associated with oppositional-defiant behaviors towards parents, teachers, and other authority figures. About 26% of the referred youth manifested these behaviors.

Table 4 offers an overview of the number of youth who were confronting with emotional, conduct, academic, health, peer and adult relationship problems, as well as the number of youth who had multiple concerns.

**Table 4 *Problems Identified by Interns on the Initial Intake Assessment***

<b>Problem</b>	<b>Frequency</b>	<b>Percent</b>
Emotional	224	59%
Conduct	152	40%
Academic	119	31%
Health/Physical	36	9%
Peer Relationships	182	48%
Adult Relationships	100	26%
<b>Youth with multiple problems</b>	<b>393</b>	<b>94%</b>

### **Frequency and Duration of the Presenting Problems**

In addition to identifying different types of presenting problems for treatment focus, interns were required on the *Initial Intake Assessment* to rate the frequency and the duration of the mental health concerns. For 81% of the participating youth the problem was chronic, meaning that its onset happened more than six months prior to being part of the *Partners in Healing* intervention. Moreover, 17% of youth manifested these problems on a daily basis. These large percentages that capture the duration and frequency of students’ socio-emotional and behavioral difficulties describe an underserved, potentially high-risk youth in significant need of mental health interventions.

### **Environmental Stressors**

Youths’ internal socio-emotional and behavioral difficulties were embedded in external, environmental challenges identified on the *Initial Intake Assessment*. Participating students were facing a wide variety of environmental stressors that included family, housing, financial, community, and legal issues. Thus, 41% of youth were coming from households of domestic violence and family discord, and 56% struggled with community violence. In addition, some of these youth faced homelessness or eviction (8%), limited resources and parental unemployment (20%), and legal issues, such as court or ACS involvement and the foster care system (5%). Moreover, 29% of youth were confronted with more than one identified stressor.

These stressors can be conceptualized as either etiologies for the presenting problems or maintaining factors difficult to control or suppress. Given their pervasiveness in the lives of these youth, it becomes apparent that *Partners in Healing* served high-risk individuals who needed to learn adaptive and healthy life skills to cope with these environmental challenges. Table 5 offers a summary of the aforementioned environmental stressors.

Table 5 *Environmental Stressors Faced by Participating Youth*

Stressor	Frequency	Percent
Family	154	41%
Community	211	56%
Financial	75	20%
Housing	32	8%
Legal	17	5%
<b>Youth with Multiple stressors</b>	<b>110</b>	<b>29%</b>

### **The Treatment Focus: Identifying Counseling Goals**

In order to effectively address identified problems and design a treatment plan, the interns established treatment goals based on the *Initial Intake Assessment*. These goals map the emotional, behavioral and social difficulties experienced by participating youth. Therefore, given the fact that the largest percent of youth were confronting with emotional difficulties, improvement of emotional functioning became the treatment focus for a significant percentage of youth (65%). In addition, improvement of personal conduct, peer relationships, and coping skills were also deemed to be important goals for therapeutic intervention.

It should be noted that each student's treatment plan included at least two goals in an attempt to address youth's multiple emotional, behavioral, and social concerns. Table 6 offers a synopsis of the identified goals for treatment.

Table 6 *Treatment Goals Identified by Interns for Participating Youth*

Treatment Goal	Frequency	Percent
Improve Emotional Functioning	273	65%
Improve Conduct	185	44%
Improve Peer Relationships	235	56%
Improve coping skills	164	39%

### **Counseling Frequency and Duration**

Data from the *Exit/Summary Assessment* indicates that the majority of students attended counseling services at least once a week. Thus, 85% of students attended weekly sessions and 10% came to counseling more than once week. Another indicator for the high need for mental health services is the treatment duration or stability. It appears from the *Exit/Summary Assessment* that 64% of the students attended counseling sessions over the course of three months or longer, reflecting a strong commitment to treatment. Table 7 presents a summary of the types,

frequency, and duration of counseling services offered to youth who participated in the evaluation research.

Table 7 *Types, Frequency, and Duration of Counseling for Research Sample*

Type of Counseling Service	Number of participants	Percent
Individual	132	34%
Group	307	79%
Family	11	3%
Crisis Intervention	36	9%
Referral to Community Mental Health	9	2%
<b>Frequency of Counseling Services</b>		
Drop-in as needed	11	3%
Less than once weekly	10	2%
Once weekly	326	85%
Greater than once a week	38	10%
<b>Treatment Duration</b>		
One month or less	12	4%
One to three months	106	32%
Greater than 3 months	208	64%

## **B. Program Impact: Youth Survey Results**

The following section highlights the research on youth beliefs about the program through a pre- and post-program survey. Below is an overview of the design, guiding research questions, participant demographic summary, survey instrument description, survey results and research conclusions.

### **Design**

The research design for this component of the report consisted of a pre-post test evaluation for 4<sup>th</sup>-12<sup>th</sup> grade students receiving counseling services through *Partners in Healing*. Services were offered through after-school programs as well as during school hours. Students were asked to complete two different age-appropriate versions of a survey designed to assess pro-social beliefs and behaviors. Student identity was protected and participation was voluntary.

### **Research Questions**

1. What was students' perception about the usefulness of *Partners in Healing*?
2. What was the impact of *Partners in Healing* on the pro-social attitudes and behaviors of students receiving services?
3. What were student perceptions of the quality of the helping relationship with the *Partners in Healing* interns/staff?
4. Does the quality of the helping relationship with the *Partners in Healing* staff predict pro-social attitudes and behavior changes in students?

### Research Participants Demographics

Participants included 159 youth in 4<sup>th</sup>-7<sup>th</sup> grades, and 118 youth in 8<sup>th</sup>-12<sup>th</sup> grades. 40 % (n=108) of youth were male and 60% (n=162) were female. The ethnic spectrum included a large number of Latino (n=92; 33%), Black (n=89; 32%), and Asian (n=60; 22%) students. In terms of living arrangements, 42% of the youth lived with both parents, 26% with their mother only and 19% with their mother and other relatives, such as grandparents, aunts or uncles. More detailed participant demographics are reported in Table 8 below.

Table 8 *Demographic Profile of the Research Participants from Pre-Post Survey*

Demographic Characteristic	4 <sup>th</sup> -7 <sup>th</sup> Grade Youth		8 <sup>th</sup> -12 <sup>th</sup> Grade Youth	
	Frequency	Percent	Frequency	Percent
<b>Age</b>				
9-10	23	15%		
11-12	89	56%	6	5%
13-14	46	29%	41	35%
15-16			48	41%
17-18			19	16%
Above 18			3	3%
<b>Gender</b>				
Male	65	43%	43	37%
Female	94	57%	75	63%
<b>Grade</b>				
4	11	7%		
5	15	10%		
6	48	32%		
7	77	51%		
8			29	31%
9			23	20%
10			33	29%
11			15	13%
12			8	7%
<b>Race/Ethnicity</b>				
Latino	62	39%	30	25%
Black	56	36%	33	28%
Asian	16	10%	44	38%
White	3	2%	1	1%
Mixed	21	13%	9	8%
<b>Living Arrangements</b>				
Both parents	65	42%	50	43%
Mother only	37	24%	34	29%
Father only	1	1%	3	3%
Mother and other relatives	36	23%	16	13%
Father and other relatives	3	2%	4	3%
Other family members	12	7%	8	7%
Foster parents	2	1%	2	2%

## **Instruments**

Interns administered a pre- and post-test survey that included demographic information and questions designed to identify thought patterns and behavioral norms. 4<sup>th</sup>-12<sup>th</sup> grade students completed two different versions of the survey, tailored to reflect reading comprehension abilities commensurate with their specific developmental level. All items were rated on Likert-type rating scales (e.g., strongly agree, agree, disagree, and strongly disagree). The scales included on both versions of the survey are listed below.

### Scales on the 4<sup>th</sup> - 7<sup>th</sup> Grade Survey

- Peer Support Behaviors: This 9-item scale measures students' participation in activities that involve supporting their peers. The 4-point Likert scale ranges from "never" to "often."
- Participation in *Partners in Healing* Activities Behaviors: Twelve items assess students' participation in *Partners in Healing* activities. The 4-point Likert scale ranges from "strongly disagree" to "strongly agree."
- Conflict Resolution Scale: This scale consists of 7 hypothetical scenarios to which students respond by selecting strategies they may use to resolve the conflict. Possible responses to scenarios include verbal and physical aggression, pro-social responses, asking a parent, adult or authority figure for help, walking away, and avoidant behaviors.
- Normative Beliefs about Aggression Scale (NORBAGS): This scale includes 15 items which assess students' normative beliefs about aggression. Items are on a 4-point Likert scale ranging from "it's really OK" to "it's really wrong."
- Quality of the Helping Relationship: This 10-item scale (Horvath, 1989) Working Alliance Inventory assesses students' perceptions of the quality of the relationship between intern/staff and themselves.

### Scales on the 8<sup>th</sup> - 12<sup>th</sup> Grade Survey

- Participation in After-School Activities Beliefs and Behaviors: Nine items assess students' perceptions of and participation in after-school activities, such as leading a group project or a discussion, organizing an event or a group, helping with projects. Items are rated on a 4-point Likert scale ranging from "strongly disagree" to "strongly agree."
- Peer Support Beliefs: This 10-item scale measures students' perceptions of and participation in activities that involve supporting their peers, such as helping with homework, studying together, and standing up for peers in fights. Items are rated on a 4-point Likert scale ranging from "strongly disagree" to "strongly agree."
- Beliefs About School: Fourteen items assess students' negative and positive beliefs about school. Students have to agree or disagree with statements like "The harder you try, the better you do in school" or "School work has

- nothing to do with real life.” Items are rated on a 4-point Likert scale ranging from “strongly disagree” to “strongly agree.”
- Staff Support in the After-School Program: This 3-item scale provides insight into students’ support systems during the after-school program. Students are asked to agree or disagree with statements about the emotional and practical support, as well as advice and guidance they receive from *Partners in Healing* staff.
  - Expectations About School Performance: Four items measure students’ perceptions about their academic self-image. Items are rated on a 4-point Likert scale ranging from “strongly disagree” to “strongly agree.”
  - Community Behavior: This 9-item scale assesses students’ behaviors in the neighborhood/community. Participants were asked to agree or disagree with statements like “In my community, I show respect to adults” and “I enjoy my neighborhood/community.”
  - Conflict Resolution Scale: Similarly to the one on the 4<sup>th</sup> – 7<sup>th</sup> grade survey, this scale consists of 12 hypothetical scenarios to which students respond by selecting the strategy or strategies they would use to resolve a conflict. Possible responses to scenarios include verbal aggression, physical aggression, pro-social verbal responses, asking a parent or authority figure for help, asking the leadership teacher for help, walking away, and immature avoidant and antisocial behaviors.
  - Normative Beliefs about Aggression Scale (NORBAGS): This scale is identical to the one administered on the 4<sup>th</sup> – 7<sup>th</sup> grade survey. Please refer to the above description for details.
  - Quality of the Helping Relationship: This 11-item scale assesses students’ perceptions of the quality of the relationship with interns/staff. Items are rated on a 4-point Likert scale ranging from “strongly disagree” to “strongly agree.”

### **Reliability of Scale Scores**

Reliabilities of scale scores are presented in Table 9 below. Cronbach alphas, a measure of internal consistency indicating the extent to which all items in a scale measure the same concept, are presented in a second column. Cronbach alpha values could range from 0 to 1. Values closer to 1 indicate best reliability as they reflect items that measure the same concept.

In the current study, Cronbach alphas ranged from .61 to .95 indicating good to excellent internal consistency. This is important because reliable scales reduce the statistical risks associated with measurement error.

Table 9 *Chronbach Alphas of Scale Scores*

<b>Scale - 4<sup>th</sup> -7<sup>th</sup> Grade Survey</b>	<b>Alpha</b>
Peer Support Behaviors	.85
Participation in <i>Partners in Healing</i> Activities Behaviors	.93
Conflict Resolution Scales:	
• Verbal Aggression	.74
• Physical Aggression	.75
• Walk Away	.61
• Pro-social Verbal	.81
• Adult Help	.74
• Parent Help	.67
• Authority Help	.65
• Antisocial Conflict Resolution Strategies	.83
• Pro-social Conflict Resolution Strategies	.86
• Avoidant Conflict Resolution Strategies	.70
Normative Beliefs about Aggression Scale (NORBAGS)	.95
Quality of the Helping Relationship	.86
<b>Scale - 8<sup>th</sup> -12<sup>th</sup> Grade Survey</b>	<b>Alpha</b>
Participation in After-School Activities Beliefs and Behaviors	.97
Peer Support Beliefs	.93
Beliefs About School	
• Positive Beliefs about School	.88
• Negative Beliefs about School	.68
Staff Support in the After-School Program	.93
Expectations About School Performance	.88
Community Behavior	.83
Conflict Resolution Scales:	
• Verbal Aggression	.77
• Physical Aggression	.75
• Pro-social Verbal	.83
• Adult Help	.77
• Walk Away	.70
• Parent Help	.62
• Antisocial Conflict Resolution Strategies	.87
• Pro-social Conflict Resolution Strategies	.91
Normative Beliefs about Aggression Scale (NORBAGS)	.95
Quality of the Helping Relationship	.90

## Results

Findings are reported in two sections, Part One and Part Two, pertaining to the 4<sup>th</sup>- 7<sup>th</sup> and 8<sup>th</sup>-12<sup>th</sup> grade sample, respectively. This decision was based on the fact that there might be developmentally specific program effects that can not be

captured otherwise. The results in each section correspond directly to the research questions asked.

First, descriptive statistics will provide a snapshot on students' perception about the usefulness of *Partners in Healing*. Next, findings related to the impact of the program on pro-social attitudes and behaviors of students receiving services are presented. Furthermore, descriptive statistics on the quality of the helping relationship with the staff are reported. Finally, a series of multiple linear regressions examines the contribution of the quality of the helping relationship to the prediction of changes in pro-social attitudes and behaviors. Only statistically significant results are reported.

The pre- and post-test responses were paired for each student. Paired-sample t-tests initially assessed program effects on the matched data. Given the fact that some participants did not have both a pre- and a post-test survey (a common issue in after-school and youth development programming) an alternative analytic approach was employed to maximize the likelihood of an accurate representation of program effects. Therefore, students missing either the pre- or post-test were not dropped from data analysis, and a mixed regression model was used to further analyze the data.

## **Part One: Survey Results for 4<sup>th</sup>-7<sup>th</sup> Grade-Students**

### **1. Student Perceptions about Partners in Healing**

At the end of their participation in *Partners in Healing*, students were asked to self-report their perception about the usefulness of the program. Sixty-four percent of youth reported that the program was very useful in helping them deal more effectively with life stressors. Table 10 below offers a snapshot of the answers offered to this post-test question.

Table 10 *Students' Perception about the Usefulness of Partners in Healing*

How was the Program	Frequency	Percent
Not helpful	4	4%
Helpful	35	32%
Very helpful	69	64%

### **2. Impact on the pro-social attitudes and behaviors of students**

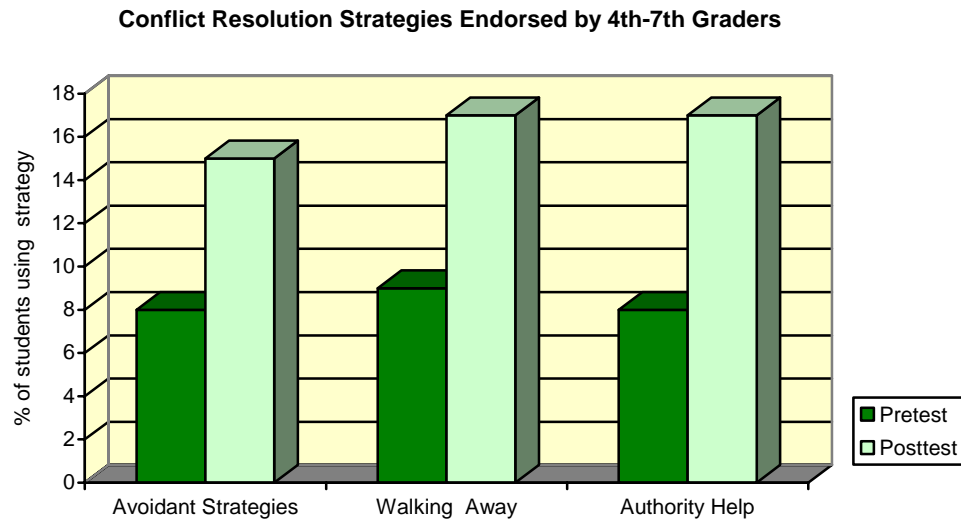
Students participating in *Partners in Healing* showed gains on pro-social attitudes and behaviors:

#### **Pro-Social Attitudes**

The most compelling finding is that 4<sup>th</sup>-7<sup>th</sup> grade-students were able to learn more adaptive, pro-social conflict resolution skills as a result of their participation in *Partners in Healing*. This outcome was revealed by students' answers to specific hypothetical conflict scenarios to which they responded by selecting the strategy or strategies they would use to resolve a conflict. A larger percent of children on the post-test (17% on the post-test compared to 9% on the pre-test) chose to avoid

arguments by *walking away* or *ignoring the source of conflict*. An increased number of students (from 8% on the pre-test to 15% on the post-test) chose to *ignore the source of conflict*. Girls tended to utilize walking away more than boys ( $r = .26, p = .008$ ).

In addition to being able to avoid conflicts by walking away or ignoring, participating youth were also able to internalize more active strategies. The most commonly endorsed was *asking help from an authority*, like a teacher or police officer. On the post-test, 17% of children reported using this strategy, compared to just 8% on the pretest. Again, girls seemed to prefer this conflict resolution strategy more than boys ( $r = .22, p = .02$ ). The graph below illustrates the aforementioned program effects:

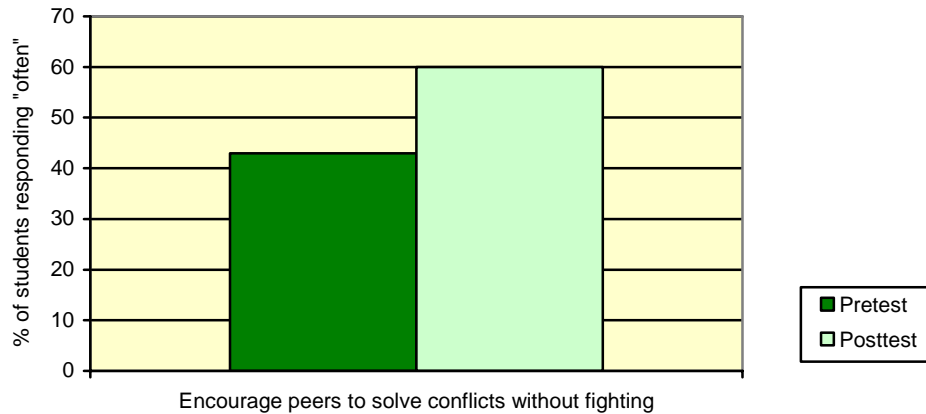


### Pro-Social Behaviors

Student answers on the hypothetical conflict resolution scale were consistent with self-reports of school behavior. Thus, in addition to endorsing more conflict avoidant social attitudes, students reported that they *encourage their peers to utilize non-aggressive conflict resolutions skills* (i.e., “Tell other kids to solve conflicts without fighting”). This behavior was present in 60% of youth after participating in *Partners in Healing* and in 43% of the youth before the program.

These findings that indicate congruence between youth attitudes and behaviors indicate that *Partners in Healing* promotes more adaptive social skills. It appears that a larger number of youth were able to learn and utilize non-aggressive conflict resolution strategies as a result of their participation in the program. The graph below offers an illustration of the aforementioned finding.

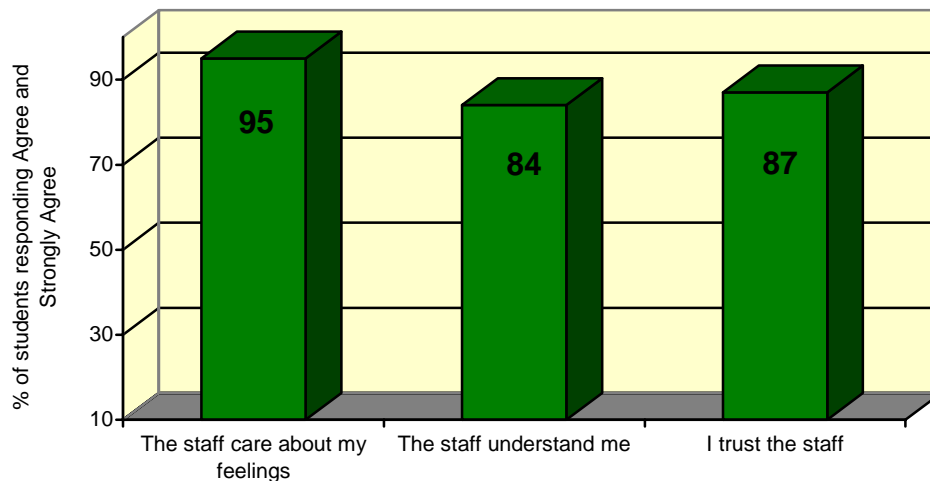
**Pro-Social Behavior Endorsed by 4th-7th Graders**



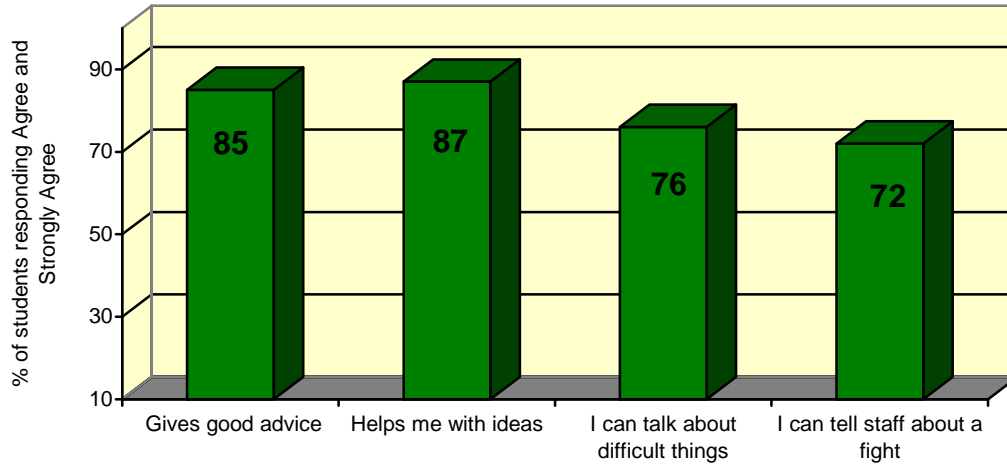
**3. Student perceptions of the quality of the helping relationships with the Partners in Healing staff**

The Quality of the Helping Relationship scale was administered on the post-test survey only. Overall, students reported having a very good relationship with the *Partners in Healing* interns/staff (M= 3.12). They felt that a strong emotional bond was established. Moreover, students viewed these adults as positive role models and reliable sources for advice and guidance. Descriptive statistics are presented below on each of the ten items that make up the scale:

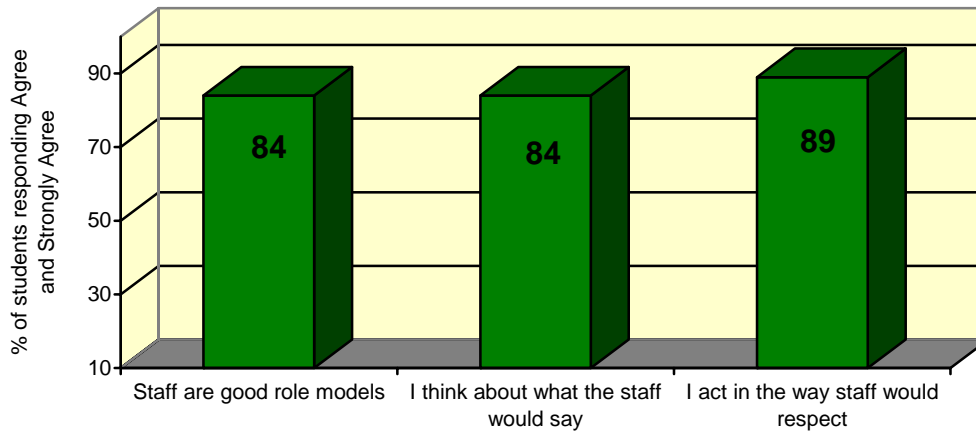
**Quality of the Helping Relationship - Indicators of Emotional Bond with *Partners in Healing* Staff and Interns**



**Quality of the Helping Relationship - *Partners in Healing* Staff as Reliable Source of Advice and Guidance**



**Quality of the Helping Relationship - *Partners in Healing* Staff As Good Role Models**



#### **4. Predictions on How the Helping Relationship Impacts Student Beliefs and Behaviors**

A series of multiple linear regressions examined the contribution of the quality of the helping relationship to the prediction of both academic and pro-social attitudes and behaviors. Significant results demonstrated that students' beliefs and behaviors were determined by the quality of the helping relationship with the *Partners in Healing* staff.

**Academic Behaviors.** The post-test version of the 4<sup>th</sup>-7<sup>th</sup> grade survey asked two specific questions about students' academic behaviors related to timely completion of homework and studying for tests. The goal was to assess whether the therapeutic relationship with *Partners in Healing* staff predicted these academic behaviors.

Positive associations were found between the quality of the relationship with the staff and completion of homework on time ( $r = .41, p < .001$ ), as well as studying for

tests ( $r = .31, p = .001$ ). This means that the better the relationship, the more likely the students were to complete homework and study for tests.

The quality of the helping relationship predicted both homework completion ( $F(1, 102) = 20, 56, p < .001$ ) and studying for tests ( $F(1, 102) = 11, 05, p = .001$ ). Thus, the quality of the relationship with the staff accounted for 16% of the variance in students' homework completion behavior and 9% of the variance in students' studying for tests behavior.

**Pro-Social Beliefs.** A positive association was found between students' conflict resolution strategies and the quality of the helping relationship. Specifically, the more students saw the staff as a positive role model, the more they were inclined to internalize avoidant conflict resolution strategies and walk away in face of social confrontations. The quality of the relationship with staff accounted for 8% of the variance in the walking away behavior ( $F(1, 103) = 5, 61, p = .005$ ).

**Pro-Social Behaviors.** The quality of the relationship with a caring adult was found to be an invaluable predictor of students' self-reported behaviors of pro-social conflict resolution strategies. Thus, the helping relationship explained 8% of the variance in telling other children to solve conflicts without fighting ( $F(1, 105) = 10, 50, p = .002$ ).

The quality of the helping relationship with the social work interns/staff seemed to play an invaluable role in students' life. 4<sup>th</sup>-7<sup>th</sup> grade students felt that a good alliance fostered the development of more responsible academic behaviors (homework completion and studying for tests), as well as more positive social behaviors and conflict resolution strategies.

## **Part Two: Survey Results for 8<sup>th</sup>-12<sup>th</sup> Grade-Students**

### **1. Student's perceptions about Partners in Healing**

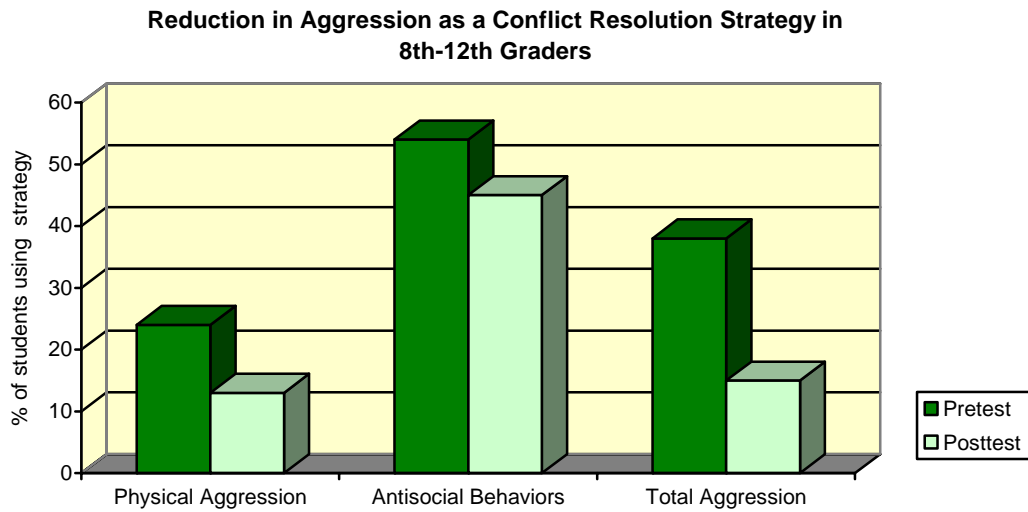
Similarly, to the 4<sup>th</sup>-7<sup>th</sup> graders, at the end of their participation in *Partners in Healing*, 8<sup>th</sup>-12<sup>th</sup> grade students were asked to self-report their perception about the usefulness of the program. The vast majority of this group (97%) reported that the program was useful in helping them deal more effectively with life stressors.

### **2. Impact on the pro-social attitudes of students**

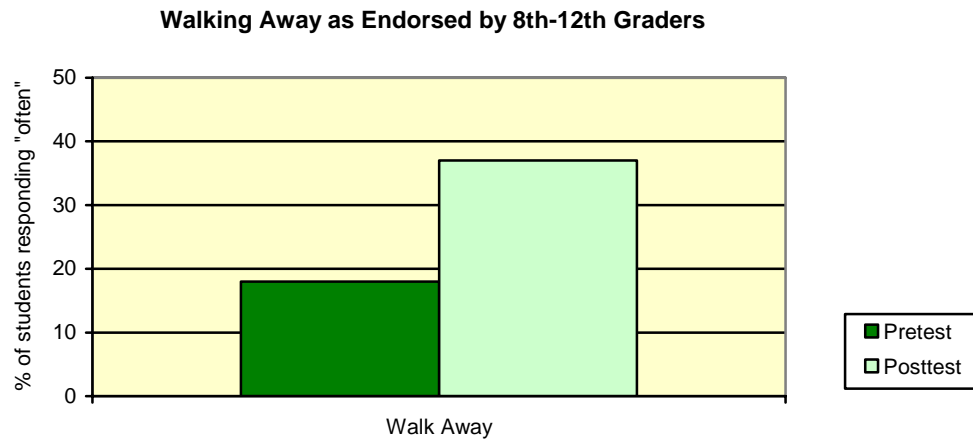
Students participating in *Partners in Healing* showed gains on pro-social attitudes. The most striking result is that 8<sup>th</sup>-12<sup>th</sup> grade students demonstrated a *significant reduction in aggression and use of antisocial conflict resolution strategies* at the end of the program. In addition, they were able to learn strategies to avoid conflict. This finding was revealed by students' answers to specific hypothetical conflict scenarios to which they responded by selecting the strategy or strategies they would choose to resolve a conflict.

A larger percent of young people on the post-test were inclined to *make use of less aggression in conflict situations*, and specifically they reported *less inclination toward physical aggression and antisocial acts*, such as stealing and cheating. Thus, only 13% of students chose physical aggression as a conflict resolution strategy on the post-test, compared to 24% on the pretest. The drop in the number of students reporting antisocial strategies was also significant, from 54% on the pretest to 45% of the post-

test. As a consequence, the number of youth reporting aggressive strategies decreased from 38% to 15%. The graph below offers an illustration of these program effects.



In addition to reporting a tendency towards fewer violent strategies in social confrontations, participating youth were also able to internalize concrete strategies for avoiding conflict. One specific strategy endorsed by youth was *walking away*. Thus, on the post-test, 37% of youth reported that they would use this strategy to avoid conflict, compared to just 18% on the pretest. The graph below illustrates this tendency.

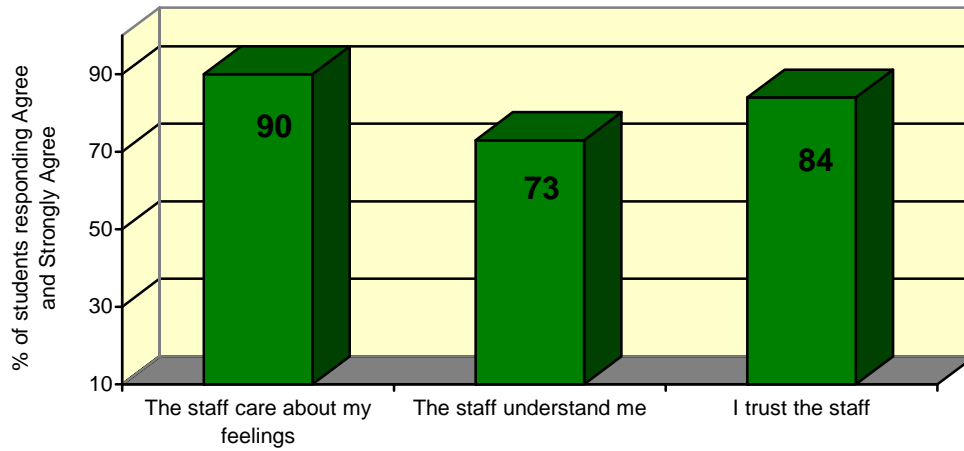


### 3. Student perceptions of the quality of the helping relationships with the Partners in Healing staff

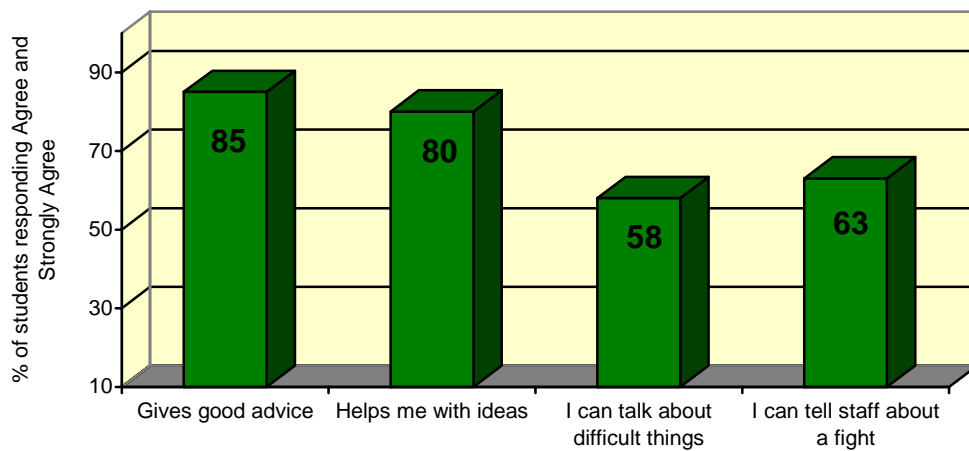
Similar to the 4<sup>th</sup>-7<sup>th</sup> graders, the Quality of the Helping Relationship scale was administered on the post-test survey only. Overall, students reported having a good relationship with the *Partners in Healing* interns/staff (M= 2.90). They felt that a strong emotional bond was established. Moreover, students viewed these adults as

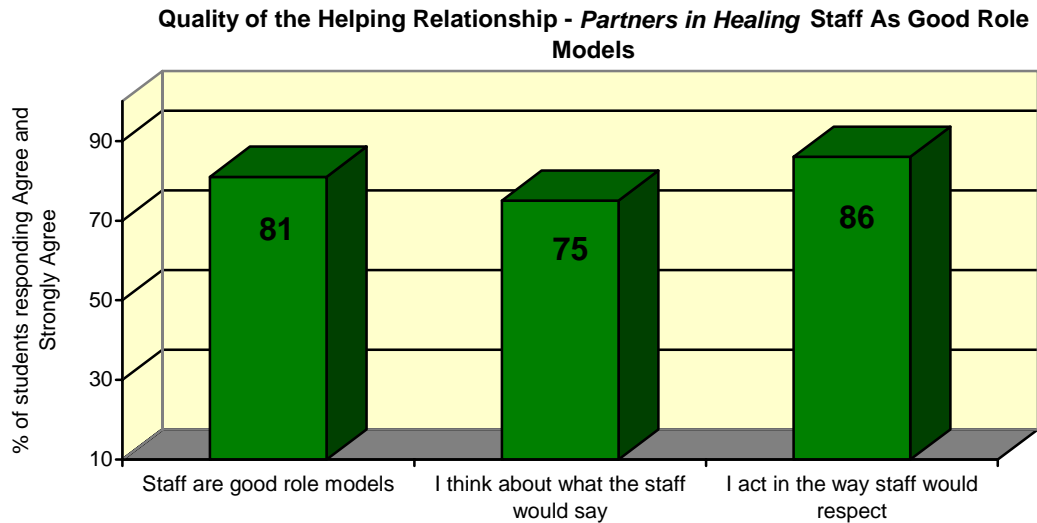
positive role models and reliable sources for advice and guidance. Descriptive statistics are presented below on each of the ten items that make up the scale:

**Quality of the Helping Relationship - Indicators of Emotional Bond with *Partners in Healing* Staff and Interns**



**Quality of the Helping Relationship - *Partners in Healing* Staff as Reliable Source of Advice and Guidance**





#### 4. Predictions on How the Helping Relationship Impacts Student Beliefs

A series of multiple linear regressions examined the contribution of the quality of the helping relationship to the prediction of pro-social attitudes. Significant results demonstrated that students' beliefs were determined by the quality of the helping relationship with the *Partners in Healing* staff.

**Reduction in Aggression.** The quality of the helping relationship predicted the reduction in physical aggression ( $F(2, 56) = 4.7, p = .01$ ), antisocial activities ( $F(1, 57) = 4.31, p = .04$ ), and total aggression ( $F(1, 25) = 6.86, p = .02$ ). Thus, the quality of the relationship with staff accounted for 11% of the variance in physical aggression, 5% of the variance in antisocial behaviors, and 18% for the variance in total aggression.

**Walking Away as a Conflict Resolution Strategy.** A negative association was found between students' walking away and the quality of the helping relationship. Specifically, the more students were able to tell the *Partners in Healing* staff about a fight, the less they were inclined to walk away in face of social confrontations. This is an important finding as it highlights the importance of the therapeutic relationship for empowering students with sources of reliable support they could use to solve conflicts. The quality of the relationship with staff accounted for 8% of the variance in the walking away behavior ( $F(2, 56) = 3.47, p = .04$ ).

#### Conclusions: 4<sup>th</sup>-12<sup>th</sup> Grade Survey Results

*Partners in Healing* positively impacted pro-social attitudes (ignoring and walking away from conflicts, authority help) and behaviors (encouragement towards peers to solve conflicts without fighting). In addition, students reported significant reduction in violence and aggression as means to solve conflicts. Students endorsed positive relationships with the *Partners in Healing* staff. They felt a strong emotional bond with the social work interns and stated that the program staff offered positive role models and reliable sources for advice and guidance.

The quality of these helping relationships predicted changes in student impressions of their behavior in face of conflict situations, as students were able to ignore conflicts, walk away, or tell an authority figure about the conflict. Moreover, the positive therapeutic relationships contributed to a significant reduction in the use of violence and aggression. This is an important finding as it highlights the importance of the therapeutic relationship for empowering students with sources of reliable support they could use to solve conflicts.

### **C. Youth Mental Health Self-Report: SDQ Results**

A brief mental health scale, the *Strengths and Difficulties Questionnaire* (SDQ), was also administered to youth receiving ongoing counseling. This tool provided the evaluators an opportunity to assess program effects on students' mental health through self-report, as the youth participant perspective is critical to include. Below is a description of the design, research questions for the analysis, and an instrument overview, followed by the results and conclusions on student mental health.

#### **Design**

The research design consisted of a pre and post test evaluation for all participating youth in 4<sup>th</sup>-12<sup>th</sup> grades. Youth were asked to complete the same questionnaire, considering that a minimal reading level allowed comprehension for all students. However, the results are reported separately for the 4<sup>th</sup>-7<sup>th</sup> and 8<sup>th</sup>-12<sup>th</sup> grade students in order to highlight potential developmental differences and program effects. Student identity was protected and participation was voluntary.

#### **Research Questions**

1. Did participation in the after-school program have a positive impact on students' mental health? In other words, were there significant changes in indicators of mental health problems between pre- and post-test assessments?
2. Does the quality of the helping relationship with the *Partners in Healing* staff predict mental health benefits in students?

#### **Demographic Profile of the Research Participants**

Participants included 159 4<sup>th</sup>-7<sup>th</sup> and 118 8<sup>th</sup>-12<sup>th</sup> grade students. These students were the same as those filling out pre-post-test surveys and detailed demographic information is presented in Section B.

#### **Instruments**

Interns administered the *Strengths and Difficulties Questionnaire* (SDQ), a brief behavioral screening used as an outcome measure in child and adolescent mental health services due to its high sensitivity to treatment effects. The self-report version of SDQ asks the youth to report on 25 personal attributes, some positive and others negative on a Likert-type scale ranging from 1 (Not true) to 3 (Certainly True). These 25 items are divided between 5 scales:

- Emotional Symptoms: depression, anxiety, attachment, fears, somatic complaints
- Conduct Problems: oppositional behavior, defiance, argumentativeness, stealing, cheating, and aggression. These items pertain to the clinical diagnoses of Oppositional Defiant Disorder and/or Conduct Disorder.
- Hyperactivity/Inattention: hyperactivity, impulsivity, inattention (AHDH symptoms)
- Peer Relationship Problems: loneliness, bullying, popularity, difficult relations
- Pro-social Behavior: sharing, empathy, helping behavior

### Reliability of Scale Scores

Reliabilities of scale scores are presented in Table 11 below. Cronbach alphas, a measure of internal consistency indicating the extent to which all items in a scale measure the same concept, are presented in a second column. Cronbach alphas ranged from .57 to .89 indicating good internal consistency.

Table 11 *Chronbach Alphas of Scale Scores*

Scale - 4 <sup>th</sup> -7 <sup>th</sup> Grade SDQ	Alpha
Emotional Symptoms	.82
Conduct Problems	.67
Hyperactivity/Inattention	.58
Peer Relationship Problems	.63
Pro-social Behavior	.87
Total Problems	.89
Scale - 8 <sup>th</sup> -12 <sup>th</sup> Grade SDQ	Alpha
Emotional Symptoms	.71
Conduct Problems	.61
Hyperactivity/Inattention	.61
Peer Relationship Problems	.57
Pro-social Behavior	.72
Total Problems	.78

## Results

Findings are reported in two sections, Part 1 and Part 2, pertaining to the 4<sup>th</sup> – 7<sup>th</sup> and 8<sup>th</sup> – 12<sup>th</sup> grade sample, respectively. The results in each section correspond directly to the research questions asked. Only statistically significant results are reported.

The pre- and post-test responses were paired for each student. Paired-sample t-tests initially assessed program effects on the matched data. Given the fact that some participants did not have both a pre- and a post-test survey (a common issue in after-school and youth development programming) an alternative analytic approach was employed to maximize the likelihood of an accurate representation of program effects. Therefore, students missing either the pre- or post-test were not dropped

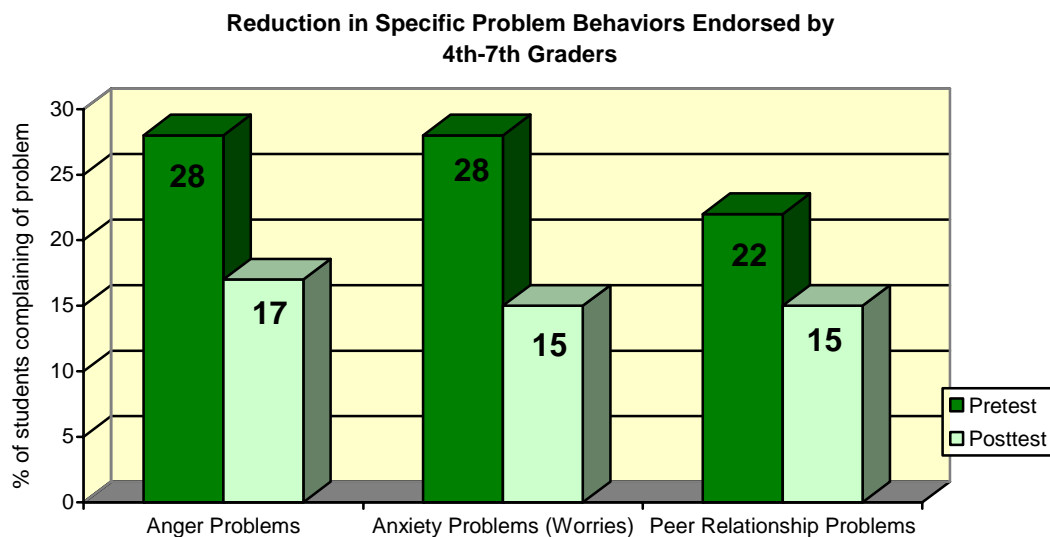
from data analysis, and a mixed regression model was used to further analyze the data.

### **Part One: Mental Health Benefits on 4<sup>th</sup>-7<sup>th</sup> Grade Students**

Intensive services provided led to numerous mental health benefits and a significant reduction in students' emotional and behavioral difficulties. The *t* values below represent the mean difference between pretest and post-test scores. A positive *t* value is indicative of a larger number of problems on the pre- than the post-test. The *p* values indicate statistical significance.

- Emotional Problems:  $t(71) = 3.91, p < .001$
- Conduct Problems:  $t(71) = 3.95, p < .001$
- Hyperactivity/Inattention:  $t(71) = 3.72, p < .001$
- Peer Problems:  $t(71) = 3.91, p < .001$
- Total difficulties:  $t(71) = 3.84, p < .001$

In addition to a decrease in mean scale scores, indicative of positive treatment effects, students reported improvements in specific behaviors and emotional symptoms. Thus, participating youth were *more likely to manage their anger* more effectively, as well as *get along better with their peers* and *worry less about stressors* in their lives. Specific behavior improvements endorsed by 4<sup>th</sup>-7<sup>th</sup> graders reflect more adaptive anger management, coping and social skills that youth acquired as a result of their participation in the program. The graph below illustrates the decrease in percentage of students who endorsed the aforementioned behaviors on the pre- and post-test assessments.



The quality of the relationship with the interns/staff was found to be a unique predictor of the decrease in impulsivity and hyperactivity ( $F(1, 77) = 5.17, p = .03$ ), accounting for almost 5% of the variance. A marginal significance was identified for reduction in conduct problems ( $F(1, 77) = 2.81, p = .09$ ) and total difficulties ( $F(1, 77) = 2.89, p = .09$ ), with the quality of the helping relationship predicting 3% of the

variance in each variable. Moreover, a predictive value of the helping relationship was identified for pro-social behaviors, such as sharing and being considerate of others ( $F(1, 79) = 5.5, p = .02$ ). In this case, the quality of the helping relationship predicted 5% of the variance in pro-social behaviors. This finding highlights the complex role of the therapist in providing young students with modeling of appropriate social behaviors, as well as structure and more adaptive life skills.

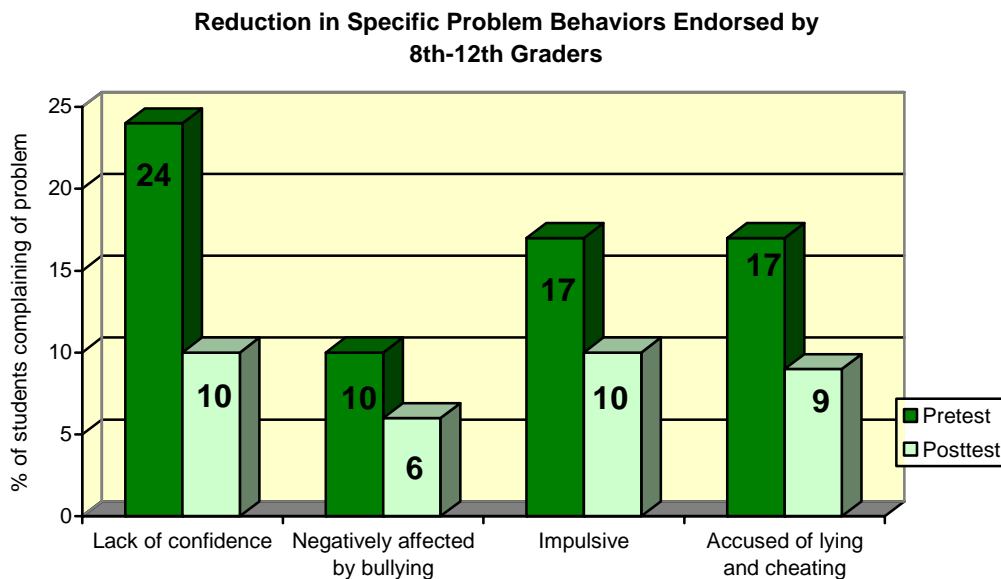
### **Part Two: Mental Health Benefits on 8<sup>th</sup>-12<sup>th</sup> Grade-Students**

Similar to 4<sup>th</sup>-7<sup>th</sup> graders, high-school students reported marked mental health benefits and a significant reduction in emotional and social difficulties, assessed by mean differences between pre- and post-test values of scale scores.

- Emotional Problems:  $t(25) = 1.84, p = .07$
- Peer Problems:  $t(25) = 2.05, p = .05$
- Total difficulties:  $t(25) = 2.20, p = .04$

In addition to a decrease in mean scale scores, indicative of positive treatment effects, high-school students reported improvements in specific behaviors and emotional symptoms. Thus, on the post-test assessment, youth demonstrated *more confidence* and *self-efficacy*, and were *less affected by bullying*, *less impulsive*, and tended to display *less antisocial behaviors*, such as lying and cheating.

Specific behavior improvements endorsed by 8<sup>th</sup>-12<sup>th</sup> graders reflect an acquisition of beneficial and empowering social and coping skills. The graph below illustrates the decrease in percentage of students who endorsed the aforementioned behaviors on the pre- and post-test assessments.



The quality of the relationship with *Partners in Healing* interns/staff was found to be a unique predictor of the decrease in emotional problems ( $F(1, 56) = 4.21, p = .05$ ), accounting for almost 6% of the variance. This finding underscores the invaluable importance of the therapeutic relationship in giving the students a sense of security

and buffering the effect of life stressors associated with emotional difficulties, such as depression, anxiety, or somatic complaints.

### **Conclusions: 4<sup>th</sup>-12<sup>th</sup> Grade SDQ Results**

This research demonstrated significant mental health benefits across both age groups. 4<sup>th</sup>-7<sup>th</sup> grade students were more amenable to change as a result of their participation and demonstrated improvements across five different domains of the Strength and Difficulties Questionnaire (SDQ), i.e., emotional problems, conduct problems, hyperactivity/impulsivity, peer relationship problems, and total difficulties. 9<sup>th</sup>-12<sup>th</sup> grade students reported improvements in emotional, peer relationship, and total problems.

The quality of the helping relationship with the interns/staff was an invaluable predictor of mental health benefits, accounting for the reduction of emotional, behavioral, and social problems in youth.

### **D. Youth Behavioral Changes: Exit Assessment Results**

This is the final component of the quantitative results gathered for the evaluation, and examines how youth behavior altered over time, according to intern observations. The data was collected through the *Client Services Exit/Summary Assessment* forms completed by social work interns at the end of the therapeutic services. Below is a description of the research questions used as a guiding framework for this portion of the research, and resulting behavior shifts throughout the year.

#### **Research Questions**

1. What percentage of clients demonstrated behavioral improvement as a result of their participation in the initiative?
2. Are there any significant associations between demographic variables, such as age, gender, and grade and behavioral improvements?
3. What percentage of clients were identified to be in need of additional treatment and were referred to community mental health clinics?

#### **Demographic Profile**

The *Client Services Exit/Summary Assessment*, a behavioral assessment form, was completed for 329 participants who received some form of counseling services. The age of the participants ranged from under 6 years old to above 18, with the majority of participants between 11 and 14 years of age. A large number of participants were between 6<sup>th</sup> and 9<sup>th</sup> grade. The majority of youth were Latino and Black. The demographic profile of these youth is summarized in the Table 12 below.

Table 12 *Demographic Profile of Youth Rated by Interns for Behavioral Improvement on the Client Services Exit/Summary Assessment*

Age	Frequency	Percent
6 or under	5	1%
7-14	238	73%
15-18	80	25%
Above 18	3	1%
Gender		
Male	119	39%
Female	210	61%
Grade		
3 <sup>rd</sup> grade or under	42	13%
4-7	141	44%
8-12	135	43%
Race/Ethnicity		
Latino	126	38%
Black	127	39%
Asian	56	17%
White	5	2%
Mixed	14	4%

### **Instrument**

Interns completed a short scale of mental health assessment which was included on the *Client Services Exit/Summary Assessment*. Interns were asked to rate students' improvements in core areas of personal (mood/emotion and conduct), social/relational (peer relationships and adult/family relationships), and academic (school performance, after-school attendance) functioning. The overall functioning of youth was rated by interns on a five-point Likert-type scale (e.g., 1 = much worse, 2 = worse, 3 = about the same, 4 = a bit better, and 5 = much better).

In addition to the rating scales, interns were asked to identify whether or not any of the young people served were in need of additional mental health services, and if referrals to mental health clinics were provided.

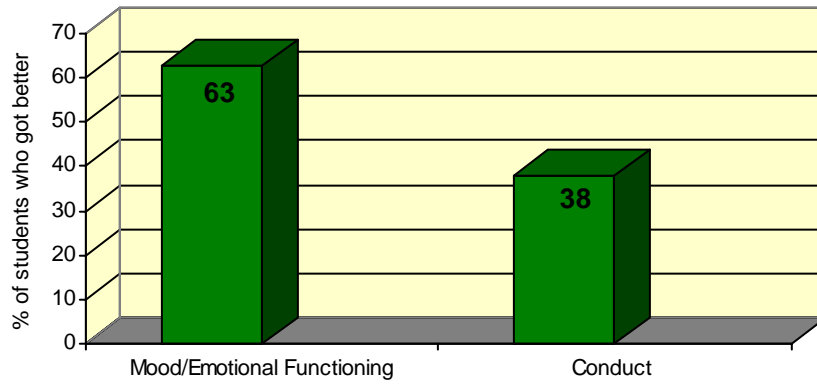
### **Results**

Results are reported in the order that reflects the aforementioned research questions:

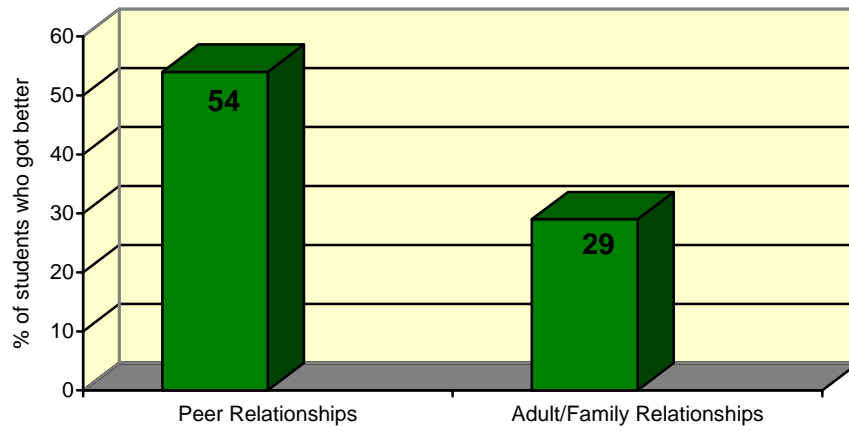
#### **1. Percentage of clients demonstrating behavioral improvement**

Social work interns identified positive change in a significant percent of clients. They reported positive changes in overall functioning and well being in 62% of clients. This high percentage overlaps with rates of self-reported improvement and can be considered an indicator of program effectiveness. The three graphs below provide a summary of improvement ratings in the three areas of functioning.

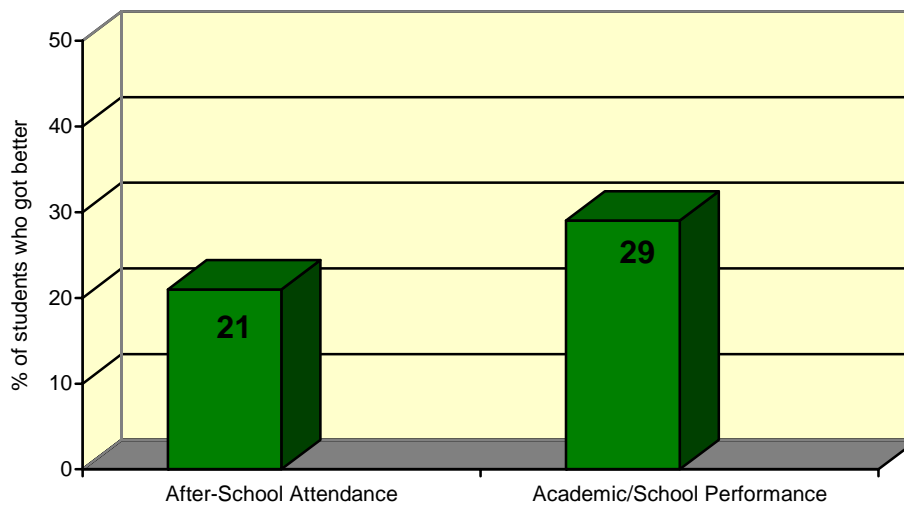
**Social Work Intern Ratings: Positive Emotional and Behavioral Functioning of Young People**



**Social Work Intern Ratings: Youth Social Functioning Changes**



**Social Work Intern Ratings: Youth Academic Functioning Changes**



The percent of students who improved varied considerably depending on the core area of functioning that was assessed by interns. The differences in ratings across social settings most likely reflect a limited capacity to observe and/or rate their clients' behavior in settings that were not directly accessible (e.g., within the family). In other cases, such as after-school attendance, it is possible that students were already attending the program and the low percentage of improvement refers only to those who actually decided to attend the after-school program on a more regular basis.

## **2. Associations between demographic variables and types of change**

The demographic variables of youth included in the analysis were age, gender, and grade. The goal of this analysis was to understand who benefited most from the program and what types of change were associated with specific variables.

Boys tended to have more consistent attendance than girls ( $r = -.12$ ,  $p = .05$ ) and had improved behavioral ratings ( $r = -.16$ ,  $p = .005$ ). Younger students ( $r = -.13$ ,  $p = .02$ ) and students in lower grades ( $r = -.15$ ,  $p = .008$ ) showed fewer conduct problems. Older students ( $r = .15$ ,  $p = .008$ ) and students in high-school ( $r = .15$ ,  $p = .007$ ) were rated to manifest improvement in academic performance.

## **3. Percentage of clients in need of additional treatment**

The social work interns identified a number of 180 (55%) clients in need for additional, long-term mental health services. Moreover, the intensity of the problems was deemed to be so severe that 95 of them (29%) were referred for immediate services in community clinics. These ratings indicate a high need for mental health services in this population and lead to the conclusion that clinical programs like *Partners in Healing* are incredibly beneficial not only for the attending youth, but also for the community in general, as they raise the level of awareness for mental health services.

## **Conclusions: Youth Behavioral Changes**

Social work interns identified positive change for 62% of clients. The percent of students who improved varied considerably depending on the core area of functioning that was assessed by interns. The area with the lowest percent of change was after-school attendance (21% of youth), and the one with the highest percent of change was emotional functioning (63% of youth).

Based on a brief analysis of the *summary/exit assessment* forms, boys tended to attend the program more regularly than girls and experienced behavioral improvements as a result of their participation in the program. Middle-school students showed fewer conduct problems and high-school students were rated to manifest improvement in academic performance.

## **V. Qualitative Research Results**

A series of focus groups were held this spring to obtain qualitative feedback from a wide range of *Partners in Healing* participants.

A total of four youth focus groups were held at three participating agencies. The focus groups included one session with a group of six middle school boys in sixth and seventh grades and a session with a young women's group consisting of nine participants in ninth and tenth grade, both held at a non-profit social services agency offering educational programs and support services to families in East New York/Brooklyn. A focus group was held with five elementary school students in second, third and fourth grades, who met weekly throughout the year at a local after-school in Upper Manhattan. A final youth focus group was held with eleven visually-impaired young people between the ages of 14 and 18, who participated in a youth employment program at a local non-profit agency serving blind and/or visually impaired adults and youth in New York City.

Additional focus groups were held with social work interns and agency staff on-site at PASE. The evaluation team also incorporated feedback from relevant meetings throughout the year, including the year-end reflection meeting and the mental health forum.

### **A. Program Effects on Youth**

While the purpose, ages served, demographics and individual groups were different for each group the evaluation team met with, there were consistent characteristics observed. All of the youth were able to share something they learned by being in the group, and how participation in the program provided a mechanism for accessing a safe space, learning new skills, socializing with others, and connecting with caring adults. The focus groups were also useful in assessing the direct experiences of youth who did not complete a survey.

Many of the youth were insightful about how their parents felt about their participation in the program. In general, youth reflected awareness of their parents' expectations that they wanted them to be safe, try new activities, gain more independence and have fun with their friends and teachers. Key feedback from the youth focus groups are summarized below in Table 13.

Table 13 *Values Expressed Across Youth Focus Groups*

<b>Youth Values</b>	<i>High School Girls</i>	<i>Middle School Boys</i>	<i>Visually-Impaired Teen Work Program</i>	<i>Elementary Group</i>
<b>Feeling Safe</b>	This group described the need for a place where they could discuss ideas of their own choice; feel safe in a non-judgmental space to express themselves and get advice and have the chance to think out loud before acting.	These youth did not like other students to ‘mess up’ the group by not showing respect. They had to overcome not knowing each other and responded positively to discussing ideas they introduced.	Students expressed that this was a place where they had the freedom to talk about what they wanted to, and it was “safe to get their anger out.” It was also a testing ground for the “real” world.	The students did not like it when other students were rude and found it challenging to get along with people you don’t know very well or understand.
<b>Learning New Skills</b>	This group developed a sounding board with each other for personal decision-making; they also mentioned learning how to cope with change, deal with peer pressure, and be more assertive.	This group focused on learning how to adapt their behavior to a variety of situations and show respect for others.	This group gained work experience and learned about how to prioritize, take on new responsibilities and try new things, such as working with a register; they also enjoyed getting paid for their efforts.	Students learned how to open up, express themselves, and reach out to others; they also enjoyed a variety of arts and crafts projects.
<b>Socializing with Peers</b>	The girls formed new relationships – learning more about friendship was a key theme; sharing themselves and a sense of connectedness was critical.	This group preferred hands-on activities and were responsive to non-traditional role-playing scenarios with puppets.	Participating youth were part of a team and had the chance to work together; they expressed satisfaction in being part of the group.	This group enjoyed making new friends and getting to know each other better and earn group privileges by working together.
<b>Connecting With A Caring Adult</b>	This group of young women expressed respect for the intern, and felt that she was a guide/role model for them.	This group of boys seemed connected to and respectful of the intern. They enjoyed the activities she suggested and had a lot of patience, which they valued.	The youth expressed feeling connected and comfortable with the intern; one student mentioned that he would like to find a way to keep the intern at the agency.	Students felt close to the intern (one student said “she is on my mind all the time”) and described her as a trustworthy person.

### Program Benefits for Youth

The evaluation team also collected ideas from agency leaders, staff and interns about the primary effects that *Partners in Healing* had on the youth directly. Across the board, participants agreed that youth were most directly impacted by having a safe space and relationships that were a springboard for emotional well-being as well as opportunities to learn and grow. More youth were served and were able to remain in the program, which was a critical improvement for many after-schools. Table 14 summarizes the highlights from agency leaders, staff and interns.

Table 14 Agency *and Social Work Intern Perspective on Benefits to Youth*

Agency Staff Perspective	Social Work Intern Perspective
Workshops and small groups offered a place to explore feelings.	The program offered an outlet for youth to build skills, such as leadership, self-esteem, socialization.
Youth had someone to talk to (the intern) who offered a new perspective, with a different lifestyle and culture to draw upon.	Youth learned learn how to communicate in new ways, such as through music, art and self-expression; students with English as Second Language were able to engage and practice their language skills.
More children were served who needed support, and led to positive relationships with adults from diverse backgrounds.	More youth were able to stay in the programs who may have been asked to leave before
The program offered a non-traditional way to get counseling and help youth get to know themselves better.	Youth were able to build relationships with someone they trusted (in some cases opening up about their feelings for the first time) and often found a fresh attitude and perspective.
Regardless of whether or not the interventions were short or long-term the girls were made to feel special; the activities were voluntary, which improved their perception of the program	Youth appreciated having a trusted adult outside the regular school environment to talk to.
Many of the girls were involved, and they get the chance to be seen and heard which created a “teachable climate” within the program.	Parents had the chance to become more involved in their children’s lives as a result, and new channels of communication were opened.

## B. Agency-Wide Program Effects

Table 15 provides a summary of the key benefits to the agencies that participating in this program offered, including examples of changes or new additions that were made within the agency as a result.

Table 15 *Key Program Benefits for Participating Agencies*

Benefits	Specific Examples
<b>There were behavioral improvements for many youth in the after-school program, <u>including those who may have otherwise been removed from the program.</u></b>	One agency recalled a particular young man who would not talk about his feelings with anyone, and often necessitated calls home to the parents because of the disruptions. After meeting regularly with a social work intern through the program, the child was able to successfully participate in the program.
<b>Agencies were able to serve more youth.</b>	One agency only had a part-time social worker and did not have enough money to run any groups. When the social work intern arrived, they began a series of groups for the first time which enhanced their program.
<b>NEW Innovative and Enhanced Services and Structures were put into place.</b>	Some example of new services that the social work interns provided: <ul style="list-style-type: none"> <li>➤ Policy Manual for Social Work Procedures</li> <li>➤ Organized Clinical Meetings</li> <li>➤ New Procedures in place (for discipline, emergencies, etc.)</li> <li>➤ Training on various topics, such as depression, abuse, among others and new ice-breaker and group building activities.</li> </ul>
<b>The intern's presence served as a type of glue for addressing emotional well-being in an organic, non-threatening way.</b>	Interns helped the staff run additional groups; staff had another professional on board to consult with and access new ideas (and relief to have more support in dealing with youth's problems); interns had unique vantage to move beyond labels and see kids for who they are.
<b>Having a social work intern on-site created a unique role focused primarily on addressing the emotional needs of youth</b>	The extra support and attention both one-on-one and in small groups made the youth feel good about themselves; youth workers have multiple responsibilities and can't always reach out in the way they want to.
<b>The program drew attention to mental health needs across the agency</b>	Some agencies addressing mental health within their programs before joining the program felt that participating in <i>Partners in Healing</i> offered a spotlight to upper management and strengthened their efforts.

### **On-Site Social Work Intern Impact**

Social work interns assisted agencies in serving more youth, including those at-risk of being excluded from the program, and those otherwise may not have received special services or intervention. Interns were sensitive to youth's vulnerabilities and were a trusted figure for revealing concerns that had never been shared before. This unique role provided a valuable additional service for participating agencies.

Social work interns also assisted agencies by increasing their awareness of and capacity to address the mental health needs of youth, most frequently through direct counseling services, which led to improved behavior for many students. Interns advocated for time, space and activities they thought might be helpful to youth, including through partnering with agency staff.

### *Specific Examples of Social Work Intern Contributions*

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*A successful strategy used by an intern to combat the potential disconnect or lack of understanding about mental health and social work was to hold information sessions about the services that would be provided throughout the year. Her pro-active approach provided a venue for staff to reach out to her, and she provided education and information that fostered mental health awareness at the agency.*

*Another intern created a series of workshops to celebrate young women's lives. The intern introduced activities that helped the participants to find their emotional center. She had a high level of commitment and connected with what the girls wanted to explore, namely anger, loss, self-discovery and friendship.*

*One intern introduced a new type of engagement for elementary school students who were acting out within the program. If a child misbehaved, he or she would meet with the intern, select a correlating core value from the program (such as showing respect, listening, etc.) and read a book related to the theme with the social worker. This process allowed the intern to engage more fully in the social and emotional learning component of disciplining and students were responsive to receiving individualized attention regarding their day-to-day problem*

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### **Program Impact on Staff**

*Partners in Healing* offered a fresh outlook and experience for agency staff, particularly in regards to understanding youth behavior more closely, and exploring the “why” behind common behaviors. Staff reflected that they were able to integrate information they learned from the workshops and training into staff meetings, on-site trainings, and into their overall youth work practice. Staff felt they became more sensitive to the issues that teens face on daily basis and to youth needs as a whole. Staff could supervise the youth more effectively by addressing new layers of behavior, and exploring new activities (such as using drama and the arts). They were also very appreciative of being able to access free training as part of their professional development, and develop a new perspective about best practices.

### **Reflections on Change**

One agency staff member reflected that quantifying the effects of a program like *Partners in Healing* is difficult because change is slow, and youth are still developing. Another agency leader expressed that within their agency, they felt they had witnessed positive changes because of their involvement in the program, but that it took many years to observe, and that setting up the most useful supports and changing an agency’s climate took a long time.

## **C. Key Challenges of Addressing Mental Health in After-School**

After-school leaders, staff and interns identified some key challenges of providing mental health in after-school. The most common constraint mentioned by program leaders was financial. Agencies do not feel they are able to offer all of the activities and services they are aware might make a significant difference within their programs. Many participating agencies are located within host sites (such as schools) and the quality of the relationships with host sites was a predictor of the ability to create effective programs. In a similar sense, the quality of the relationship with the social work intern (including the intern’s level of experience working with youth) predicted an agency’s general experience with and perceptions of *Partners in Healing*.

Across the board, most agencies agreed that the widespread stigma against addressing mental health remains a barrier, although agencies that were able to reframe language (a counselor might be referred to as a job coach or a mentor) and build in flexible, approachable activities (a social work intern might run an activity group, rather focus solely on individual counseling) were more effective.

Table 16 summarizes challenges of offering emotionally-supportive services in after-schools, as presented by interns and agencies, as well as possible suggestions for how others might address potential problems.

Table 16 *Common Barriers and Solutions for Mental Health Service Delivery*

Common Barriers	Suggested Solutions
Lack of Agreement on Priorities.	Stakeholder meetings can be held to find common focus.
Competing agendas/mission (the host setting prioritize education rather than the emotional lives of youth).	Creative partnerships (math tutoring through cooking, for example) and supportive agreements can be made (scheduled updates; information sharing; shared stakeholder meetings).
Financial constraints (to add new programs, offer appropriate space, understaffed or lack of enough time; no billing options for services provided).	Seek non-government program dollars with added flexibility; search out new funding streams (public health, medical, or other new partners); obtain a social worker on salary at a clinic or school to join the after-school part-time.
Cultural stigma to counseling; language barriers.	Raise awareness; create non-threatening interventions; build coalitions with others to address local needs; find local language support.
Lack of parental involvement; lack of follow-up on referrals.	Assess the community more fully to determine the constraints of the parent body; create a parent advisory council to foster involvement and support.
Lack of awareness about youth needs and appropriate programs.	Master's level directors or including mental health professionals on leadership teams can integrate well-rounded programs, with arts, job training, academic help and health/wellness programming.
Poor communication between mental health providers and other staff.	Social workers need to communicate with other staff on goals, objectives and progress.
Some youth are resistant and disconnected; they don't want to participate in the programs available	Youth need to make choices, feel included in the process and pursue their interests through honest connections and real relationships.
Families are in constant crisis; unstable family situations.	Build in concrete services to address the needs of families.
Youth work is a very non-traditional relationship and there may be disconnected expectations about the activities, goals and needs of youth work.	Youth need to be engaged in a manner that is sensitive to where they are, developmentally. It may be more appropriate to engage in activities or play therapy, rather than a more traditional talk therapy.
Some staff felt the quality of the program overall was connected to quality of their relationship with the intern, and the fit between the intern and the agency.	Early training on expectations can help people work through any concerns; more training throughout the year can support intern/staff and intern/supervisor relationships.
Some interns felt they did not receive enough support, guidance or connection to the agency as a whole.	Agencies must prioritize helping interns fit into the agency, through education, training and engagement. Everyone needs more information about the social work role.

## **D. Supplementary Case Examples**

The evaluation team collected several examples from agencies that highlight anecdotal evidence regarding the impact that *Partners in Healing* had on the lives of youth.

### **CASE SCENARIO**

*G is a 12-year-old Hispanic male from East Harlem. He lives with his biological mother, father and 10-year-old brother. He was referred for social work services because his interest in the program changed and he appeared to show signs of depression. This family also had some serious housing problems that needed to be addressed. The social work intern was very instrumental in obtaining in-home services for this family. G expressed suicidal thoughts and was taken to the hospital several times during the family's housing crisis period. He has stabilized since receiving support services, and currently in treatment at a partnering agency. The social work intern provided G with a sense of hope and support for the family around their housing situation, and G's mental health issue. She was able to link the family to much-needed resources, which also in turn decreased G's suicidal behavior.*

**Young people must be taken seriously and a thorough assessment of their home life and family dynamics must be incorporated. At-risk families may need multiple layers of support, including concrete services in addition to addressing emotional issues.**

### **CASE SCENARIO**

*One of our social work interns facilitated a single-gender group for the duration of the academic year. A group of teenage young women attended and were able to spend time in self-exploration and examining relationships that were important in their lives. Through this group, both the students and the intern were impacted. The students were able to openly dialogue about what womanhood means to them and how they have had to face some of the unique challenges that arise because of this reality. It is rare for young women to access safe spaces to discuss these very private and vulnerable questions. The intern was also able to identify that working with young women would be a future professional priority. It is our hope that similar models of group intervention can be replicated at other placements or organizations that work with youth.*

### **Social Work Impact**

**Peer groups can be a powerful mechanism for personal exploration and growth, as well as an opportunity for social bonding and skill development. Successful programs may influence agencies to replicate them for a broader reach.**

### **CASE SCENARIO**

*One young woman, S, was one of the quieter, more withdrawn girls in the program. She is Latina and Native American, 13 years old and living with her sister and adoptive mother and her family. She often appeared as a brewing storm with no real outlet – and emotionally unresponsive. Because she was also respectful and caused little disruption, she didn't necessarily get a whole lot of attention, unfortunately. S agreed to meet with the intern, and S's transformation was noticed throughout the program. The intern was very intentional about providing S with a place to just be herself. She flourished as someone who lets people see her smile, gives her opinion, and has taken on leadership roles and addressed some of the grief she has felt about her family situation. One day she told the intern she "felt like a rock star" because she was absent and everyone wanted to know where she was.*

### **Social Work Impact**

**Preventative services offer youth a chance to grow and address relevant issues before a major crisis occurs. Empowering youth can have positive effects on their self-esteem.**

## **E. *Partners in Healing* Training Feedback**

A comprehensive report on the *Partners in Healing* staff/intern training is available through the University of Pennsylvania's Out-Of-School Time Resource Center (OSTRC). However, the focus groups yielded relevant feedback about the trainings, which offered:

- **Free, professional development directly related to youth work**
- **An opportunity to connect with other youth-serving professionals facing similar issues**
- **Additional tools and skills to bring back to the program, such as:**
  - Increased awareness of the issues youth face and knowledge about how to deal more effectively with behavioral problems
  - New and engaging activities to use within daily programming
- **A mechanism for garnering new levels of support for addressing the emotional and social needs of youth within the agency**
  - The exposure to new ideas and possible solutions assisted staff and agency leaders to bring executive-level attention to mental health

### **Additional Training Topic Ideas**

- Cultural competence – managing cultural differences (including language barriers)
- Engaging with Resistant Youth
- Non-Traditional Mental Health Service Delivery
- Social Work Intern/Supervisor Relationship Building

### **Other Feedback**

The most helpful trainings provided age-appropriate, culturally-relevant, and sensitive to a variety of learning styles.

While rigid expectations for attendance were helpful in regards to getting people trained, with limited staff and resources, sometimes staff felt overly pressured. For interns it was difficult to negotiate with the task supervisor around needs and priorities at the after-school. The location was sometimes difficult for people with disabilities.

## VI. Final Recommendations and Research Conclusions

### Recommendations for Youth-Serving Agencies

Professional serving youth in their programs must consider carefully some ongoing concerns moving forward. Participating agencies expressed that they are now more aware about mental health needs of youth in their program. How do they follow-up? Agencies who are able to hire social workers understand the need to fully support them within their programs. What works best? After-schools face pressure from schools, parents, and youth themselves about what the priorities are and what the program focus should be. How do they partner effectively? The following set of recommendations address these concerns:

**1. Agencies must assess their mental health needs through strategic planning with key stakeholders.**

This may include defining what mental health support services should be put into place at a particular agency; creating awareness about the variety of roles played by professionals within a particular setting, especially if some of those professionals are hosted within an agency with a separate mission; and forming teams to further define service delivery. Ongoing discussions encourage stakeholders to review agency needs, determine priorities, and clarify appropriate interventions. Any particular program or treatment plan should be based on a thorough assessment of the population rather than only responding to the symptoms of problems youth face.

**2. Agency leaders must set initiatives that support mental health and foster emotional resilience for participating youth.**

Financial resources alone will not create viable, long-term solutions. All identified stakeholders, including key agency leaders must be involved to plan, coordinate, implement, train and share lessons about incorporating mental health into after-schools. Managing the reality of being in a host setting is a critical priority for all players to work on and building positive relationships is a cornerstone for success. People can learn about each other's needs and priorities and work together to serve the youth. Different types of professionals bring unique gifts, training, and ideas to the field; mental health professionals need to partner with youth workers and build positive youth development activities into the curriculum.

**3. Built-in support systems need to be built on a bedrock of good communication and community building.**

Social workers can sometimes feel isolated within agencies that do not necessarily understand or value their work. It is important to create safe outlets for discussion and community-building, whether it is within the school mental health support teams, or with other youth workers. Social work interns, staff, and mental health players need to have a sense of community and support in their work.

Many agencies already engage with other community partners around mental health, and strengthening or formalizing these relationships may serve everyone well. One agency created memoranda of understanding with surrounding agencies to make the referral process simple and supported by recognizable relationships for the youth when they access additional support.

Finally, youth need to feel cared for by trusted adults, and empowered to make choices and build skills that help them cope more effectively within their relationships at home, in school, and in the community. Agencies can have a positive role in developing young people's self-esteem, and foster positive growth and development over time with focused efforts. The future is open for the contributions made by holistic, community-based after-school programs providing responsive, emotionally-supportive activities to engage youth.

### **2006-2007 Research Conclusions**

*Partners in Healing* has touched the lives of thousands of families through the work of on-site social work interns, agency social workers and trained staff in after-school programs. There were recognizable positive outcomes for both the participating youth and agencies. Young people have recognized changes in both pro-social beliefs and behaviors and their emotional well-being, and social work interns also identified positive changes in a significant percent of clients.

Younger children were able to resolve conflicts in a non-violent manner and utilize new strategies for coping, built upon strong emotional bonds with caring adults. Older youth expressed similar bonds with social work interns and turned to them as both role models and reliable sources for advice and guidance.

The mental health benefits for younger children were an improved ability to manage anger, get along better with others, worry less about the stressors in their lives, and focus better on school work. Older students in grades 8-12 reported increased levels of confidence and self-efficacy, felt less affected by bullying, and displayed fewer antisocial behaviors. The qualitative evidence of the benefits of *Partners in Healing* for youth were spending time in a safe space, learning new skills and fostering positive relationships with peers and adults.

Staff and agency leaders expressed a high level of satisfaction with the program and experienced benefits as a result of their participation. In summary, they were able to serve more youth, improve internal support systems and draw attention to the emotional well-being of youth agency-wide. *Partners in Healing* equipped professionals with the tools, training, and confidence to create safe environments, address young people's feelings and normalize the integration of emotional and social skill development.

## **Next Steps: The Development of A National Model**

The 2006-2007 evaluation of *Partners in Healing* has illuminated the positive impacts of the program and can guide professionals working with youth directly across multiple specialty areas, such as youth development, health, education, and children's mental health, to build future programs that address the social and emotional needs of young people. Expanded funding for on-site social workers will support the necessary framework for these changes; leaders across the board who work with youth directly must take up the responsibility to strengthen their networks and coalitions to launch a national movement. These efforts must be supported through a formal advocacy campaign promoting after-school mental health service delivery. In addition, social work programs across the country must enhance their training of future social work professionals on best practices in youth development to prepare for a wider expansion of social work practice serving young people and their families.

It is clear that children in today's society are vulnerable and are susceptible to many pressures beyond their control, such as family stress, poverty, racism, and other factors that negatively impact their development. After-schools have been safe havens for youth who are often unable to access appropriate care and support. Providing a mental health focus in after-schools allows vulnerable populations to be reached in an organic weave of individual, family and neighborhood growth. Although there are some financial risks and other external competition over what youth should be doing in out-of-school time, there is mounting evidence of the efficacy of programs like *Partners in Healing*.