

# San Mateo Probation

YMCA of San Francisco Annual Evaluation

FISCAL YEAR 2018-2019



Helping People  
Build Better Communities

## Program Description

---

### About the Researcher

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

### Authors

Kim Carpenter, Ph.D.

Connie Chu

Casey Coneway, MPP

Marissa Jaross, MPH

Yoonyoung Kwak, Ph.D.

Graphic Design: Jenna Gallant

### Locations

#### **Bay Area:**

1871 The Alameda, Suite 180  
San Jose, CA 95126  
tel 408-247-8319

#### **Central Coast:**

55 Penny Lane, Suite 101  
Watsonville, CA 95076  
tel 831-728-1356

[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

## Contents

<b>Program Description .....</b>	<b>3</b>
Programmatic Challenges in Fiscal Year 2018-2019 .....	4
<b>Evaluation Methods.....</b>	<b>5</b>
<b>Evaluation Findings.....</b>	<b>7</b>
Fiscal Year 2018-19 Highlights .....	7
Profile of Clients Served .....	7
Risk Indicators .....	8
Functioning and Service Needs .....	9
Program Specific Outcomes .....	11
Evidence-Based Practices .....	12
Client Story .....	15

## Program Description

San Mateo Juvenile Probation (Probation) supports the YMCA of San Francisco (YMCA) to provide a school-based violence prevention program with Juvenile Probation Camps Funding (JPCF). The program is School Safety Advocates (SSA) and provides the following services in five middle school sites across San Mateo County:

- Crisis intervention and mediation
- Risk and mental health assessment
- On-campus anger management “CALM groups,” based upon Aggression Replacement Therapy
- On-campus Girls United empowerment groups
- On-campus First Stop groups, using Mindfulness-Based Substance Abuse Treatment
- Referrals for further individual and family counseling at the Youth Service Bureaus/YMCA clinics or with other appropriate services in the county
- Family case management, including parent support and psycho-education.

Additionally, SSA staff provide outreach and education activities with schools to enhance strategies for reducing school violence, criminal justice involvement, and risk factors through “lunch box” discussions with students and SSA staff, classroom bullying workshops, and parent workshops.

**The purpose of the SSA program is to keep young people out of the criminal justice system by addressing critical safety concerns.** SSA staff work in partnership with school personnel to create safe environments on campuses by intervening to stop fights, mediating conflicts through restorative justice techniques, and preempting potential bullying, self-harm, suicide, and substance abuse. SSA’s therapeutic program model enables staff to establish relationships with youth that empowers young people to work with a safe adult who can guide them through problem-solving and skill-building techniques designed to address challenges, both in the school and at home. The overarching goals of the program are to:

- Reduce youth violence, gang participation, substance abuse, and involvement in the criminal justice system
- Identify any risk to self or others, and secure appropriate services to ensure youth safety
- Change at-risk youth behaviors to increase personal responsibility, risk avoidance, protective behaviors, and resiliency
- Provide the following developmental inputs to promote positive behavioral change: safe environments, supportive adults, and a variety of programs and interventions matched to youth risk levels
- Measure the impacts of those developmental inputs as indicators of positive behavioral change.

### Programmatic Challenges in Fiscal Year 2018-2019

The following summary of challenges was provided by YMCA.

“As in past years, School Safety Advocates at some schools struggled to adequately meet the demands of the high number of referrals due to limited funding of SSA staff positions. This was especially true at our schools that only funded SSA positions two days a week. Two of the participating schools added extra days to the SSA program to attempt to rectify this issue this past year, but not all schools could afford this expansion to meet student demand. Two schools this year will also be funding extra days for the program beyond the JPCF.

At one of our schools we faced serious challenges in obtaining referrals. This school’s principal was not supportive of our program and created significant barriers to the referral process. This resulted in low numbers of referrals for our groups as well as for our individual contacts. It also unfortunately resulted in the loss of a staff from that position. This school has a new principal this year so we are hopeful that this problem will be resolved with new leadership there.

At two other schools we faced the loss of our SSAs mid school year. Due to the economic conditions in the Bay Area, hiring off “peak season”, and other challenges, we were unable to find strong clinicians for the open positions quickly. This led to those schools being without SSAs for part of the year. This obviously impacted the number of students that we were able to serve.

We continue to face the additional challenges of staff capacity to meet the high severity of needs of SSA clients. Students are exhibiting higher behavioral and emotional needs each year. Students that met with staff displayed high levels of needs and risks (e.g., victims of abuse, self-injurious behavior, domestic violence, substance use, psychosis, and suicidal ideation). This created a great need for one-on-one time with staff and more case management to find and obtain clinically appropriate referrals and follow-through for the client and/or family.

We continued to face challenges to obtaining requisite referrals for group programs, especially for the First Stop Mindfulness-Based Substance Abuse Treatment group. The schools that were more successful in getting referrals for these groups worked closely with the school counseling teams to place requirements that students who were getting flagged for disciplinary action related to substances were being diverted to our First Stop programs. This is a model that we are expanding to all of our JPCF schools.

We are excited for the upcoming year. We have promoted one of our seasoned SSAs to a leadership position and he will be providing additional support to our staff, including on-site support. We have created a new training program designed specifically to address the needs of this position, so that staff is clearer on contract obligations, outcome measurement tools, and the unique challenges of working as a School Safety Advocate.”



## Evaluation Methods

JPCF-funded Probation programs monitor and report client, service, and outcome data to the department and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect this data are described below.

**Clients and Services:** Grantee programs collected demographic data (e.g., race/ethnicity, gender, etc.) and service data (e.g., type of services, hours of services, etc.) for individual clients. Program staff entered these data into their own data systems prior to transferring the data to ASR for analysis.

**Risk Factors:** Grantee programs used two assessments to provide a standard measure of risk, life functioning, and areas of need for all clients: the Juvenile Assessment and Intervention System (**JAIS**) and the Child Adolescent Needs and Strengths (**CANS**) assessment:

- **JAIS:** The JAIS is a risk, strengths, and needs assessment tool designed to assist workers to effectively and efficiently supervise youth, both in institutional settings and in the community. The tool has been validated across ethnic and gender groups. The JAIS consists of a brief prescreen assessment known as the JAIS Boys Risk or JAIS Girls Risk, administered in addition to the full assessment and reassessment components. Probation has elected to administer the JAIS to provide an initial indicator of recidivism risk. The JAIS Girls Risk consists of eight items and the JAIS Boys Risk consists of ten items, and yield an overall risk level of low, moderate, or high.
- **CANS:** The CANS is a multi-purpose tool developed for children's services to support decision-making in determining level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes. The CANS consists of multiple items scored on a 4-point scale of 0-3, with a score of 2 or 3 indicating an actionable need. The assessment is grouped into the following stand-alone modules: Risk Behaviors, Strengths, Behavioral/Emotional Needs, and Trauma. Each grantee completed a different set of CANS modules according to the makeup of their client population.

**Outcomes:** YMCA collected four additional program-specific outcome measures to track progress toward improving their clients' quality of life:

- Youth reporting a greater engagement in and connection to their school
- Youth reporting an improvement in their educational outcomes
- Youth participating in alcohol and drug prevention groups reported a decrease in substance use
- Youth reporting an improved understanding of the impact of their criminal behavior on victims and the community.

**Evidence-Based Practices:** JPCF-funded programs are encouraged to follow evidence-based practices. In 2012, ASR conducted an evaluation and concluded that funded programs were using a variety of carefully-crafted practices to respond to the needs of their clients, but that those practices spanned the range of what is considered evidence-based. Although the use of evidence-based practices was not emphasized in the 2016-2020 Local Action Plan, there was an underlying assumption that funded programs were providing services to youth that were aligned with evidence-based models.

In FY 2017-18 and FY 2018-19, ASR requested that each funded program provide a catalogue of their practices and curricula utilized. ASR then ran any new catalogued practices reported in FY 2018-19 through a number of clearinghouses to determine whether the practices were:<sup>1</sup>

- Evidence-based theory or premise
- Evidence-based model, shown by multiple experimental or quasi-experimental studies to be effective
- Evidence-based practices, or modalities shown to promote positive outcomes
- Evidence-based tools or instruments that have been validated (concurrent and predictive).

---

<sup>1</sup> For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for FY 2018-19.

## Evaluation Findings

### Fiscal Year 2018-19 Highlights

- The number of youth served increased 3%, from 218 in FY 2017-18 to 225 in 2018-19.
- YMCA primarily served low-risk youth: 97% scored Low on the JAIS assessment.
- Forty-one percent (41%) of YMCA youth had three or more actionable needs on the CANS assessment at baseline, a 38-percentage point decrease from FY 2017-18.

### Profile of Clients Served

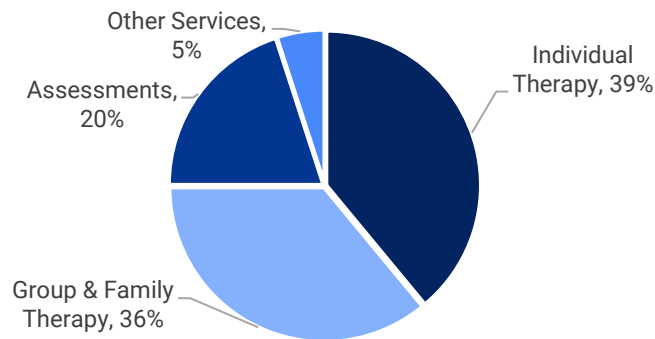
During FY 2018-19, YMCA served 225 youth, a 3% increase from FY 2017-18. Demographic data were provided for almost all youth. Over half (55%) of participants were female, and the average age of client was 12.8 years old. A majority (56%) identified as Latino/Hispanic, and 17% identified as Asian/Pacific Islander. Youth spent an average of 6.4 months in the program receiving an average of 3.1 hours of services.

Table 1. Client Services

CLIENT SERVICES	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Total Clients Served	430	560	483	328	384	218	225
Avg. Hours per Client	13.5	9.9	9.1	10.1	N/A	N/A	3.1
Avg. Months in Program	6	4	4	3.0	3.9	4.1	6.4

As seen in the Figure 1, thirty-nine percent (39%) of time spent with youth was dedicated to individual therapy and 36% was to group & family therapy, while 20% of time was spent performing assessments with youth.

Figure 1. Percent of Time Spent with Youth





## Risk Indicators

In FY 2018-19, YMCA served clients primarily on the lower end of the risk spectrum. Ninety-seven percent (97%) of participants who received the JAIS assessment had low criminogenic risk levels, with 3% scoring moderate.

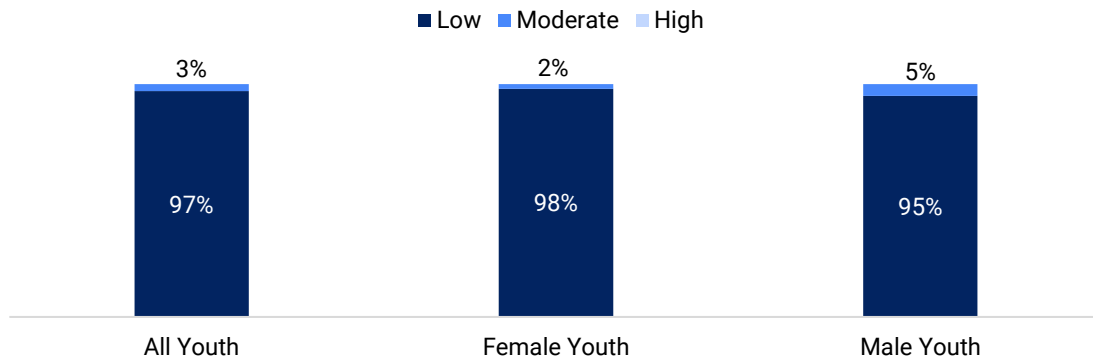
Table 2. JAIS Risk Levels

JAIS RISK LEVELS	FY 16-17	FY 17-18	FY 18-19
Low	98%	96%	97%
Moderate	2%	4%	3%
High	0%	0%	0%

*n=148*

When disaggregated by sex, female youth had slightly lower levels of criminogenic risk than male youth, as seen in the figure below.

Figure 2. Criminogenic Risk Level by Sex

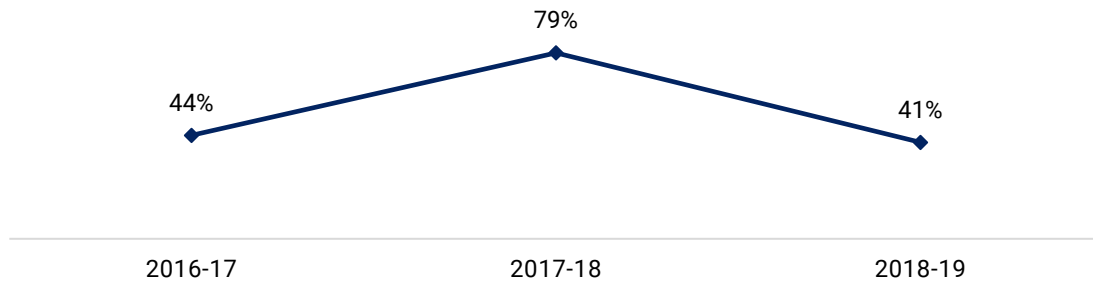


*All Youth n=148; Female Youth n=83; Male Youth n=65*

## Functioning and Service Needs

YMCA assessed 67% of their clients at the start of services in FY 2018-19. About four out of ten (41%) students served had actionable needs on three or more items on the seven CANS modules, a 38 percentage drop from FY 2017-18.

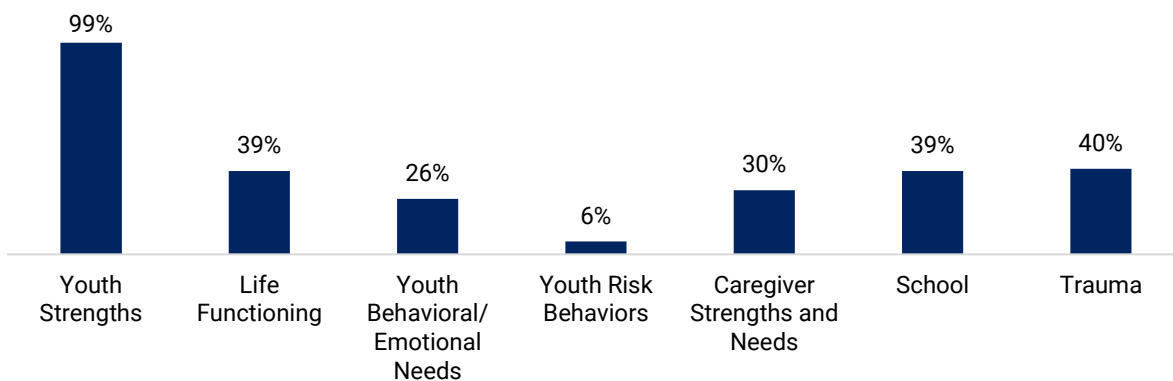
Figure 3. Clients with Three or More Actionable Needs on the CANS



n=151

Figure 4 below presents the percentage of all clients with at least one actionable need at the time of their pre CANS assessments. While almost all youth showed actionable needs in Youth Strengths (99%), a lot fewer youth showed actionable needs in the other modules including: Trauma (40%), Life Functioning (39%), and School (39%). These youth primarily lack important internal (e.g., resilience, optimism), social (e.g., family strengths/support, relationship permanence), and community (e.g., community connection, educational setting) resources and supports. Some youth served also displayed a need to improve functioning in the areas of individual, family, peer, school and community life, trauma, and school issues.

Figure 4. Percent of Clients With At Least One Moderate or Significant Need by Module on Pre CANS Assessment



Youth Strengths n=151; Life Functioning n=151; Youth Behavioral/Emotional Needs n=151; Youth Risk Behaviors n=150; Caregiver Strength and Needs n=151; School n=151; Youth Risk Behaviors n=150; Trauma n=10.

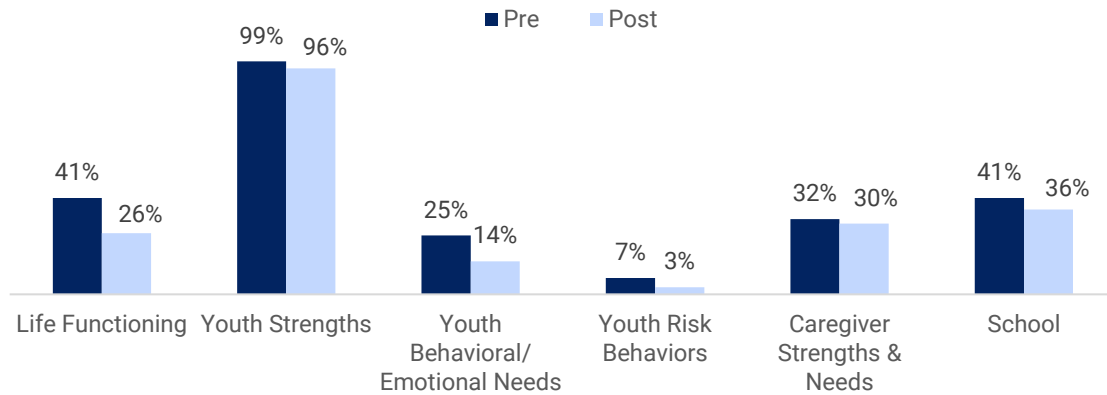
Below, Figure 5 shows the percent of clients with at least one actionable need at both pre and post CANS assessments. Only data from clients with matching pre and post assessments were included in the analysis to reflect the change in the number of youth with actionable needs over time. It is notable that the number of matching assessments varied by

## Evaluation Findings

module. In addition, 90% of pre CANS assessments could be matched to a post assessment, which allowed for a more complete understanding of how the needs of their students changed over time.

The percentage of youth who reported actionable needs declined from pre to post in all six modules: Life Functioning decreased by 15 percentage points; Youth Behavioral/Emotional Needs decreased by 11 percentage points; School decreased by 5 percentage points; Youth Risk Behaviors decreased by 4 percentage points; Youth Strengths decreased by 3 percentage points; and Caregiver Strengths and Needs decreased by 2 percentage points. These results show that youth needs were being addressed in ways that enhance their life functioning and behavioral and emotional health in particular.

**Figure 5. Percent of Clients with at least One Moderate or Significant Need by CANS Module at Pre and Post**



*Life Functioning n=136; Youth Strengths n=136; Youth Behavioral/Emotional Needs n=136; Youth Risk Behaviors n=135; Caregiver Strengths and Needs n=135; School n=136.*

### Program Specific Outcomes

YMCA and Probation developed four additional measures specific to YMCA activities to further understand outcomes of youth in the program. YMCA nearly met two of their FY 2018-19 targets: 82% of youth reported an improvement in understanding the impact of their criminal behavior on victims and the community and 82% reported a decrease in substance use as a result of participating in the alcohol and drug prevention program. While YMCA did not reach their FY 2018-19 targets, this provides an opportunity to consider achievable goals for the upcoming fiscal year.

Table 3. Additional Outcomes

PERFORMANCE MEASURE	FY 2018-19 TARGET	FY 2018-19 RESULTS
Percent of youth who will report a greater engagement in and connection to their respective school as a result of participating in the program	85%	69%
Percent of youth who will report an improvement in their educational outcomes as a result of participating in the program	85%	75%
Percent of youth who will participate in alcohol and drug prevention groups and report a decrease in substance use as a result of participating in the program	85%	82%
Percent of youth who report an improvement in understanding the impact of their criminal behavior on victims and the community	85%	82%

## Evidence-Based Practices

In FY 2018-19, JPCF-funded programs described the practices employed in their programs. ASR then evaluated the given programs to determine whether they were evidence-based or promising practices by running them through a number of evidence-based practice clearinghouses. Although some programs have not been evaluated by a nationally recognized evidence-based clearinghouse and did not earn a rating of a promising or evidence-based practice, they may still have a measurable impact. The table below details the curricula and practices that YMCA utilized in its programs.

Table 4. Evidence-Based Practices

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<b>Mindfulness-Based Substance Abuse Treatment</b>	This curriculum was used for one group of students who were exhibiting signs of early substance use or risk factors. This curriculum was also used individually throughout the year both in the schools and in the clinics. The curriculum integrates practices of mindfulness.	Mindfulness-Based Substance Abuse Treatment is a promising practice based on empirical evidence. <sup>2</sup>
<b>Girls United</b>	This curriculum was used for two groups during the year. The purpose of the group was to empower girls, build confidence/courage, encourage their talents/strengths, assist them in feeling better about themselves, become more responsible at school/home, and develop leadership, social, decision-making, conflict resolution, and communication skills. The students in the group determined the topics of most interest to them. This was by far the students' favorite group. This curriculum includes psycho-education and guided activities that assisted the girls to explore the chosen topics.	Girls United is not a nationally recognized evidence-based or promising practice.
<b>CALM Communication and Life Skills Management</b>	This curriculum is SSA's anger management curriculum, which was provided to two groups of students who were referred by the school for anger and aggression issues. The curriculum used Cognitive Behavioral Therapy and Aggression Replacement Treatment interventions. The curriculum integrates practices of Cognitive Behavioral Therapy and Aggression Replacement Treatment. Some clinicians also included mindfulness.	CALM as a whole is not a nationally recognized evidence-based or promising practice, but the Cognitive Behavioral Therapy and Aggression Replacement Treatment components of the program are nationally recognized evidence-based treatments. <sup>3, 4</sup>

<sup>2</sup> Marcus, M. T., & Zgierska, A. (2009). *Mindfulness-Based Therapies for Substance Use Disorders: Part 1 (Editorial)*. *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse*, 30(4), 263. <http://doi.org/10.1080/08897070903250027>

<sup>3</sup> <https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>

<sup>4</sup> <http://www.episcenter.psu.edu/ebp/ART>

## Evaluation Findings

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<b>Dialectical Behavioral Therapy (DBT)</b>	YMCA uses DBT skills with students who are in crisis or struggling. Mindfulness, Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness are effective in building healthy coping skills that help them improve their functioning in school and home.	Evidence-based therapeutic modality for borderline Personality Disorder and Substance Use Disorder according to empirical evidence <sup>5</sup>
<b>Neurosequential Model of Therapeutics (NMT)</b>	Youth in any of our programs have access to an assessment that measures Developmental Risk, Current Relational Health, Functional Brain Mapping, and functioning in Sensory Integration, Self-Regulation, and Cognitive Processing. The Neuroscience of Trauma and Neglect, taught through NMT, informs our clinicians' interventions and work with students.	Evidence-based model according to empirical evidence <sup>6</sup>
<b>Seeking Safety</b>	Many of the modules of this practice assist in building healthy coping skills for youth. For example, the Grounding module is especially helpful when a youth is in crisis and dysregulated, and is often taught when the student is struggling with self-harm behaviors or re-experiencing associated with a trauma history.	Evidence-based practice according to The California Evidence-Based Clearinghouse for Child Welfare (CEBC), with a rating of 2 on a scale from 1 to 5 (with 1 as well-supported with evidence and 5 as concerning) <sup>7</sup>
<b>Art Therapy</b>	Many YMCA clinicians are graduates in Art Therapy and use an assortment of these techniques to build rapport, assess needs, and assist in soothing and regulating youth in crisis. The fulltime Clinical Supervisor is an Art Therapist and she held monthly Art Therapy Consultation Groups open to all our staff to teach them these techniques.	Evidence-based practice according to empirical evidence <sup>8</sup>
<b>Motivational Interviewing</b>	Clinicians use these techniques to build rapport and motivation to change. This practice assists clinicians in engaging youth quickly so they can assess needs and resolve crisis situations.	Motivational interviewing is an evidence-based practice according to the Center for Evidence-Based Practices <sup>9</sup>
<b>Trauma-Informed System</b>	We are a Trauma Informed System, partnered with and trained by Trauma Transformed. We are one of the first CBOs to pilot TIS, which includes a commitment to Cultural Humility and Racial Equity within the organization as well as with our clients. All staff are trained in TIS and there are strong administrative structures to support this work.	Evidence-based practice according to SAMHSA <sup>10</sup>

<sup>5</sup> Chapman, A. L. (2006). *Dialectical Behavior Therapy: Current Indications and Unique Elements*. *Psychiatry (Edgmont)*, 3(9), 62–68. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/pdf/PE\\_3\\_9\\_62.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/pdf/PE_3_9_62.pdf)

<sup>6</sup> Perry, B.D. (2009). *Examining child maltreatment through a neurodevelopmental lens: Clinical application of the neurosequential model of therapeutics*. *Journal of Loss and Trauma*, 14, 240-255.

<sup>7</sup> <http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/>

<sup>8</sup> Uttley L, Scope A, Stevenson M, et al. *Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders*. Southampton (UK): NIHR Journals Library; 2015 Mar. (Health Technology Assessment, No. 19.18.) Chapter 2, *Clinical effectiveness of art therapy: quantitative systematic review*. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279641/>

<sup>9</sup> Center for Evidence-Based Practices (2018). *Motivational Interviewing*. Case Western Reserve University. Retrieved from <https://www.centerforebp.case.edu/practices/mi>

<sup>10</sup> SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), p10. Pub ID#: SMA14-4884. <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>



**Evaluation Findings**

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<p><b>Internal Family Systems (IFS)</b></p>	<p>IFS is used with longer term clients to address trauma and self-destructive behaviors. Our fulltime Clinical Supervisor has been providing ongoing trainings in this model and a monthly IFS Consultation Group to strengthen our clinician’s skills.</p>	<p>The Center for Self Leadership &amp; Foundation for Self Leadership reported that IFS was an evidence-based practice listed on the now defunct National Registry of Evidence-Based Programs and Practices, but the evidence-base could not be confirmed elsewhere and is no longer available through SAMHSA.</p>
<p><b>Attachment, Regulation, and Competency (ARC)</b></p>	<p>Youth Service Bureaus clinicians use this practice with parents to teach them co-regulation skills so they can regulate their children when they are in crisis.</p>	<p>ARC is not yet rated by the CEBC as there is not enough peer-reviewed evidence to make an informed judgement<sup>11</sup></p>
<p><b>Acceptance Commitment Therapy (ACT)</b></p>	<p>ACT is used in YMCA’s anger management work with youth, specifically in the CALM groups.</p>	<p>Rated as Effective by the National Institute of Justice partner violence for those aged 19 to 67.<sup>12</sup> The practice has not been evaluated for juveniles, although it appears on the Office for Juvenile Justice and Delinquency Prevention’s Model Programs Guide.<sup>13</sup></p>

<sup>11</sup> <http://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-system/detailed>

<sup>12</sup> <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=592>

<sup>13</sup> <https://www.ojjdp.gov/mpg/Program>

## Client Story

Each year, staff at JPCF-funded programs provide a client story to help illustrate the effect of services on their clients. The following is the client story shared by YMCA for FY 2018-19.

<b>Age and Gender</b>	13 year old female
<b>Reason for Referral</b>	Client is a 13 year old female student who is beginning her 8th grade year. Client was self-referred because she had heard from other friends coming to see a therapist and asked the school counselor if she could be seen. Although client was self-referred, she told therapist several times in the beginning that she did not trust adults and was uncomfortable talking to them.
<b>Client's Behavior, Affect, and Appearance When They First Started in the Program</b>	Client presented with depressed mood affect, as seen by frequent crying, lack of sleep, sadness, anger, lack of attention in class settings, lack of focus, dissociation, and suicidal ideation and a history of self-harm. In past years, client was described to therapist by a teacher as an intelligent student with high aspirations for the future and who would sometimes pick fights with other kids. Client was in the AVID (Advancement Via Individual Determination) academic program for several years. Client's grades began declining by the end of her 7th grade year when her symptoms of depression started.
<b>Activity Engagement and Consistency</b>	Client started to come into officer bi-weekly, as she was having suicidal thoughts and needed constant refocusing. Therapist worked with client on journaling, communication with parents and siblings, advocating for self, coping skills such as meditation, art, music, progressive muscle relaxation, and breathing techniques. Client's engagement was consistent, she enjoyed trying new skills (especially journaling), and began trusting the therapist. Client began dressing in clothing that made her feel comfortable and would often come into the room smiling with nothing to talk about as she was having a "good day". Client was able to have new healthy relationships with her fellow classmates and felt more empowered in herself.
<b>Client's Behavior, Affect, and Appearance Toward the End of the Program</b>	Client began attending classes more without breaks and did not get into any fights during the school year. Client was able to connect with her family on her suicidal ideation, and her mother eventually got client outside services for the summer. Client has continued to use journaling and art to relieve her stress.
<b>What The Client Learned as a Result of the Program</b>	Client learned how to voice her ideas and opinions politely to school staff (e.g., teachers, administration) and advocated her needs such as more time for homework, check-ins with teachers and having breaks when she needed to refocus in class.
<b>What the Client is Doing Differently in Their Life Now as a Result of the Program</b>	Client can now reach out for support when needed. Client now trusts adults and supportive figures in her life. Client has new coping skills to take with her when she does feel sad.
<b>The Value of the Program in the Client's Words</b>	Client enjoyed having a space to talk to someone about their life while it was hard to trust adults, and she learned that adults can be helpful.